

Inside *Out*

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and Integrative Psychotherapy



**What we do in the
therapy room and
what we do outside of it**
Conversation with Mick Cooper

**A lucid view of the darkest
situation is already, in itself,
an act of optimism**
Living with existential courage

**Transforming our
relationship with the earth**
Life in uncertain times

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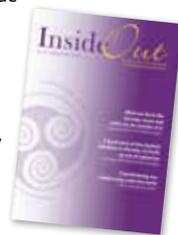
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EDITORIAL

Since our last edition, we have witnessed the unfolding of the crisis in Ukraine with the upheaval, trauma, suffering, and destruction that has ensued. Also evident is the resilience, fortitude and will to survive of our fellow Europeans in the most challenging of circumstances. It is encouraging to see the support from neighbouring countries as well as the willingness of other nations like our own to open our borders and endeavour to help our fellow human beings. There is an emerging awareness around our interconnectedness along with our connection to the natural world and these themes are evident throughout this edition of *Inside Out*.

Margaret Brady questions how to respond to the crises of these now uncertain times, as a therapist, parent and global citizen. Consideration is given to the effects of climate change denial and we are reminded of the path of the wounded healer, our interconnection, including hope and trust in the human potential. In an extract from her book, Emmy van Deurzen considers how we may live courageously in the face of existential crises and make sense of challenging situations, be they political, societal, personal or natural disasters. Mick Cooper in his engaging conversation with Paul Daly points out that wellbeing isn't just something that happens inside people's heads. It's also about the world that we live in and requires us to consider 'what can we do to contribute towards social justice, change, and wellbeing?'

The world we live in plays a major part in the "Well Gardened Mind", reviewed by Eileen Hanaphy, and we are reminded that when we work with nature outside of us, we work with nature inside. The importance water plays in our lives is captured in William Pattengill's review of "Blue Mind". Support and the collective are also conveyed in Elaine Smith's reflection on last year's Supervision and Supervisor Accreditation Committee (SSAC) meeting with a timely reminder of the "Stone Soup" folk tale and its invitation to come forward in adding to the pot. Paul Hitchings welcomes the erotic into therapy and challenges the shame that dominates this area, encouraging a brave and open recognition of the erotic in our work.

Mick Devine writes to support therapists raised by parents who misused alcohol and talks about the continuance of the lifelong process of their own separation-individuation. Liam Gildea takes us through the reasons why he believes bipolar disorder is misunderstood and the role medication plays in its treatment. We also have a piece on the myths around, and the steps for changing our attitude to overcoming unwanted intrusive thoughts. Liz Gleeson describes how ritual, symbol and metaphor play a role in helping the bereaved and counterbalance some of the negative effects of a society that finds it hard to stop, even for a death. We are also treated to some heartfelt and poignant poetry.

Last but not least, this edition represents the final one with Margaret Brady as the chair of the Editorial Board. We would like to acknowledge the enormous contribution and presence that Margaret has made over the past eight years to *Inside Out*, as a chairperson, member, contributor and valued colleague. It goes without saying that Margaret will be missed greatly for her talent, spirit, positivity and professionalism always conducted in a grounded, soulful manner.

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.

Life in uncertain times: A psychotherapist's response to the climate crisis

by Margaret Brady



Some time ago, my seven-year-old son came home from school in tears to ask me if it was true the world was going to end in eleven years. His brother, three years older, loftily informed him that no – the correct figure was nine years. Initially appalled, when I probed more deeply, I discovered that they had been learning at school about the climate crisis. As children tend to do, they had taken their few facts about the concept of tipping points and run with them to a nightmarishly extreme conclusion.

How can we – as global citizens, as parents, as psychotherapists – respond when faced with the questions of children about this crisis of our times? How can we respond when faced with clients who announce quite matter-of-factly that they won't be having babies because they couldn't bring them into a collapsing world? How can we lean into our own climate fear, grief and anxiety so that we might actually be of help in whatever situation the world might find itself in ten, twenty or fifty years?

What's the background?

It is now generally accepted that significant action will have to be taken across the world in order to cut carbon emissions by 2030 to a level which will prevent massive climate catastrophe. Last year's COP26 in Glasgow saw some progress by industrialised nations but many saw the commitments as watered down and insufficient (O'Sullivan, 2021a; Vidal, 2021). The COP, for those unfamiliar with the term, refers to the 'Conference of Parties', a global climate summit of the 197 nations that signed up to the United Nations Framework Convention on Climate Change in 1992.

We all know that floods and fires are happening more frequently and with greater devastation each year. Extinctions of plant, animal and insect species are increasing. The harsh truths spoken by Greta Thunberg and others seem to be falling too often on deaf ears and it is our children and grandchildren who will have to live with the consequences of our action or inaction.

A recent Irish Times / EPA poll (O’Sullivan, 2021b) found that 91% of Irish people say climate change is important to them personally. However, there is still reluctance to accept added cost or change on an individual level: in October 2021, an Irish Times/Ipsos MRBI poll reported that 82% of Irish people were against higher taxes on energy and fuel, 72% were against making diesel and petrol cars more expensive and 60% were against reducing the size of the national cattle herd (Lunn, 2021).

Leaning into the pain

As therapists, we are used to sitting with the pain of others. However, as many of us learned during the pandemic, it’s often quite different when we are in exactly the same situation as our clients and have no more answers than they have. The term ‘eco-anxiety’ has been described by Buzzell and Edwards (cited in Rust, 2020: 84) as “a range of feelings when someone wakes up to the ecological crisis”. Some of the feelings that come up for our clients and for us around climate change might include grief for what has already been lost as well as anticipatory grief, fear, anger, despair, frustration, overwhelm, powerlessness, paralysis, guilt, shame, denial and many others.

If we are to help our clients – and our children – work with their eco-anxiety, we must first face that whole range of feelings within ourselves. We’ll have to accept that we – unless we are living a completely off grid, car-free, vegan, waste-free life – are part of the problem as well as part of the solution, and that’s not easy to do. I’m uncomfortably aware as I write this that like most adults in this country, I drive a car – less often than many but more than I need to. I teach my kids to recycle but I still buy them Lego. I buy shampoo bars and bamboo toothbrushes to cut down waste and wonder whether it’s all just virtue-signalling – a band-aid when what’s really needed is urgent change by all of us. It’s hard to sit with the feelings of hopelessness, guilt, shame, despair and yes – fear, that arise when I think of these things but only by leaning into them can I begin to work through them. Rather than becoming stuck in guilt and shame over the things I am doing wrong, I know I need to look at those things honestly, without shame or excuses, and see where and how change might be possible.

Facing death

One of the reasons we can be paralysed into inaction by the climate crisis is that it forces us to face our own mortality, which can feel like too much to handle. Henson (2017) has also suggested links between climate denial and death anxiety. The thought that we and those we love might die is terrifying. And yet, death is for all of us inevitable. I am a facilitator with the Art of Living and Dying series in Ireland. These workshops, originally designed for palliative care professionals, challenge participants to explore their own fears and beliefs around death and dying. The philosophy is that we as healers cannot help others to navigate territory we have not ourselves explored. Working with this material since 2014 has launched me into an ongoing exploration of my relationship to death that has helped me greatly in my living, and also in exploring my feelings about the climate crisis.

As permaculture educator Bonita Ford reflects: “Facing our ecological crisis is like grieving and dying on a collective scale.” (2020: 75). Our challenge, as therapists and as individuals, is to travel thoughtfully through those dark spaces of grief and death so that we can help others to do the same. And if we can challenge ourselves to face into the possibility of death and loss with awareness, unexpected rewards may follow:

Facing the things which cause us most anxiety in life can often turn out to be less scary and a far richer experience than we imagined, even when those things are deeply distressing. In the darkest places, there is often a profound sense of connection at both the human and the universal level.

(Brazier, 2018: 77)

A new story

One of the ways we can frame a deliberate response to a given situation is in terms of what story we choose to tell about it. Climate activist Lorna Gold writes about the need to change our stories around climate change. She says:

The biggest obstacle we have today is that the stories we keep telling ourselves about progress, the future, wealth and economic growth no longer work... Sharing a different story of our place in the world can become the springboard for inventing the kinds of communities, economies and societies that can help us to be resilient to climate change in the future.

(Gold, 2018: 139-140)

We are already telling different stories about the climate crisis. Some of these stories tell of hopelessness, fear, and loss. Others invoke hope and transformation. The first step is to become aware of the stories we are telling ourselves, and in that awareness, to create a space where we might begin to choose what story we tell next.

Maintaining hope

Deep ecology is an environmental philosophy that holds that all living things have inherent worth, regardless of whether or not they are ‘useful’ to humans. Renowned deep ecologist Joanna Macy also speaks of the importance of story (Macy & Johnstone, 2012: chapter 1). She outlines three stories we can tell ourselves about the state of the world. The first story is “business as usual” where we act as if everything is fine and the world will continue just as it always has. This story is one of denial. The second story is that of “the great unravelling” – an apocalyptic vision where everything is falling apart with no future in sight. It leads to hopeless, powerless pessimism. Macy’s third option (as in all good stories) is that which offers hope: “the great turning”, which shows us the current state of the world as a challenge and opportunity for transformation, the stimulus to create a new and better way of living both for human and other-than-human inhabitants of the planet. Macy’s concept of hope is not, she emphasises, a naïve trust in the future but is rather “active hope” (2012: chapter 2). It involves a clear-eyed recognition of how the world is, a focused vision of how we would like it to be, and the conscious decision to do what we can to bring about that preferred outcome. We may or may not be successful, but we can find hope and discover meaning in the attempt.

Macy’s three stories in some ways echo the process of psychotherapy. Many of us have held space for clients who began in denial and moved from there into despair at the enormity of what they had to confront. When we as therapists sit with clients who are in despair, part of our role is to enter that bleak landscape with them. However, I believe that an equally crucial part of our job is to hold the conviction that healing and hope is possible, even (or especially) when the client can’t see it for themselves. If we can’t believe in that desired outcome and work towards it (regardless of whether we ever voice this explicitly to the client), it will be very hard for us to facilitate change.

Similarly, although we may feel despair and fear around the climate crisis, ultimately, we can’t stay in that state if we hope to create positive change. Active hope acknowledges the despair and fear but chooses to act so as to create the best chance for a positive outcome.

Taking action



For each of us, the ways in which we can create positive change will be different. As individuals, we might choose to donate money each month to an environmental charity. We might leave the car at home when possible, cut down on meat consumption, sign petitions or attend protests. We might simply resolve to start conversations about the environment, or to shop more consciously. These are all small steps but taken in the sense of active hope, each small step is a step in the right direction.

As therapists, we might be reluctant to overtly preach environmentalism to our clients. However, I have found that when a client is feeling depressed, stuck or anxious about the state of the world, active hope is sometimes a very useful strategy to help them regain a small sense of control, and to create small changes that can have large consequences.

Transforming our relationship with the earth

Part of the problem when it comes to environmental denial and destruction is our collective disengagement from the earth, and more specifically from the places where we live. Many of us see ourselves as living on an inanimate planet that exists as a resource for our use. In contrast, indigenous people around the world view the earth as animate – a living conscious being with whom we must each form our own relationship. Psychologist and mythologist Sharon Blackie describes this process as “*becoming native to our places*” (2018: 206). She suggests that “*in order to be fully alive and present in this world, each of us needs to build some feeling of relationship with the place we are living in right now*” (2018: 206). This can be done in different ways, whether it’s sitting in nature, simply walking the land where we live, or tending a garden.

Like many of my colleagues, I have seen a rise in the incidence of clients presenting with anxiety, isolation and loneliness over the past couple of years. One of the ways in which I have responded to this through my work is to encourage the development of relationship to place. More than one client, by developing a habit of contemplative walking in nature or finding a sit spot, has found a rootedness that lends inner strength and calm. (A sit spot, for those unfamiliar with the term, is simply a place outdoors where a person goes regularly to sit in a mindful way, to observe and to develop awareness of the senses and of nature.)

As therapists, we might ask ourselves about our own relationships with the places we live and work. Are we aware of the other-than-human beings with whom we share our space? Are there birds or animals, or perhaps trees, that make their presence felt? Do we like the places we inhabit? Are we rooted there?

A personal experiment I carried out to develop my family’s relationship to our place over the past few years involved the conscious rewilding of our small back garden during the growing months. Letting the grass grow long and wild, relinquishing the garden to the wildflowers, we became observers – noticing how grass gave way to dandelions, white and red clover, self-heal, buttercups and daisies, plantain and ragwort. We researched these native plants and were gratified to discover that many of them had medicinal properties or were edible for humans as well as birds and animals. Our little rewilding experiment brought all sorts of interesting bugs, beetles and butterflies to our garden as well as a greatly increased population of songbirds. The day when we found goldfinches feasting on the ragwort was an exciting one. Unfortunately, we also discovered that it was wiser not to let long grass grow too close to the house as our population of garden mice also thrived and began to look for warmer quarters as winter approached!

Symbolic encounters

As we deepen our relationship with the places around us and begin to listen to what they might have to tell us, a world of symbolic encounter opens up. As therapists, we can invite clients to view symbolically their encounters with the other-than-human. This is a technique that has proven very helpful in my own outdoor sessions, as a difficulty traversing a fallen log becomes a metaphor for the obstacles faced by the client, a muddy puddle comes to represent those places where one becomes bogged down, and a spider building an unseen web between therapist and client becomes a symbol for the fragile yet precious connection formed in therapy (Rust, 2020: 11). As we become close observers of the world around us, its richness becomes ever more apparent.

The wounded healer

The natural consequence of developing a connection with the earth and with the other-than-human beings that share it with us is a reorientation of our self-concept. As John Moriarty said: “*The hero now isn’t someone who wields a sword - it’s someone who puts down his sword and lets nature happen to him*” (cited in Kearney, 2018: 98). Moriarty’s hero is no longer separate from that which happens around him, rather, he has opened himself to be impacted by the world.

In his memoir, *The Nest in the Stream*, palliative care physician Michael Kearney describes how seeing a bird’s nest floating in a stream, with the water flowing through it, showed him a new way of being with the pain and suffering of others which had previously brought him to the point of burnout. He writes:

It [the nest] suggests that I do not have to be so defended any more. It offers me a way of holding my pain that is not so self-protective. “Let suffering happen to you,” it whispers. “Allow it in. Feel it as it washes through. And then, let it go to the deeper flow of life. This will bring you out of isolation and into connection.

(Kearney, 2018: 104)

This is the path of the wounded healer, the path of openness rather than separation, and perhaps when faced with a crisis as vast as that which faces us today, there may be no other way of remaining authentically human. We should not see people losing their homes to flood and fire, or polar bears starving as their habitat shrinks, or dead seabirds with plastic-filled stomachs without feeling the

horror and pain of it. As people and as therapists, we are all impacted – perhaps this path can offer us a way forward as we help our clients to sit with their own pain.

Working outside

Many therapists, myself included, are now working outside and bringing nature into their psychotherapy and supervision practices (see for example Hanrahan, 2021; O’Driscoll, 2015). While some are fortunate enough to be working in places of exquisite natural beauty, my own experience of offering ‘walk and talk’ sessions in a suburban Dublin park has shown me the value of connecting to the ground under my feet rather than yearning for beautiful locations elsewhere. It’s tempting to think of ‘nature’ as somewhere else, but our individual environments are those places where we live and breathe every day. As David Abram writes: *“the sensuous world – the world of our direct unmediated interactions – is always local. The sensuous world is the particular ground on which we walk, the air we breathe.”* (1996/2017: 266).

Benefits of a closer nature connection

While it’s easy to see how developing a closer nature connection can be good for the planet in terms of transforming our relationships and attitudes – a lesser-known truth is that it has also been shown to be extremely beneficial for human health. A substantial body of academic research established since the 1980s has shown that time spent in nature can help reduce depression (Berman et al., 2012), stress (Tyrväinen et al., 2014), negative thinking (Bratman et al., 2015), blood pressure (Twohig-Bennett & Jones, 2018), time spent recovering from surgery (Ulrich, 1984), and even mortality levels (Villeneuve et al., 2012). It can help to promote cognitive function (Berman et al., 2008), creativity (Atchley et al., 2012), mental health (Bratman et al., 2012) and even qualities such as trust, generosity and caring (Zhang et al., 2014).

A recent meta-synthesis of research on talk therapy conducted in nature (Cooley et al., 2020) also found several benefits particular to outdoor psychotherapy, including connecting clients with the natural world, enriching the therapeutic encounter through increased mutuality, mind-body holism, and freedom of expression, and enhancing practitioner wellbeing.

Community

It can be hard to maintain hope when you feel alone. Emma Philbin Bowman outlines beautifully the necessity of moving as a society from individualism to community. Writing on the experience of Covid-19, she reflects: *“when I attend to what has struck me most vividly these past eighteen months, I would say that culturally, it is the collapse of the myth of autonomy and a tangibly amplified exposure to our collective fate”* (Philbin Bowman, 2021: 17). It is certainly true that Covid-19 has shown us how intertwined our lives are, even as we have had to keep our distance from each other. As the climate crisis increasingly impacts our world, we will be forced more and more to confront how our individual actions influence our collective fate.

Psychotherapy can sometimes be a solitary profession, and it is important for us as professionals also to find support in community. This applies even more when facing circumstances like a pandemic, the climate crisis or war that affect us as much as our clients. If we are to hold space for those who come to us in threatening times, we need to be well-resourced. One such resource might be Ecotherapy Network Ireland (ENI), founded by myself and others in 2021. ENI is a group of likeminded psychotherapists and related professionals who are dedicated to finding a healing path with the Earth, both in our lives and work. The vision of the group is to establish an annual Gathering to ‘do the work’ of ecopsychology together, examining our own relationships to the earth, and exploring the ways in which we might

respond to the climate crisis personally and professionally as it unfolds.

Conclusion

Each of us will respond differently to the threats and promises of the years ahead. When I began to write this piece, I envisioned this as a factual exploration of psychotherapy and the climate crisis. It became something far more personal as I began to engage with my own feelings, fears and hopes. Taking these as a starting point, I found myself moving into an examination of the stories I tell myself about climate change, and more than that, the stories I want to choose, and the actions I want to promote to create a hopeful future.

So, what do I tell my children when they ask me about the difficult futures that may lie ahead?

For myself, I hold that stance that Viktor Frankl called tragic optimism –acknowledging the possibility of the worst and yet continuing to trust in the human potential for: *“(1) turning suffering into a human achievement and accomplishment; (2) deriving from guilt the opportunity to change oneself for the better; and (3) deriving from life’s transitoriness an incentive to take responsible action”* (1984: 162).

For them, I hold active hope. I tell them that we don’t know what the future will bring, but that we can work together to move in the direction of the future that we want to have.

We serve no-one by sinking under the weight of the world’s pain. May we instead feel that pain with compassion, allow it to pass through us like the nest in the stream, and bring us to a new understanding of our interconnectedness so that we – as therapists, parents and global citizens - can move forward together to offer our world whatever help and healing we can.



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Conversation: Ukraine Fundraiser and Conference on Psychotherapy & Counselling's Contribution to Global Peace, Justice, and Wellbeing

Mick Cooper in conversation with Paul Daly

Paul: Thank you for agreeing to do this interview, Mick. I thought I might pick out some things you said at the Ukraine Fundraiser and Conference and ask you to expand on them, if that's okay.

In March of this year, you and John and Sandra Wilson from Onlinevents (2022) organised and hosted a remarkable online conference of over forty psychotherapists and counsellors from around the world, many of them eminent in their field, which had two aims: firstly, to fundraise for Ukraine and secondly, to ask the question 'What can we, as mental health professionals, do to contribute towards social justice, change, and wellbeing?' How did this conference come about and what motivated you to do it?

Mick: Well, Paul, it wasn't anything particularly clever or genius. It was just seeing the news about Ukraine and the troubles out there; we wanted to do something. About a year before we'd done a fundraising event for my daughter who is making a film actually about Ukraine - her great-grandfather came from Ukraine. So, we were thinking about how we could raise some money and we thought, 'well, why don't we do a conference?' and then we thought, 'what should we do it on?' and we thought, 'well, why don't we do it on social justice and what therapists maybe can do.' And then we reached out to people we knew, people like Paul Gilbert and Emmy van Deurzen and Ernesto Spinelli, and we got an amazing response from lots of people. They were really enthusiastic about doing it, so we said, 'let's try and do it', and it was an amazing day. I was so pleased with that. It was a real highlight in my life, I think. It was an amazing day.

Paul: It was extraordinary. I just recently purchased the recordings of it all and I've been working my way through them. They're so good.

Mick: There are so many good talks and all the ones that I listened to like Dwight Turner and Emmy van Deurzen and Orna Guralnik, the couples' therapist - she was amazing. It was amazing to hear so many different perspectives. It was really exciting.

Paul: I was moved by the fact that you began the conference by interviewing five Ukrainian therapists, some of them currently working in Ukraine. One of the therapists said that she understands that "naturally, after the initial shock, the attention may fade away." And she also said "I think it's really important to keep in mind that it shouldn't happen." Two months afterwards, what are your feelings about the conference? And do you think that the attention is fading away somewhat?

Mick: I think it's really important to keep that focus. The conference was partly about Ukraine. Certainly the funding was for Ukraine. It was also partly thinking about more broadly, 'what can we do as therapists?' and in terms of Ukraine we just had a meeting recently set up, Therapy and Social Change Network, so that people around the world can join an international network. The idea

is to have a group where we can liaise and if people are interested, they can email John Wilson on Onlineevents (help@onlineevents.co.uk), and then we'll coordinate and if people want to lead on things, say for Ukraine, then we'll be able to do that... It was nice to see in the Eurovision at the weekend Ukraine winning... No Ireland?

Paul: No, we didn't qualify for the final. There used to be a joke that we were trying to lose because we won it three times in a row and we didn't want to host it again - it was too expensive. But now we don't seem to be able to qualify ever since we sent a puppet representing us!

Mick: Great Britain did well for once. But it was lovely to see Ukraine win. And I think that was an expression of how much people were still concerned and cared, and obviously in the news we still hear a lot about it and I really hope that things improve.

Paul: A lot of good work is being done as you would know but a recent article in *The Guardian* (2022) stated that Ukrainian refugees face a wait of up to two years for war trauma therapy. I don't know if it's similar in other European countries but, given the number of refugees, it would be surprising if it wasn't. And of course, it's not just Ukrainian refugees. It's many other countries too. One of the Ukrainian therapists indicated at the conference that she and her colleagues had found that their clients, particularly those with anxiety disorders, had been changed by the war and had chosen not to be helpless and had become active volunteers and organisers. At the same time there must be many people who are broken and who are waiting for therapy in different countries.

Mick: Yeah, I imagine so. I think one of the things that we discussed in this group is about offering therapeutic opportunities - offering free therapy to people from Ukraine or people from war-torn areas. Of course, there's an issue about not just having the focus on Ukraine, there's war and refugees from many different places. Also, I guess, to recognise from a pluralistic standpoint, that therapy isn't the answer to everything. As you say, people cope with things in different ways, and therapy may not always be the answer. But if people want it, and if people feel that that's going to be helpful, then it would be amazing if we could have networks. I've heard that some networks are providing therapy but I think that that will be an obvious kind of way that as therapists we can help, by offering some kind of pro bono service to people to help them deal with some of those traumatic experiences which I'm sure is just going to be massive.

Paul: Yes, a lot of that pro bono therapy went on during Covid. And I'm glad that you broadened it out because of course it's not just Ukraine. It's Syria. It's Yemen. It's many, many countries. It's just that for some reason the world woke up to war and trauma with Ukraine and there is probably a much bigger focus on it.

Mick: Yeah, I think that's understandable. I guess it's a bit closer. It's part of Europe. Maybe because of the threat of nuclear war that it kind of brings, that hasn't been there before. But also, I guess, we have to be open to the possibility that there's obviously some kind of unconscious racism in that. And that has to be I think something thought about, taken seriously and that was certainly a criticism from some quarters and I think understandably. It's a massively important cause but it's also important to recognise the suffering around the world.

Paul: At the conference you crystallised, what for me anyway was a central point, where you said that "we all know that wellbeing isn't just something that happens inside people's heads. It's also about the world that we live in. There's just an abundance of evidence in the field that things like tyranny,

racism, poverty, homophobia, and all these other injustices can be really important factors in leading to psychological distress." And what you said too was, "So if we want to help our clients best, we need to look at how we can help them as well as others, overcome these kinds of political and social injustices, both in terms of what we do in the therapy room, and also what we do outside of it." So then just to ask you that question that you asked all of us, how can we as therapists begin to bring about greater global peace, justice and wellbeing?

Mick: It's a tough question isn't it? There's certainly not one answer to it. Orna Guralnik - I think it's lovely what she was saying. She was saying that by doing therapy, in a sense, we are doing that. She was talking about her couples therapy and saying that by creating a space in which maybe more marginalised voices can be heard - maybe the voice of the woman in a couple, maybe in some cases, the man as well - that that in itself is a political act. And that's one thing we do, in the therapeutic work we do, is helping people find their voice, which can be political. But also there's recognising - in our therapeutic work issues of social justice, for example - if we're committed to Black clients or refugees we're being sensitised and being made aware of those issues, educating ourselves. We know from the research that it's important for clients that we have some understanding of their particular issues, for example, working with gay clients if we're not that familiar with issues around homophobia. So, educating ourselves is something that we can do as therapists to be more helpful.

And then I guess there's also taking things out and being more activist on a wider level, whether that's in regard to environmental issues or challenging things like racism, poverty and those kinds of injustices. Obviously, we all have limits to what we can do, but I do think that for me, activist work is on a spectrum with therapy. It's not a completely different field. I think some people might see therapy as a kind of clinical activity and then social justice as something completely separate. I think for me they're related. They're all about helping people in terms of their psychological health and wellbeing. If we want to help our clients - if we're working with refugee clients - then helping them is partly about the work that we do with them, but also being active on a kind of wider political level. Challenging and being involved in groups that maybe support refugees is on a continuum as well and stuff that we can also do to help our clients and work upstream, as well as downstream, to help prevent some of these problems in the first place. So I think these are on a continuum and I think there's a lot we can do. But also, it's a discussion and I think it's an ongoing challenge that a lot of therapists are asking. I think a lot of us have come into the therapy field because we care about the wellbeing of clients and of people more generally and what we do to support that. It's great that we're asking and talking about this, and thinking about it, really.

Paul: For some therapists it seems to be a bit of an awakening - the whole social and political dimension. And one of the participants at the conference - an Irish therapist - said that the social and political dimensions of therapy had never been even mentioned in his training and all the focus was only on the individual. And I'm wondering is part of the answer to bring the social and the political into therapy training, as your colleague, John McLeod suggests.

Mick: Yeah, I'm sure you're absolutely right that training is a place where there's a real opportunity to raise therapists' awareness, and some of these issues for therapists to think about how they can work most effectively. Having modules on diversity and inclusion should really be central to any programme and not just tacked on as a separate part of it, but looking at those issues in depth, and to make them integral to all the issues that are talked about.

I think one of the problems that we have in the therapy field is that all our core models, whether it's person-centred, psychodynamic, or CBT don't really integrate a recognition of diversity issues, or social-political issues. It's not that they would deny them and many people from the person-centred area, people, for instance, that I know, are very political, but it's like the political issues are separate from the kind of core model that they train in. You look at Rogers' core model of how people come to be psychologically damaged and it's about relational issues, about people's experiencing of unconditional positive regard, which I'm sure has a massive impact on people but there's nothing really there about social and political factors. Okay, you can extend the idea of conditional positive regard to racism, maybe, but even so, it doesn't take into account discrimination, it doesn't take into account poverty. You struggle with any of these models, psychodynamic, CBT. They don't really account for the reality as you were saying before: distress is related to real political circumstances.

I think the fact that we train our students in models that don't really articulate that - I don't think that helps - because it means that at best, we'll see those issues as separate to the real core issues that we're dealing with. You look at Carl Rogers' necessary and sufficient conditions: financial security is not in there. Living in a world where people are kind and supportive to you - it's not saying that. Even Rogers, a liberal humanist, doesn't really conceptualise where these political factors have an impact.

Paul: Just listening to you there makes me think that maybe a new theory is called for that takes into account the social and the political.

Mick: Well, I think so, or maybe adaptations of the current theories or the models that we train in. In clinical psychology there's the Power Threat Meaning Framework that they've developed, which really does start from social factors of distress. Some of the work that I've been doing myself is trying to develop ways of thinking about - from a very existential sense - what it means to exist and human existence that then can create more of a smooth transition and an integration between social and political factors. In the book I did recently about integrating counselling and psychotherapy, I develop a framework, based on research and other ideas, that can integrate and understand people in a way that the social and the psychological are more alongside each other rather than really separate.

Paul: What's that book called?

Mick: It's called *Integrating Counselling & Psychotherapy: Directionality, Synergy and Social Change*. The basics of the model are very similar to humanistic or psychodynamic theory: the idea of directionality, the idea that we are agentic beings, that we all try and move forward in our world and that can get blocked for different reasons. Sometimes it gets blocked because the things that we really want and need like closeness, security, pleasure, growth, sometimes those things are blocked because of external circumstances like poverty, racism, homophobia. Some of those things are blocked because of the way we try and go about getting the things that we want - like we're very much pulling against ourselves a lot or maybe just the methods that we're using to do something like deal with anxiety just aren't that effective.

The ways we're helping people then might be through helping them reconfigure the ways that they do things, so that they can get more of what they want more of the time, which is of course what we do as therapists. But it might also be by changing the external circumstances so that if that's where the blocks are, if that's what's stopping people getting what they want, then that's where attention needs to be. So, it's trying to create a model that can smoothly move between psychological and social understandings, so that they're all on the same page. I think that's what I'm always trying to do - to put them on the same page rather than having them on two very different pages.

Paul: At one point in the conference you said that "as therapists we work towards structures that allow different voices within the person to be heard, rather than some kind of internal totalitarian state, which is often linked very much to distress." And you mentioned pluralism, just now and also in your presentation, which I know you've written at least two books on as well as articles. I wonder could you say something about what pluralism in therapy is and why it's important?

Mick: Pluralism in therapy - there's different ways of understanding and using that term. We can think about self-pluralism and that is the idea that the self is composed of multiple parts, multiple voices, and most of our theories in some ways talk about that. The most obvious ones are things like Transactional Analysis with the Adult, Parent, and Child; and Freud's Ego, Id, and Superego; and Jung's archetypes. Most of our therapies have some ideas about self-pluralism. And often the focus is on getting the different parts to talk to each other. And there's been some very interesting thinking around what kind of relationships between those parts are best or most functional. What I've always found fascinating, and what my most recent books have been about, is that most people who write about that talk about the value of a kind of democratic inner world where we have different voices and - our vulnerable side or angry side - we listen to them. No one voice dominates. And if we are the client and the rational part dominates, or the angry part or the vulnerable part dominates, there's something not quite right there. As therapists we work to bring in the different voices and to help facilitate a more collaborative synergetic relationship between them. That's one way of understanding pluralism.

The other way is quite a different trajectory or movement. Since about 2006 or so, John McLeod up in Abertay University, myself and lots of other colleagues have been developing something called a pluralistic approach to therapy. This pluralistic approach is quite similar to an integrative approach but it's more a framework for thinking about therapies as a whole that can actually be inclusive of, say, a single modality: somebody might be person-centred, or psychodynamic or TA with a pluralistic lens. And what I mean by pluralism, firstly, as a kind of general philosophy, is the idea that there's lots of different ways of doing therapy and different clients need different things at different points in time.

It's not rocket science, but often in the therapy field we can get really locked into single truths about 'this is the right way' or 'that's the right way'. Even paradoxically, things like person-centred therapy or existential therapy - which are all about openness - can actually sometimes become quite dogmatic. Pluralism was about trying to stand back from that and say, 'look, actually, let's stop arguing about which is the best therapy because that's assuming that all clients need the same things. We know clients are different. Different people need different things at different times.' It's not as if we can all do everything. Some of us want to just specialise in one approach, person-centred or TA or psychodynamic; so pluralism is not saying we should be able to do everything, but it is about recognising what we can do and what we can't do, and learning and having the humility that sometimes we're best off referring someone on. If someone comes to me as a fairly humanistic therapist and says, 'Well, I've got a spider phobia and I just want techniques to overcome it', it's about me having the humility to say 'Actually, you know what, I could work with you and give you space to talk about stuff and express your fears but there's an evidence-based therapy, a behavioural approach, 'flooding', that the evidence shows is really helpful for that and maybe that's something to think about as well'. So that's pluralism as a general overview, which as I say, is a way of thinking about therapy.

And then we've also talked about *pluralistic practice*, which is an integrative practice, but you need a pluralistic mindset to be able to do. But having a pluralistic mindset doesn't mean practising in a pluralistic way. What distinguishes pluralism as a practice is that it's very collaborative and it's all about working with a client, when the client wants to, to think about how you're going to work together. So,

it's bringing your skills to the client and then asking them about their preferences if they've got any - they may not have any - and then within my expertise, agreeing ways of working together, reviewing that and trying to find a way of working that's most suited to that particular client. In both cases, pluralism is about multiplicity, multiple perspectives, multiple truths, and the relationship in the sense of being able to work cooperatively, to bring things together with the client.

Paul: Finally, I'd like to ask you about directionality and goals in therapy, which is something you mentioned at the conference and have written about.

Mick: So directionality is - going back to what I was saying earlier about this framework - to think about how we integrate the psychological and social. Directionality is really at the heart of that, and it's about an assumption which is there in existential thinking and in lots of other thinking, from Aristotle onwards, that as human beings we're agentic, that we act towards our world. It's a way of thinking, as people, that is trying to get away from the idea that we're just kind of machines or that we are blank slates, so it's very core to the humanistic existential sense. Obviously, we are impressed upon by our world, we take in our world, but there's something that we also act towards our world and that's the very nature of human being and organisms - that we respond to them and we act towards the world. It's not that people are more or less directional. It's what you call an ontological assumption about people that we are directional and that forms a basis for a framework that, as I was saying before, can integrate different perspectives.

One way of understanding a person's directions, and what a person is striving for, might be through their goals. Asking clients about their goals and what they want from therapy can be a way of understanding more about that client's directionality, and the things that they most need and want in their life. But of course, goals are just in a sense the tip of the iceberg, the conscious part. Some of these directions, for instance, towards safety or towards being close with others really might not be things that they're conscious of. And as therapists we often work with clients to help them understand more of what their directions are, where is it they're trying to go to and how they can best get there in a way that's not pulling them in different directions.

So sometimes asking clients about their goals can be helpful, and we know from our research that clients genuinely like to be asked about their goals and to have some sense of where therapy is going. But it's not by any means foolproof; some clients don't like it. Some clients will state goals and then what emerges in therapy is something quite different from the stated goals. It needs to be quite a loose process. But working with goals - there's no kind of neutral position in terms of, for instance, asking clients about their goals. Therapists in different ways might ask clients 'what do you want from therapy?' or 'what are your aims?' or 'what would you like to get out of it?' Everybody finds different ways of doing it, and we can choose to do that or we can choose not to do that, but both are a choice. And I think generally we find in our research that clients can struggle if that's not on the table. And then I think the client who's going to therapy and not having any discussions about what they want or where it's going - we do hear quite a lot from qualitative research about clients saying, 'the counsellor was really nice, they were very friendly, but I didn't really know what we were doing together.' And whether you call it goals or objectives or aims or whatever I think having some sense of the direction of therapy - my sense from clients is that it is often something that clients want.

Paul: Thank you very much, Mick. I appreciate your generosity.

Mick: Good to talk to you, really nice. Thanks for your time.



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Living with existential courage

by Emmy van Deurzen

Foreword

In the programme notes to Emmy van Deurzen's extraordinary presentation at the Ukraine Fundraiser and Conference she wrote:

"As the world is gradually plunged into a global existential crisis, not just because of the pandemic, but also in facing potential ecological disaster, a global climate crisis and increasing pressure on international migration, in view of old and new wars, it is vital to understand how our psychotherapy profession can ensure that we tackle the situation in a holistic and considerate manner.

In this presentation we shall consider how existential philosophers and therapists are able to make sense of such situations, be they caused by politics, society, personal choice or natural catastrophes. We shall explore the impact of the shattering of our most reliable connections to the world and the loss of meaning that ensues.

Then we shall see how we can rise to such limit situations, to shift upwards and find ways to thrive instead of being destroyed by the radical change and global transformation that has become inexorable."

When approached by Inside Out for an article on her presentation Emmy van Deurzen very kindly gave us permission to publish an excerpt from her 2021 book, Rising from existential crisis: Life beyond calamity, upon which much of her Conference presentation was based. The excerpt begins half way through Chapter 9, Living with existential courage:

Rising from crisis

In order to cope with crisis, we first of all have to survive it. This means we do have to protect ourselves and establish a zone of safety into which we can withdraw, heal our wounds and recompose ourselves.

Then we have to find others and convince them to help support and sustain us. This is best done in the spirit of generosity and mutuality. In that atmosphere, we can begin to communicate our plight calmly and soberly, articulating it for ourselves, so that we get clarity about it and can integrate it into our normal reality, instead of keeping it on the outside. Only then, when the situation becomes real to us and we can think about it, can we begin to find remedies.

As Sartre said in his essay *What is literature?*:

A lucid view of the darkest situation is already, in itself, an act of optimism. Indeed, it implies that this situation is thinkable; that is to say, we have not lost our way in it as though in a dark forest, and we can on the contrary detach ourselves from it, at least in mind, and keep it under observation; we can therefore go beyond it and resolve what to do against it, even if our decisions are desperate.

(Sartre, 1950/2001: 289)

By describing our situation fully and carefully we make sense of it. We differentiate ourselves from our plight as we sketch out our predicament. We then become able to question our position. All

this is only possible if we focus on the situation instead of hiding or fleeing from it. When we use our consciousness deliberately to focus our intentionality on finding a way out, we realise that our mind can always shine a light in the darkness. Faced with danger, we have to become attentive, resolute, determined and creative. We cannot rise from crisis by dulling ourselves down. So, here is how we sharpen up.

1. Formulate the problem clearly

When we become more attentive to what is happening to us, we can take ourselves back in hand and reunite with our inner authority. The act of formulating the problem is sufficient to switch us from passivity to activity. From the moment we get a grip on what is happening by telling a tale about it, summarising it, and exploring it, we problematise it – we make it into a puzzle that needs solving. So, instead of remaining enclosed in a reactive, confused state of mind that keeps us imprisoned in a state of feeling hurt and duped, we set ourselves on the trail of discovery.

This is how therapy works: we encourage people to frame their problems so that they get a hold of them and see them as something tangible that they can manipulate and grasp. Then, instead of feeling at the mercy of their difficulties or overwhelmed by their own emotions, people become enabled again, as they understand that change is possible and desirable. They get this simple truth: that we can choose to be in the situation and own our own existence.

But don't be too demanding of yourself about it. You may need to take time to ponder. We all need a phase in which we express our pain, our disappointment, our grief and our sorrow. It is a way of collecting enough frustration to build the energy to get cracking. The more we allow ourselves to feel the pain directly, the less we will be inclined to retaliate with aggression, passive aggression, cynicism or blaming tactics. The trick is to allow yourself to absorb the loss fully and appreciate all the inner sadness that is caused by it. Sit with that for a bit. It helps to have someone patiently sitting with you. Then we can dismiss the easy options of negativity and take time to think about a better response and a workable strategy. It is all too easy to get lost in the destructive practice of saying 'no' to everything. We have to say 'no' sometimes, to some things and some people, but we can only rejoice in life again when we learn to say 'yes' again.

2. Move from reactivity to activity

After we have told our story and formulated our problem, we can begin to come to terms with the realisation that this problem is ours – that we need to take ownership of it. As long as a person is reacting to a situation, they have not made it their own. It remains outside of them and they want to deny its reality or protest against it. They waste precious time and energy kicking against their fate. They complain about it endlessly. Just kicking against it, denying it, resenting it, or even cursing it will not change it. We need to start examining it and take a hold of it. As long as we remain focused on blaming and shaming, whether it be others or ourselves or even our situation, we keep ourselves imprisoned in precisely the same situation that is hurting us. As long as we remain focused on what is wrong, we ensnare ourselves in it and become identified with it. It is crucial to name the problem, but from there we need to move on to finding out what caused it, how we got caught up and lost in it and, most importantly, how we can remove ourselves from it. That requires determination, and often co-operation with others.

3. Conduct an inventory of your talents, skills and resources

We may need to remind ourselves that we are capable of being constructive rather than self-destructive or destructive when things go wrong for us. This starts with learning to take stock of your skills and talents for dealing with problems. What are your assets? What do you know about your own character

that will help you through the crisis? What have you learnt from previous troubles and battles? How can you apply this knowledge to the current situation? What resources are available to you? Who are your potential allies? How can you connect with them? Who are your best supporters and what can you ask them to do or provide for you? What would actually be helpful to you, practically and concretely, and where and how can you obtain it? Where are the bibliographical or online sources of information that might guide you?

Do your research and make finding solutions your main objective for a bit. Join other people who are in a similar situation. Initiate an action group or a particular task group that can improve something in your situation and that of others. Put your heads together. When you do, think consistently in terms of what you can contribute and how you can help others. Shift the focus from your difficulties to the possible solutions. Use your plight to throw light for others in the future.

But in doing this, take cautious care of yourself. Not all contact with others will be supportive. Some of it will be undermining and, if so, it needs to be avoided. Our connections to others have to be managed with caution and our online presence has to be managed with especially great wariness.

4. Prepare for endurance and the long term

While we may need to collapse for a little bit, it is essential that we take ourselves in hand to gather the necessary strength for the battle ahead. We should not rush into our comeback but, rather, build it up slowly and carefully. It is at such low times that reconnecting with the widest protective circle around us is of the essence. This means going out into nature to be reminded that the natural environment is still out there, doing its job in recycling our earth and our air. Let the skies, the rivers, the woods, the sea, the meadows and the mountains remind you that life is still going strong and is right there on our doorstep for us to be part of.

Making an effort to create an atmosphere of calm and peace in our home is also conducive to feeling settled. When I work with people in crisis, I know they are on the right track when they decide to buy a plant or a new lamp or a comfy chair for their home, or when they spend a few hours decluttering or redecorating a room. When we are in trouble, it pays to spend a little bit of time ordering our physical environment to clear a space for peace of mind and safety. A little bit of nesting can work miracles. It signals that we are getting ready to go forth from a secure base.

Taking care consists of building ourselves up while staying safe and polishing up the good things still available to us. Eating foods that will nurture us better is a good way to prepare for the difficult tasks of repair ahead. These things are very personal and culturally specific, so think for yourself about what would make you feel better and then take the trouble to prepare it for yourself. Make it into a routine. Relish that moment of wholeness where you feel better, even just temporarily; learn to look forward to it and keep doing it. The more time we spend on such simple acts of self-nurturing, the better. Don't wolf and waste your appetite. Eat very slowly, paying lots of attention to every morsel. When you re-establish your secure base, wherever possible include the presence of a loved one – if not a person, then perhaps a pet or a plant (Charura & Paul, 2015).

Re-establish experiences of flow and good energy whenever possible (Csikszentmihalyi, 1990). Find music that used to please you in the past and listen to it again and again, but choose carefully and don't get drawn into music that is too moody or maudlin, or that takes you back with too much intensity to previous losses. Don't linger too long in melancholy remembering. Most of us have some old-time favourite movies that renew our vital energies. Fantasising about adventures and travels is a good thing

for most of us. So, let yourself dream a bit – perhaps read a travel guide – but don't set off on any journeys just yet, as this can be a source of stress in itself. You need to concentrate on being who you are and where you are.

5. Establish an affirmative routine

When we commit to a reliable and affirmative routine, we create a stronger and more determined mindset every time we complete the actions we are committed to. I work on this every day. I wake at six o'clock and take time to think about the day ahead and consider what matters most for me to concentrate on in the coming hours. It is all about setting myself in the right mode of being, preparing myself mentally for what is to come and deciding in what order and in what ways I want to tackle the tasks and duties ahead of me. It is about sharpening your intentionality and reconnecting with your sense of direction, rather than about specifics. It is the opposite of worrying; as we contemplate the day ahead, we ask ourselves how we can make it a good day and actually enjoy our chores. Each and every one of us will do this differently. What matters is that we notice that we are setting out on a new day and a new adventure and that we give it our full attention, instead of wishing it away. This is about questioning our habits and taking charge of our own life, so we can relish every minute of it. It's about learning to savour our existence and using each day to change something for the better.

6. Learn to recognise, respect and name your feelings

Another thing we can learn to do is to listen to our own responses to things and people and to register and name our own feelings and make sense of them. Sometimes we may need to reflect for a bit before we understand why we feel as we do, but it always pays off to do so, when we have time, perhaps at the end of the day before going to bed. Take your feelings seriously, but never let them dictate your behaviour. Just venting feelings is not enough. We need to make sense of them and get to the bottom of why we experience things as we do. Talking to a partner about events and our reactions to them does not just help us clarify where we are and what we need to do next; it also brings us closer together. Carrying the weight of the world on his shoulders may have been fine for Atlas, but it is no good for ordinary humans. We are not superhuman and we must respect our own limits. It never pays off to deny or negate our feelings or put ourselves down for them. We have every right to feel as we feel, as long as we find a way to listen to ourselves compassionately and translate our feelings into thoughtful actions.

We need to protect ourselves from carrying too much stress and distress, self-reproach, frustrations, resentments or regrets. In a crisis it is so easy to seize up or become numb and just accept the status quo for too long. When you start to experience strong feelings that are bigger than you would normally be inclined to feel, don't just try to suppress them. There is no reason to be scared of your feelings. Your feelings are your guide and they are pointing you in the right direction. Teach yourself to write them down in a daily diary and discuss them with a partner or a close friend or perhaps even a therapist.

7. Join a community

There is nothing so conducive to finding new hope as finding like-minded people who are constructive in building a new future or overcoming problems. Many friendships have been forged during times of hardship. Co-operation is an art, and we need to learn to value each other's strengths and support each other at times of weakness and vulnerability. We can't all be good at everything, and offering some of the things we are good at to other people in exchange for them doing the same for us is the most wonderful human arrangement. It is the principle that community building is based on. Communities are crucial for our full functioning. When we all compete against each other, the world becomes a hectic and frantic place. When we can rely on others to make the most of the bit they are responsible

for, while we make the most of what we have chosen as our responsibility, then we complete each other and the tasks are carried out more efficiently. Value yourself and each other in that process and everyone benefits.

8. Learn a new skill – or revive an old one

Learning new skills, especially a new language, a musical instrument, a craft, an art or a sporting activity, is very constructive and uplifting. This is not just about reconnecting to the plus sides of life but also about rebuilding self-esteem, self-respect and self-affirmation. It is about reclaiming our capacity for growth and education, despite, and perhaps especially because of, the crisis we find ourselves in. We are entitled to a growth spurt when we are spending so much time deeply in grief and mourning. So, start by allowing your curiosity to be triggered and try to find out new things about the situation you find yourself in. Then think about how you can add to that imaginatively.

In our Emotional Support Service for Europeans (ESSE) we encouraged people to try many new ideas and many new practices. We are all different and we are the expert on what will do the trick for us. Some people get a real buzz out of discovering they can deal with such challenging activities as windsurfing, bungee jumping, abseiling, horse riding, mountain climbing, skiing, skating, caving or wild swimming. Somehow, having survived a crisis makes us braver. We feel our strength and we stop being quite so afraid of everything, because we sense that the worst has already happened.

Such heroics are not for everyone, however. Some people really need to keep things small and familiar. When they are prompted to think about activities that are soothing for them, they remember things they used to do in childhood that don't require huge energy and stamina, like jigsaw puzzles, colouring in, embroidery, knitting, building a model airplane from a simple kit, or even sculpting something out of playdough or whittling. When people rediscover such old and neglected skills, they often report a sense of calm and a rebuilding of confidence. Other people return to skills they only practised for a bit in the past and that they now want to hone. They may bring down from the loft or from the shed things that have long been broken and mend them. I knew someone who took his car apart when he was recovering from a crisis. Putting it back together again took long enough to help him slowly rebuild his trust in his own efficacy. Someone else carved out a canoe from a fallen tree trunk in his garden.

Another approach that can work, especially for those who feel that violence has been done to them, is to take up a martial art – judo, karate, kick boxing or self-defence classes, for example. Weight training works for some, dancing for others. Gentler but equally effective ways of re-energising and focusing energy include yoga, pilates, tai-chi, qigong, meditation and mindfulness. Find what works for you. It is the principle that matters: a person has to reactivate their personal capacity to make something of themselves and stop feeling as if they are being duped, molested and beaten. We can feel martyred for a bit, but then we have to find a retort or rejoinder to our sense of weakness and victimisation. We must step out of our corner, eventually and take the upper hand again.

9. Don't be a martyr

Martyrdom is a bad role to slide into, although many of us are inclined to do so. Suffering in silence is one of the worst ways of enduring, because it is not sustainable. Suffering must not become our new identity. If we get used to it, we will be expecting it and tolerating it for years to come. There are many reasons why people settle for silent martyrdom. Sometimes their families assigned them this role early on. Sometimes they are just too nice to fight back, or they think too lowly of themselves to feel entitled to anything better. Sometimes they think that good people suffer while bad people portion

out suffering. But it isn't really like that. The world can beat you down, but it cannot keep you down, and it certainly cannot force you to be prepared to endure humiliation for the rest of your life. Be free in your own mind and never be afraid to show a bit of your power, especially when you have suppressed it for far too long.

10. Be decisive

We need to learn to step up to the plate and then keep stepping forwards. There is a hidden force in people who are decisive that everyone respects and that makes all the difference in how you will advance. This comes from having taken the time to reflect on what is the right way ahead, making your choice and setting out on the journey, staying on track and keeping up your tempo. There is tremendous empowerment in being decisive, especially if you feel you have been messed about. As we know, the best revenge for wrongs done to us is not to get angry but to get even. We can only do so if we set our sights on getting things right and we let go of our resentments. Unbroken commitment to forward motion and self-improvement create and facilitate accomplishments and triumphs.

Some people hesitate to conduct themselves in such a way, as they feel it may seem selfish. It's important to know the difference between being self-caring and resolute – i.e. doing what is right for us and necessary for our survival – and being egoistic and self-seeking – i.e. doing something that is purely for our own pleasure and advantage but may be harmful to others. It is often good to have a chance to speak with others about our decisions and make sure that our actions are good all round and are endorsed and validated by the people we value around us. If we are going to grow authoritative and strong-minded, we need to be clear sighted, and fair minded too. There is no need to guilt trip ourselves if what we aim for is of use and help to others. Once you have worked out what needs to be done, dare to be outspoken and self-assured. Then be definite and firm in your actions.

11. Find new meanings and purpose

Ultimately, overcoming hardship comes down to finding meaning in it, and focused action is one way of re-establishing meaning. I've returned to this a lot in this book, because it is so central. Keep reminding yourself that meaning comes from connectivity. This can be most easily achieved by creating new links and bonds and getting a more in-depth understanding of how the world fits together. As soon as we get a sense of being part of a network of meaning, it becomes far easier to see where we are, who we are and what direction we want to be heading.

There is a mutual reinforcement between the direction of our actions and the feedback we are getting by making these new connections in action. This means that we have found new purpose. This is the very opposite of accepting our fate passively. We find meaning when we get a bird's eye view of our situation and see how our experiences fit into a narrative that goes beyond ourselves. As soon as we begin to lift the veil and make sense of things that previously were a mystery, we begin to feel more in control and more able to intervene and change things for the better. This is exactly what all those who have thrived from their crises have been able to do. They have become more insightful and more actively engaged with their troubles. They have not given up but have become more ardent in their efforts to improve things for themselves and the world around them.

12. Stick with it

This brings us to the importance of commitment. Many people who falter and flail about in crisis continue to do so for longer than necessary because they fail to see the importance of committing to a constructive road ahead. They dart in many different directions and run out of breath. They flap about and become exhausted and despondent, because all roads seem to be blocked and nobody supports them.

Don't expect support; it is up to you to find your way around the obstacles and make alliances. Contemplate the problems, consider all the possible solutions you can think of, and keep going. Be creative and free-floating about it and eventually you will see your opening. You will know what attracts you and you will find your personal way of tackling the situation. Don't let other people tell you how you should do it. Nobody can do it for you or know what it is like for you. Sort it out for yourself, but always get as much information as possible, then get going and keep going.

Do not isolate yourself but rely on yourself to do most of the hard work and trust that you can get through, slowly but surely, step by step. Remember that progress often comes in stops and starts and is rarely as rapid as we would like it to be. Sometimes we take two steps forward and one step back. Be prepared for such patterns and for further problems on the road ahead. Life is never predictable; it will throw lots of curve balls at you. The best thing is to know and accept this, get into it and get good at playing the ball you are thrown or the cards you are dealt. Be consistent in your efforts and show conscientiousness, dedication and persistence in your practice. It's fine to sleep on the job once in a while, or to take a day off, so long as you keep up your commitment to progress.

13. Take courage from your fear

If this book has shown anything, it is that we should never fear change; we should learn to welcome and relish it. Change is the natural principle of life. It is the flowing river of vitality. Anything that is alive is continuously growing and expanding, or waning and decaying. Living things never stay the same from one minute to the next. We measure time by the changes in the universe and we measure our lives by the time that has passed and the things that have changed. There is no point in trying to stay the same or keeping things under control. Things and events are in motion, they always move on, and we have to move on with them. We cannot stop the tides of life or struggle against them; we have to learn how to go with them.

Of course, not all change is welcome. Crises are a sudden and often violent form of change that transforms everything we take for granted. But civilisations have been built on crises. It is crises that have forced people at all times in history to come up with new solutions and adapt to new situations. Many inventions and medical breakthroughs are a response to emergencies. They are arrived at through long experimentation and hard work, building on the work of previous generations, but they are frequently inspired by difficulties and problems that need solving. Medical progress arising from the two world wars was immeasurable. So too was technical progress (and, of course, military progress). As we have seen, human beings typically evolve in new directions after crisis, and if we can learn to make the most of that natural stage of transformative dynamism, we may even come to believe our crisis was for the best. Use its power and momentum.

Dare to engage with your predicament and stop fearing and fighting it. With the natural expansion you will feel when you dare to breathe again and meet the challenges, you will rediscover your capacity for self-reliance and contentment. There are few things better than to feel our whole being responding to an emergency in a way that makes us resilient and robust. We become toughened, like steel in a fire, our minds are tightened and our worldview is wised up by our letting go of some of our illusions and being able to face harsh realities. This stops us feeling afraid of the future or floundering about in uncertainty, and it might even make us itch for further challenges to continue building that strength and even greater capacity.

14. Share what you have learned

Once our cup is overflowing with this new verve and vivacity, it is important that we do not just keep it to ourselves. Use your insights and skills to support others in similar situations. Discover that you can be generous and supportive, nurturing and big hearted. Share as much as is possible without depriving yourself. The more you gain clarity about how life works and how you can build your inner powers to become more proficient in meeting existential crisis, the clearer you will see how your experience is connected to that of others. The crowning glory of surpassing existential crisis is that sense that we have learnt something invaluable about human existence, something that is of core importance and can never be taken away from us again. The deepening of our inner thoughts and confidence, the crystallisation of our wisdom and the gladdening of our heart will speak for themselves as we come to terms with an experience we thought would destroy us but that turned out to be the making of us.

* * * * *

And so, through crisis, we can find new understanding, new direction, a fresh sense of energy and a capacity for thinking more deeply and bravely about the things that truly matter. We will always mourn our losses and regret the wrongs done to us, but we will become emboldened with a renewed sense of purpose and much greater ability to adapt to whatever may come in the future.



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Welcoming the erotic into therapy

by Paul Hitchings

Mention of the erotic in the therapeutic relationship seems to create panic in many therapists. It is relegated to a transference event and so seemingly maintains therapist ‘innocence’! This article aims to offer a broader and friendlier conception.

The ‘erotic’ may be conceptualised as ‘embodiedness’ in relating. The term ‘embodiment’ can be defined as follows:

.....embodiment really refers to a process that produces a network, woven through the fabric of our body functions and cognitions and our behaviour, connecting us to the physical environment and synchronising us with the cognitions and behaviours of other people.

(Hauke & Kritikos, 2018).

Embodied communication occurs in the presence of mutual influence, between people in engagement. Being fully present means a sensual connection requiring more than our mind. We might be less or more engaged with one person as opposed to another. We might be working with a child, an older person, someone attractive to us, someone we are moved by or someone we struggle to connect with. What impact do the ‘real’ and ‘co-transference’ relationships hold? A mapping of different (but not discrete) states is offered.

A Map

The erotic/embodied is conceptualised here within four quadrants. The map has two axes; a continuum from the ‘real’ to the ‘transference’ relationship and a dimension from the ‘non-genital erotic’ to the ‘genital erotic’, which locates embodiment, including sexuality, in the therapeutic encounter. One or both members of the dyad may occupy the same quadrant, or an invitation by one member into another quadrant may describe the current dynamic.

Illustrative examples in relation to each quadrant follow the diagrammatic map. Case vignettes are given to illustrate each.

Four quadrants of ‘erotic’/‘embodied’ relating

‘Real’ & Non-Genital Quadrant 1	‘Real’ & Genital Quadrant 2
Transference & Non-Genital Quadrant 3	Transference & Genital Quadrant 4

Quadrant 1: ‘Real’ and non-genital erotic relationship

This is the quadrant within which most therapy happens, characterised by presence of the working alliance and the real relationship.

Quadrant 1 Case Vignette:

This reflects a movement from Quadrant 3 to Quadrant 1 (Transference/non-genital to ‘Real’/non-genital). Beginning in an engaged way in the third client session, I began feeling tired and my eyes

wanted to close. The subsequent session was scheduled for early morning, a time when my energy level was high. Again a few minutes into the session the same sleepy state descended upon me. Reflecting on the robustness of the client, I decided to disclose my embodied experience and they responded, ‘Oh yes, I think that I don’t want people to really notice and see me’. The ‘spell’ was broken and we re-engaged with good contact. We had travelled from a transferential to a ‘real’ engagement.

Quadrant 2: ‘Real’/Genital erotic relationship

With the intimacy of the therapeutic relationship, it is normal that some element of the ‘genital erotic’ will emerge. The ‘genital erotic’ needs to be thought of as a continuum; from the quiet bodily admiration of the other, to passing sexual thoughts and along to considerable sexual desire.

The ‘erotic’ is always present and if overly minimised, it will be to the detriment of the therapeutic work. Premature closing down of the experiences of either party due to therapist anxiety can be counterproductive (Smith Pickard, 2014). If we can avoid shame based responses then we are freed to consider what such experiences might mean for us and/or the client. Such material may well need time to emerge in the relationship.

A question might be ‘From which person does the ‘genital erotic’ originate?’ Whilst it belongs in some way to both parties, the question of from whom does this primarily originate, is one that remains useful. The subsections below consider ‘Cupid’s arrows’ flying from one or other participants, although we know that the arrows can be flying in both directions!

The ‘genital erotic’ energy from the client toward the therapist.

This is common, with 73% of therapists reporting as having had the experience of clients showing sexual attraction toward them (Pope & Tabachnick, 1993). The therapist needs to be alert to what usually is the slow unfolding of the more ‘genital erotic’. Therapists need to have the courage to allow the erotic to emerge clearly. It is essential not to close up the ‘talking about’, whilst also holding the boundaries.

As there is likely to be significant meaning for the client, the therapist must bear being the object of desire (see McIlwain, 2014). Therapists need to hold themselves in the place of the “*disappointing lover*” (Messler Davies, 2003). A concern here is to avoid shame.

The literature is sparse on the management of a client’s attraction, and there is a gulf between knowledge, intent and actual practice. Kirby (2019) noted that therapists were aware of erotic communication from clients but ignored it. However, hoping it will go away to allow the ‘work’ to proceed should not be an option. The following vignette evidences what good practice can achieve.

Quadrant 2 Case Vignette 1:

The attractive female therapist began to notice that her male client almost always used the bathroom at the start of the therapy session. He would emerge into the room and whilst standing close to her, before settling into the chair, would be completing the buttoning of his fly. Initially, she paid no attention but this gave way after a number of sessions to unease. After supervision, she gently began to enquire about his relations with women. It emerged that they were always over-sexualised and used as his only means of making contact. The eroticised therapy dynamic could then be surfaced and talked about which led to a non-shaming discussion.

Similarly, Lotterman (2014) gives an engaging account of work with a male client who had strong

sexual feelings toward her. These examples illustrate openness to the client, therapist acceptance of their own unease, sensitivity of timing and management of encouraging open discussion, whilst holding the therapeutic boundary. This is a complex dance for which there may be broad guidelines but no perfect formulae.

The ‘genital erotic’ energy from the therapist toward the client.

Our sexuality manifests across a continuum from deeply felt warmth all along to full genital erotic desire. Given a sufficient number of clients seen in our practices across years, how could we not find some of them genitally erotically desirable?

In contrast to holding the stance of being the “*disappointing lover*”, we now need to hold the metaphorical stance of being the “*disappointing lover*” (Messler Davies, 2003).

Linked to our reflexive stance, we might engage with some useful self-supervision questions: ‘What might this mean about me? About them? About us? What if anything needs to be done?’ A question is whether we communicate our feelings to the client. The literature is almost univocal that we almost certainly should not:

The main task of the therapist in these circumstances is to be able to have erotic desires objectively. That is to say, the therapist should feel but contain them.

(Mann, 1997: 60)

... Erotic fantasies should not be shared with the patient.

(Mann, 1997: 66)

Quadrant 2 Case Vignette 2:

When ‘R’ entered my consulting room I was immediately taken by his looks, attractive demeanour and charming manner. I felt almost spellbound, self-conscious, simultaneously wanted to look at elements of his body and to avoid noticing those aspects. Psychologically thrown off balance, I used my supervision to talk of my desires, hesitation, guilt at being ‘caught’ and the desire to refer him on quickly. What emerged in supervision was that this was my opportunity to paradoxically accept my private genital erotic desire whilst learning not to ‘sexualise’. The tension subsided with energy being freed to do the therapeutic work. Some months later into our work, my client said, ‘I don’t easily get seen in the world, noticed yes...noticed very, very much... but seen, really seen ... you have’ (with both of us in tears).

Quadrant 3: Transferential and non-genital erotic

This quadrant of the erotic is often characterised by ‘boundary crossings’ which can be situated on a continuum moving toward ‘boundary violations’. ‘Boundary crossings’ can be, “*harmful, helpful or benign to the therapeutic process*” (Fasasi & Olowu, 2013) whilst boundary violations almost always have a damaging outcome.

We are likely to be able to differentiate between helpful and harmful ‘boundary crossings’. However, in ‘erotic transferential’ infused relationships, we are susceptible to elements that can propel us into ‘boundary crossings’ which may be harmful. These might be at the ‘softer’ edge (e.g. regularly going a few minutes over time) to potentially unhelpful or harmful – (e.g. not challenging, keeping client in therapy beyond appropriate point).

Quadrant 3 Case Vignette:

Six sessions into the work with a likeable and confused female client in her late 20s who was in the midst of a romantic bereavement, I experienced a strong embodied parental countertransference. I wanted to give her a home – my home! I wanted to mentor her and parentally give her what she had lacked in life. Discussing my powerful countertransferential response in supervision, it became evident that what the client needed was encouragement to experience her own agency and develop ‘her own mind’. The supervisory discussion of this embodied erotic response, in a non-shaming manner prevented the work being infused with an over-caring atmosphere.

Quadrant 4: Transferential and genital erotic

There is a gradation between the ‘real/genital erotic’ (Quadrant 2) and the ‘transferential and genital erotic’ (Quadrant 4). Each are differentiated by the ability to hold a greater or lesser reflective stance. The literature in this area (e.g. Black, 2017, Sarkar, 2004, Celenza, 2010) mostly refers to overt ‘boundary violations’; however it is also worthwhile considering vicarious forms of ‘boundary violations’. Examples here include eliciting an overdetailed account of the client’s sexual life and encouragement or failure to challenge risky romantic engagements.

Quadrant 4 Case Vignette:

A young client in a weekly gay men’s therapy group complained that they had considerable anxieties in regard to their erectile ability in the arena of casual sex. The therapist offered a solution, that of learning to enjoy ‘passive’ anal sex where the erectile concern would be lessened. For the client this was not an activity that they wished for, but the therapist held to a directive stance inviting other group members to endorse the suggestion.

In supervision, the therapist recognised that he found this client sexually desirable and had the fantasy of engaging in such activity with this client. Whilst the boundary might not have been transgressed, it became clear that this was a vicarious boundary violation. This seems an example of what Celenza (2010: 62) refers to as, “*finding some aspect of yourself in the patient, driven by your need ... a self-other confusion*”. This could also be expressed as metaphorical rape of the client!

Preventing boundary violations

Blechner (2014) lists numerous famous historical analysts who had sexual relations with their patients. Such behaviour is now seen as exploitative. It seems always damaging to the patient (Seto, 1995), to the clinician themselves and to the profession.

Attempts at an estimate of the incidence of events of sexual involvement with clients based on available literature yield a figure of 5-10% of practitioners, with female patients constituting 80% of victims (Alpert and Steinberg, 2017; Sarkar, 2004; Pope et al, 1986). Celenza (2010: 68) reminds us that “*No one is immune from these basic needs, temptations, and experience within the analytic setting.*” An important question concerns what factors might help or hinder good boundary maintenance. There are certain factors that we can attend to.

1. Supervisory engagement

McIlwain (2014: 58) reports on one research participant, stating that a situation concerning a client’s attraction toward him should require a consultation “*immediately with a supervisor*”, whereas if it were their attraction to a client, they stated “*I don’t think that I would speak with my supervisor*”. This latter response reflects the shame inherent in the profession with regard to sexual attraction toward clients, which in itself becomes a risk factor! Clinicians might reflect on any lack of supervisory presentation over time of the ‘genital erotic’.

2. Maintaining self-reflective practice

Note-taking concerning boundary choice and maintenance will support the practitioner. Maintaining our own emotional well-being is also essential, as well as reflection on our own view of our sexuality. Monitoring through self-assessment instruments can yield reflective material e.g. Boundary Violations Index (Swiggart, 2008).

3. Boundaries and the ‘slippery slope’ concept

The “*slippery slope*” concept (Gutheil and Gabbard, 1993) suggests that small boundary incursions paved the way toward boundary violations. However, withholding every boundary change may be at the cost of therapeutic benefits. Whilst the assumed correlation is not supported (Gottlieb and Younggren, 2009), it may still be used for reflective awareness. ‘*Might I be allowing the boundaries to slowly drift?*’ The answer might alert one to a potential counter-therapeutic occurrence.

4. Stress and depletion

Being stressed and lacking support and intimacy over time seem to make us much more vulnerable to ‘genital erotic’ boundary violations. Once on such an edge it is difficult to retreat. This is partly based in our physiology, as described by Helen Fisher (2008), in her TED talk *The Brain in Love*. She points out that once this particular reptilian core of the brain is activated, “*you’re willing to take enormous risk for huge gains and huge losses*”, there is a “*willingness to risk it all*” and “*you distort reality*”. This is dramatically enacted in the HBO series *In Treatment* where Dr. Paul Weston, a personally deprived practitioner, describes to his supervisor his love for his client Laura, and he states, “*I love her. I want to be with her and I don’t care what it means and I don’t care what it costs.*”

For our clients, the lesson is to ensure that we take sufficient self-care so that this point of ‘no return’ is not reached. Hopefully this map will challenge the shame that dominates this area and instead encourage a brave and open recognition of the erotic in the work that we do.

This article is an abridged version of a published chapter: Hitchings, P. (2020).



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Three Therapy Rooms

by Mary Spring



The old therapy room could be compared to a boot room. A tiny space of Dickensian dockland proportions. I half expected Fagin, the Artful Dodger or Bill Sykes to surface someplace around a corner of the narrow-structured building which housed this therapy room. A tired 1970s magnolia-painted room with its near inaccessible high window, it looked out on other hemmed-in edifices. Four doors were negotiated and if I went to the loo either before or after the session, well then, within the hour I would have opened and closed ten doors. The symbolism was not lost on me.

The room’s footprint meant that two decent strides over a lino flooring could see me easily exit the place but it also meant that, when seated, two people’s feet were quite close – though over time I could not but be impressed by the wide selection of shoes worn by the Imelda Marcos of the local therapeutic community! Of course, this was all projection on my part. I come from flat-shoe country. I wonder is there a younger version of me that would have liked to, at least, play with the idea of wearing high-heeled or more fashionable shoes. What would that have been like? What would have happened next?

Positioned on the low couch were a multitude of cushions. I’ve never been a fan of soft furnishings. I have never felt the need to gather them to my chest and hug them. Instead, my weekly ritual was to place most of them at the far end of the settee so that they sat there like a ginormous plate of pancakes; any remaining cushions were stuffed in by the wall. At the end of the session I would pause to conscientiously restore them to their original position rather than leave an impression that I was tossed and thrown by the hour’s movements.

The old room’s wall hanging invariably stirred a reaction in me. Feeling a bit bolshie, I found myself refusing to collude with this potential Rorschach Test lest an uncomfortable projection was to be unearthed out of the labyrinths, stairwells, doors and rooms of my unconscious. Yet, when sometimes gazing into the middle distance of a wall while urgently needing to stray miles from the therapist’s eyes, I would land on this mindbogglingly abstract picture. Feeling on the surface a jagged irritation and, at a deeper level, discomfort, I silently concluded I wanted blank walls; they breed some level of ease.

My hypersensitivity to movement, reaction and response meant I was watchful of the therapist’s own movements in this room. Where did she go in the regular silences that hovered at times like a loud hum? Why did she wear all black on one session? What, on another occasion, was the reason for her distraction or remoteness while sitting inches across from me? What was in the tired looking eyes? I noted my curiosity. I noted my concern.

The therapist in time moved her practice to another part of town. So I, as the client, moved too. In hindsight I regret that I didn't mourn the tiny old boot room. I blindsided the therapist (or was it myself?) by occasionally commenting on the change with a light-hearted and a complimentary touch – a touch that I think belied something deeper, personal, meaningful and authentic. In the therapy room, everything is relevant ... everything.

The new room had a Georgian elegance about it. It was spacious. It was carpeted. Tall walls with a freshly painted light grey hue and windows that ran nearly from floor to a high ceiling gave it a polished finish. Sturdy chairs that would not be out of place in a residential care setting were positioned in the near corners of the space. The de rigueur clock was positioned behind me. Two small picture frames adorned the watching wall. More abstraction, for good measure.

In this new room my vigilance eased. The therapist's library of shoes became less an object of curiosity for me and the passing years encouraged me to drop, at times, my protective armour and come more and more into the sometimes unsettling and turbulent here-and-now of my life. During tough periods the room became a very comforting sanctuary. A deepening sense of care and mutual liking grew.

Time passed and I began to meet my own clients. I decided to meet them in my home setting. What is the room like? Three bare white walls are warmed by the fourth wall's distinctive purple colouring found on the wrapper of a Cadbury's bar of chocolate. Two armchairs are positioned diagonally, and at a distance that reflects the times we live in. A picture depicting a wooden pathway and, potentially a revealing therapeutic tool, has yet to be hung in the last seven years and, in all probability, will never be hung. There's not a cushion in sight.

To access the room, clients walk down the side of the house. Invariably they encounter Belles, aka HRH (Her Royal Highness), the beloved, beautifully-natured and well-proportioned cat who has a penchant for fillet steak. Some clients ignore her. She ignores some clients. Other clients, I suspect, wish to see her more than they wish to see me. They call her by name as they reach the back garden and she basks luxuriously in their gentle strokes. She has even sat in on a session or two, albeit on the gestalt-styled third seat. Of course, I have checked with the clients that her presence is ok – I am ethically-minded! Her third-party purpose has not been to witness a client's movements but true to a body-mind approach to therapy and to life in general, she self-soothes – she sleeps, she snores, she raises an occasional caustic eye and throws out a paw or two in a delightful stretch.

It's dawning on me that this piece has become a homage to a cat. I think I might just stop here! When you reflect on it, however, our therapy rooms are richly significant. They are not simply a location; they are a space in time where two hearts meet. Our response, be it as a therapist or a client, to these rooms is worth being curious about. And as I close this piece, I think of the three therapy rooms that have been intrinsic parts of my life. How do I feel? I feel lucky. I feel blessed. I feel at home.



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Hold it lightly For Trisha

You had this lovely expression
When I was worried
If something would work out
'Hold it lightly' you would say.
It was so freeing.
Firstly, you said it so lightly yourself
That I felt the burden lifted.
It no longer seemed to matter as much.
I was able to let go the grim hold
Over what was out of my control
And surrender to what would be.
The lightness was your gentle touch.
It was like being brushed
By an angel's wings.
There was a trust in Providence
In that lightness of hold.
It would be for the best, ultimately.
And there was a wisdom in knowing
That we can't hold on to anything really.
Not our youth, not our parents
Not our lovers, not our lives.
I wasn't able to hold on to you.
I held on tightly for a month
And my fingers had to be prised open
By the circumstances of your condition.
All the time in your beautiful serenity
Through your coma
You were telling me
'Hold it lightly.'
It was heartbreaking
But I eventually had to let you go.

Paul Daly



Ritual, symbol and metaphor to help cope with bereavement

by Liz Gleeson



The death of a loved one is one of the most significant life experiences that people must face and all too often, grief is skipped over, a stiff upper lip is employed, arrangements are executed and the bereaved are expected to return to normal life and to ‘get over it’ in a prescribed amount of time. Ritual, symbol and metaphor each have a significant role to play in helping the bereaved to transcend loss and counterbalance some of the negative effects of a society that never seems to stop, sometimes not even for death.

Metaphors can help us to express some of the more difficult emotions that words evade, and find meaning in our loss. We draw on them in the vain hope that they can offer comfort to the bereaved, as in throwing euphemisms at a situation that is beyond our comprehension, for example “you have an angel in heaven now” is easier for some to say than “I’m so sorry that your baby has died”. Metaphors can also serve as complicit partners in evasion and denial: “She’s gone to sleep, flying high with the angels.” They serve us in denying the finality of death, the messiness of it, and package it in a more acceptable way. Metaphors can help the bereaved to shape their connection to the deceased and work towards making some meaning of the event, and forming enduring bonds; it can be a lot less painful to maintain a continuous bond with someone who ‘lives on in his son’ than facing the finality of their loss.

Since prehistory, the human race has used symbols to create meaning and promote healing. Symbols can be the link to our subconscious and help us to create meaning for whatever it is that we’re going through, whether they be universal symbols or generated from our own visual brain or felt in the body. Many symbols are universal, and many are more culture-specific. Nowadays, many of these rituals are being dropped by society and the bereaved often find themselves sitting at their desks, having returned to work just hours after burying a loved one. (There is currently no statutory bereavement leave in Ireland or the UK).

A wake, funeral or memorial service are all key rituals or symbolic acts that provide a container for the individual and community experience. This community ritual facilitates people to take time off work to honour the deceased, to stop and acknowledge both the individual and the collective loss. Grief is made public and the community takes time to meet with the bereaved and offer sympathy and support.

A human burial contains more anthropological information per cubic meter of deposit than any other type of archaeological feature

(Peebles, 1977).

If the death was sudden, violent or tragic, the funeral ritual can serve to highlight social issues and promote resilience within the community. These rituals can help the bereaved come to terms with the reality and finality of the loss, thus avoiding the denial of death that society can sometimes encourage. Such denial can contribute to ongoing decrements in physical and mental health, but rituals that involve symbolism can serve in giving an element of control to the bereaved. They may have felt powerless over the death of their loved one, but they can control the service, the choice of the place of rest, the colour of the urn, the memorial fund, the symbolic legacy, and the Facebook page. It is a way to take back power, find energy again, express the extent of the loss and facilitate the grieving process.

Funerals and memorial services are rituals and rites of passage that allow people to function during a time of deep distress and confusion

(Whipple, 2006).

Some bereaved individuals create their own rituals, infused with symbolism that represents what has been lost and the transformation of what was to what now is; for example, trees are planted, photo books are made, memory boxes are created, and sometimes the deceased make videos before they pass away as a means to leave their loved ones with something tangible, a keepsake that will continue their memory after death.

Symbols are often used at funerals. A photograph of the deceased may be placed on a coffin. The service may include symbols that represent aspects of the deceased person’s life: a musical instrument, sports equipment, and a pair of hiking boots. All of these symbols serve as a reminder of just what has been lost and help the bereaved to come to terms with the entirety and finality of the loss. They also serve to represent the different groups of bereaved people and their relationship to the deceased, i.e. fellow musicians, sports club members, or work colleagues.

Following the death of Princess Diana in the UK, a memorial fountain was built in Hyde Park and a memorial playground in Kensington Gardens. Creating such projects can help bereaved individuals and communities to transform their grief and create something positive from the loss. Meaning making is understood to be a vital component in accommodating one’s losses and symbols can help us in achieving meaning when it seems that our world is senselessly falling apart. A symbol can help to fill a void that was once occupied by the deceased; it can serve as a container and focus for grief and help us to avoid over internalizing the grief to the point of self-harm or maladaptive behaviour.

The creation or use of symbols by a grieving individual can help to transform deeply distressing internal pain into a positive and creative narrative that allows for growth and expansion, perhaps making the grief a little easier to bear. The use of symbols can help in containing fear, anxiety, confusion, existential crises and the externalization of feelings that are too overpowering to cope with, at least initially. Symbols offer us a way to revisit our losses and complete our stories, helping the subconscious to organise itself in a broad manner and adapt to or accommodate the loss.

The use of art, dance, drama, music, writing or poetry are all ways to bring the internal world into the external, where it can be witnessed, acknowledged, processed and transformed, giving great relief to suffering, and assisting in healing, without having to explicitly and logically speak about the process.

Through the creative arts therapies, people can process suffering at many different levels without having explicit awareness that that is in fact what they are doing; the creative process itself is healing, as is sharing with others exactly what is going on for us.

Creative Arts Therapies

The creation of art in the presence of another can provide a suitable container for the alchemy of healing and transformation to happen. Trust, safety, support and guidance are just some of the qualities a good Creative Arts Therapist will bring to a session, as well as being an active witness to the therapeutic process. They can also encourage, if appropriate, the expression of meaning and association and that is where the healing can become more tangible and explicit. Helping people to gain access to their own internal imagery is helping them to find a vocabulary of expression in a safe yet also very intimate way. Asking someone to give voice to their creation or to give it a title can help them to get to the heart of the story; to fully understand what it is they are working with internally. Over a period of time, people may be able to witness the changes in their artistic journey which reflect the internal changes also. The material may be paint, sand, or clay; all of them serve to bring images from the unconscious into a physical form that can then be explored.

Art, objects and symbols can often spontaneously lead to play or dramatic expression, which in turn can lead into physical embodiment and expression. Humans are naturally expressive, creative and dynamic. Using creative methods to symbolise our internal world is a way to express the inexpressible, to externalise that which is too painful for words, to share and be witnessed whilst giving a sense of control.

The language of symbol and metaphor is sometimes universal and sometimes special; candles are used in many cultures as a symbol of loss and grief, along with a white dove, and here in Ireland, the triskele has been adopted by the Hospice Friendly Hospitals Programme as a bereavement symbol to let visitors and staff know that a recent bereavement has occurred. The symbol is an invitation to those who see it to adopt a quiet and respectful demeanour and to be prepared to meet people who are grieving. Symbolism as a language of grief can be adapted to suit the individual's needs and avoid the chasm that often exists between health professionals' language and the felt grief response of the bereaved individual. When professional language is not consistent with the experience of the bereaved individual, symbols can help to bridge the gap and serve as a more universal language for grief. Symbols can help to stimulate narrative, an essential part of working through and transforming grief.



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Ongoing recovery for the Adult Child of Alcoholic (ACoA) therapist

by Mick Devine

This article is written for therapists whose clients report parental alcohol misuse. In particular, it is written for therapists who themselves were raised by parents who misused alcohol. I write it because I know from my own experience that where there is a lingering residue of being raised in a home where there was alcohol misuse, this residue impedes my ability to work effectively with clients. Along with all well-trained therapists, I know that revisiting the psychodynamic process of personality formation again and again allows me to put to rest more and more of the trouble created for me in this original crucible - trouble that I have carried throughout my life and which continues to limit my ability to function in all relationships, personal and professional. Therefore, I will visit each of the subphases of Margaret Mahler's separation-individuation process and, following a short presentation of the dynamics of each phase, invite the reader to reflect on their own original experience of each phase and to apply this to how current functioning and relationships are limited by this original experience. From this I hope the reader will feel encouraged to continue the lifelong process of their own separation-individuation process, thus unfolding their capacity to provide a more substantial holding space for clients who need to explore this crucible for the sake of their own personal development.

Tian Dayton names this dilemma as the Adult Child of Alcoholic (ACoA) Trauma Syndrome. She defines it as follows:

The ACoA trauma syndrome is a post-traumatic stress syndrome in which suppressed pain from childhood re-emerges and is experienced, re-created and lived out in adulthood.

(Dayton, 2012: 20)

This is the first part of what I intend to be a two part series. The four subphases of this process are: (i) symbiosis, (ii) differentiation, (iii) practising and (iv) rapprochement. This article will reflect on phases (i) and (ii), as it might pertain to the in the ACoA, and part two on phases (iii) and (iv).

The 'Separation Individuation' process of personality development

Outlining these development stages according to Mahler et al (2000) we find there are four main subphases, namely: symbiosis, differentiation, practising, and rapprochement. On successful completion of the stages, the child emerges from this development with a more or less cohesive sense of self. This article will reflect on the first two of these subphases.

Symbiosis subphase

Mahler et al (2000) referred to this subphase as a 'dual unity':

Normal symbiotic phase marks the all-important phylogenetic capacity of the human being to invest the mother within a vague dual unity that forms the primal soil from which all subsequent human relationships form.

(Mahler et al, 2000)

This is the phase directly following birth. It is as if the newborn infant continues to exist in the same way it did before birth. It sleeps most of the time. It is preconceptual. It cannot move with co-ordination. There is an inward automatic movement of biological functions, but muscular development does not allow directed movement. It can suck from birth. It can cry as an expression of discomfort. Soon it can move its eyes. The child is totally helpless and dependent. It cannot survive without full care from another. The main discomforts are cold, heat, wet, soiling itself and hunger. This phase can last for up to three months. The infant shows no awareness of there being an 'other' distinct from itself.

If the discomforts are not attended to efficiently and if the child's cries are not responded to and comfort restored, this can impact the infant's development of 'basic trust' in its safety. If there is not a swift response the child will cry all the louder and more vehemently. It will 'give it all it's got' to get the other to attend to its discomforts and restore its sense of all being okay. If this delay is prolonged the child experiences frustration. The infant cannot restore its own regulation or homeostasis. It needs the carer to do this for it. A caring, attentive mother who is empathetic to the child's discomfort and wants to ease the infant's distress as soon as possible communicates this to the infant. The mother is anxious to find the source of the discomfort and address it; change the baby's nappy, feed the baby, wrap the infant more snugly, or remove a layer. The mother holds the infant lovingly, stops all she is doing to give attention to the baby, gazes at the baby lovingly, whispers sweet nothings to the baby, and sings lullabies to the baby. Soon the baby is restored to safety, sleepiness, comfort and contentment.

As a result of the reliable restoration to homeostasis by a caring other, the baby will develop the basic building blocks of personality and a sense of its value and worth. It will also develop a belief in the trustworthiness of its environment, others and reality in general. The edifice of its personality will be built upon these fundamental foundations.

The child lies helplessly in the family at this time. It can look around and take in its environment through its eyes. Where am I? Is it safe? Am I wanted? Does anybody care about me and my needs? Am I making things worse? Some faces are friendly and seem to be delighted with me but some look worried or distant and don't seem to be as mad about me as others or sometimes they are and other times they are not. What am I to make of all this?

The baby's need for soothing is satisfied by the mother who is responsive to the baby's need, who is grounded in herself and supported by her partner. The baby has the ability to appeal to the mother. This may be through its cries, its smiles, its gazing at the mother, its cooing sounds that all melt the mother's heart such that she wants to respond to the baby's appeal.

Of all the appeals made to the mother, the infant's smile is probably the one that gives her the most pleasure. Its bolsters her confidence in mothering and makes her feel needed in a special way.

(Kaplan, 1978: 74)

With parental alcoholism, this is less the case. The mother does not soothe the baby as effectively. The mother is not available to feel how the baby is appealing to her for care. The mother gets anxious and stressed at the baby's distress. She may become angry at the baby. The distress escalates and the baby is overwhelmed. The mother is overwhelmed too. The baby has to dampen down its needs, its natural inclination to cry to let its mother know it needs care must be suppressed. The baby learns to do this to itself. According to Brown, alcohol is the central organising principle in the family where there is alcohol addiction (1988: 33-36). Where there is alcohol addiction the baby's needs are not primary.

The alcohol is. The baby must learn to hold back. The baby learns that the alcoholic parent's need is the priority here, not theirs. The baby does this to itself. The baby brings this tendency with it for its whole life.

If the primary caregiver does not have a problem with alcohol but their partner does, then their anxieties or stresses and their own sense of being uncared for and unsupported may bring preoccupations that result in the care for the infant being more functional rather than loving and devoted. There is a negativity in the relating. The baby picks up on this and it characterises the relational style going forward into other relationships.

If the carer is preoccupied with an out-of-control use of alcohol by themselves or a partner this caregiving may be substandard and the child emerges from this phase of development with an insecure sense of itself, its value and worth, its safety in the world, its trust in others and the friendliness of reality. Negativity characterises its experience of the relational field.

AH Almaas in his study of the development of what he calls the 'personal essence' in his book *Pearl Beyond Price* (1988) addresses how these developmental subphases impact the emergence development of personality:

When the mother is happy the infant will feel happy, even if she is not directly interacting with him. When the mother is suffering, the infant will suffer, even if the mother is not expressing her inner state in her interaction with him. For instance, the mother may be angry with her husband. She knows this and is not directing her anger towards the baby. She holds the baby gently. However, the baby feels the anger completely, and the resulting experience is negative merging.

(Almaas, 1988: 248)

These circumstances are formative for us all. We grow up to the messages: 'be good', 'don't cry', 'don't want', 'don't need'.

The impact of the symbiosis subphase on current functioning and relationships

The impact of this stage of our development remains with us all our life.

It manifests in terms of our self-esteem, our sense of being wanted, and feeling worthwhile. It manifests in our sense of the trustworthiness of reality. Is this the case with you? Who do you choose as friends, lovers, partners? What are your beliefs about how others in your life see you? What are you entitled to? What have you a right to? How do you go into new situations which might trigger the latent effects of this time in your life? Do you avoid new situations, challenges, and relationships? Do you breeze into them or approach with reluctance and caution unsure of how you will be received or welcomed?

Can you track how the effects of your experience of this time in your life impacts your relational style today? For instance, take your partner, spouse or most significant relationships. How does this manifest today in your life? How tolerant are you of your partner's neediness? Do you get overwhelmed? Do you get resentful and impatient? What role does fear play in your most important relationships? What if your partner is mad at you and criticises you? Do you get scared? Do you get back in line? Don't rock the boat! What's it like when your neediness arises? Can you bring it out or do you suppress it? How do you cope when there are a lot of emotions in a relationship? Is it stressful, does it provoke anxiety, intolerance, impatience, resentment, and anger? Which feelings are you ok with and which not? Are there 'no go' areas in relationships?

What about parenting? If you have children, what do you remember of when your children were born? Did some of this material from when you were born get provoked? How are you when your children are needy? Can you respond? Does it provoke unease in you? Overwhelm? Dissociation? Desolation? Do needs = danger = fear = anger?

What about you as a therapist? Are you attuned to clients presenting for therapy and how this phase might be provoked? Can you exhibit the core conditions and practice them, or do you get lost and overwhelmed? Do your own needs get triggered? Can you bring this to your clinical supervision? Does your clinical supervisor provide holding for you so that you can let down defences and be nourished by being in her presence and be fed by her appreciation of you?

How does recovery from this look?

Stephanie Brown in her book, *Treating Adult Children of Alcoholics: a Developmental Perspective* (1988) reports on her work with this client group over many years and addresses the impacts of parental alcohol misuse on the personality development of children in great detail. She knows what is involved in substantially assisting people towards recovery:

Individuals are bound by the attachments, beliefs, and defences constructed to maintain and survive a pathological family system. The process of recovery is a developmental one of challenge and separations from these pathological bonds. Initially, the promise of reconstruction, developmental repair, and ultimately emotional separation is experienced much more as a threat because it too is all-or-none.

(Brown, 1988: 291)

If you are to seek recovery from these impacts it is necessary to explore how they apply to you and how they have imprinted you. This is delicate work and a supportive environment is necessary. Brown reports on many years of working with these ACoAs in group settings. There is support needed as the building blocks of the personal identity are being explored and examined. This can be a frightening process. Peer support and strong leadership is necessary.

Differentiation subphase

The second developmental phase Mahler called 'differentiation' and generally it goes from about four to twelve months. The symbiotic stage is characterised by a 'dual unity'. Initially, the mother and infant are so united in the baby's consciousness that there is only one. This does not remain the case for long. The natural process of the development of the identity of the baby as an individual requires separation from the mother. For the baby, this requires the realisation of a duality, the mother and me. In the dual unity, the baby perceives what Kernberg (1979: 61) termed a 'self-object'. The phase toward individual identity requires the distinction between the self and the object being discriminated. This process continues with this differentiation phase. The baby realises it is 'different'. There is not just one. There is two. One is the 'other' with an *M*; the 'mother'. The other is me. I am different. The gradual awareness of the mother as other helps to discriminate in the baby's awareness that the mother is distinct and different. The child is developing muscle strength and the hands can press against the mother's face and push away. The mother's face comes into focus as its eyes are growing a capacity to focus and discriminate distinct objects. It's not all just one thing.

The baby starts to get interested and curious about its surroundings. It has now developed a capacity for awareness. Mahler (2000) noticed "*the infant is more awake with more sustained attention*". She referred to this phase as 'hatching', 'the psychological birth of the human infant'.

The wellness of the mother is crucial to the natural move to the differentiation phase. The smoothness of the separation is determined by the bond of attachment between the two. When the baby begins to see the mother as distinct, he is seeing that she is looking back at him. The admiration is mutual. This fuels the baby's excitability and whets the appetite for further curiosity. The child likes the differentness that is mirrored by the mother. Something in the loving gaze of the mother mirrors something to the child that wakes up something inside baby that really gets her/him excited and gets her/him interested in her/himself and in being in the world. This is not just communicated through the mother's eyes but through everything about her and the ways she cares for her baby.

The mother is the 'secure base' that the baby will go out from. If the mother is tired, depressed or emotionally unavailable to the child then the child's drive to separate is slowed and hindered.

The child enjoys the period of 'lapdom':

The invisible bond that gives the baby rein to discover his place in the world also brings the creeping baby back to home base. Home base is his reference point.

(Kaplan, 1978: 128)

This is the secure base from which she can survey her domain. She is the princess. The lap is where she returns for refuelling. Mother is the mother ship from which the child goes voyaging out into the unknown, on explorations and adventures. Enjoying this differentiation depends on the mother being there when the baby returns. If she is not, his confidence in his emerging sense of self and spirit of adventure wilts. His sense of himself is still emerging and is not yet constant. So, the mother plays 'peek a boo'. 'I'm gone... now I'm back'. Frequent repetitions reinforce the child's sense of trust that the mother is nearby. The object constancy of the mother is establishing itself. Slowly the child realises there is difference; there is a 'you' and a 'me'. Mother is a crucial part of this difference. From this difference his own sense of identity will also emerge. If the constancy of the mother is not established physically and emotionally then the child's development can be hampered. The effects will linger and the child will take them through his life and into his relationships, identity, beliefs, self-esteem, attitudes, ability to emotionally regulate, and into his ability to have a spirit of adventure in life, to be confident.

The theory is that through the processes of ego development the accumulation of self-representations ultimately leads to a sense of self. The individual attains not only a sense of separateness, but also a sense of identity, a feeling of self. There results at some point a relatively unchanging feeling of self. One recognises a certain flavour or sense that one feels as identifying oneself.

(Almaas, 1988: 262)

If there is alcoholism in the father it will impact on the mother's constancy. It is likely that there will be stress on the family resulting from the alcoholism of the father. This will provoke anxiety in the mother. This can take a variety of forms ranging from worry about finance, husband's whereabouts and safety, the sense of the uncertainty about the future or an impending sense of crisis. Her own safety may also be at risk. This will preoccupy the mother cognitively and emotionally. This can lead to co-dependency, where the mother realises her fate is more and more tied up with her husband's and she feels there is little, if anything, she can do about it. The co-dependency of the mother will hamper her ability to be present to the child. The preoccupation, anxiety and obsession will be experienced by the child as an absence, an absentmindedness, a vacancy. Symbolically the bottle of alcohol is in the

centre of the table (Brown, 1988). When the child looks out at the mother and there is no one looking back the child does not feel seen. This impairs that sense of hatching and leaves it incomplete. The mother's loving gaze is the child's fuel for exploration and adventure. It's what fuels his growth and development, his curiosity about the world and also himself. He depends on the mother for the sense of being different, but it is being different in the sense of being valuable, prized, worthwhile, real, existing, lovable, delightful, special, a source of joy, and a source of happiness. What is the effect on the child if the communication of this specialness is dulled down and sporadic? In the case of the mother's alcoholism her preoccupation is with the alcohol itself. This will intensify the child's experience of abandonment and of 'no worth' or 'no value'.

The impact of differentiation subphase on current functioning and relationships

It is at this time that the bonds of attachment are formed and in this bond is set down the pattern for connection to others that will be formative of relationships for the lifetime. If the mother is anxious and distracted her availability is impaired and this impacts the helpless baby in many ways. Primary among these is the baby's ability to regulate emotions. When it can't do so, some emotions can be intolerable. The baby has no option but to disallow these emotions. These patterns are set down and will be formative of patterns of how the child develops relationships. If the child has not learned to regulate emotions at this time due to the parent not being available for connection and secure attachment, then this pattern will activate in intimate relationships later in life (Dayton, 2012: 235-246). Intimacy will be a threat, not an invitation to melt and surrender into the loving embrace of a beloved other. It will be avoided as it threatens to reawaken early pain. Isolation and loneliness will be expected.

A co-dependent pattern of relating is to be expected. Vigilant attention can be paid to the other to make sure of safety. There will be an 'over reading' of the signs and cues for how the other is and if there is calm. Triggers of fight or flight reactions will be frequent, and the person may not read the signs accurately. There can be excessive focus on the other and much effort to manage the mood of the other. There can be a merging into the other and sometimes an inability to know where the boundary between the self and the other is. There can be safety in merging and it is a form of intimacy and unity. There may be no disagreement or argument. But there is also limited autonomy or individuation.

If this was your early environment or the early environment of your client, how does this present in current day living?

What is your current sense of your own worthiness and value? Is it determined by what is reflected back to you by those closest relationships in your life? In what way do you keep your sense of your own differentness hidden and in what ways do you see this sense of your differentness as something to prize about yourself and display? Consider your sense of fashion, style, appearance, self-expression, points of view and willingness to express them publicly. Do you draw attention to yourself? Do you want to be in the public eye or do you hold back?

As a parent or carer for a young person do you know this experience of love for a child, your own or a nephew or niece? The unconditional love! The happiness it brings to be in their presence. The sense of completeness and 'all is well with the world'. The joy that the child's existence brings to your life. What is it like to communicate this to the child? Do you become aware of memories of being on the receiving end of such appreciation as a child? Are there memories of the absence of this? What does that evoke in you, an emptiness, a vacancy, maybe a void? How does that feel?

In therapeutic relationships, do you know this feeling of being prized by your therapist or supervisor? Is this a free-flowing exchange in the relationship or is it in short supply? Do you feel seen in this relationship, appreciated, respected, admired, encouraged, even loved? Can you bring this to your client and feed them with this sense of esteem? With some clients but not others? Do you know what makes the difference? Have your clients had the experience of this hatching and the birth of their own uniqueness or not?

How does recovery from this look?

The tentative sense of self, the self-identity, that emerges from the differentiation subphase stays with us for our lifetime. We will be more or less content with ourselves and more or less effective in the key areas of our lives, especially relationships. Is it possible to address this identity and to change our sense of self so that we can recover a sense of self that brings greater satisfaction in our lives and an increased capacity to support others in this work? Again, Stephanie Brown provides insight worth considering:

Deep changes usually do not occur in a vacuum. They do not come as a 'fix' from someone else and they are not the result of finding the right formula, manual or how-to-guide. Deep change comes from within. For ACAs (adult children of alcoholics), the most significant change begins with the acquisition of the identity ACA. It proceeds with the reconstruction process of 'making the past real' and development of an autonomous sense of self from this new base.

(Brown, 1988: 291)

The recovery thrives in the context of fellowship with others with whom you can share this identity. Telling the story of the circumstances of the crucible where the ACoA identity was forged brings an acceptance of what the real circumstances were and how this identity has brought real limitations to your scope to be yourself. In this fellowship real experimentation with ways of being 'real' can take place. Experienced leaders can be a useful guide, particularly if they have undergone such a process themselves.

Conclusion

Many of us in the psychotherapy field began life in environments that brought developmental deficits that we have suffered from and lived with throughout our lives to date. They probably played a part in our entry into the field, either partly to find healing of our own pain and partly from a compassionate motive to be an agent of healing for others. For many of us the deficiency was, at least in part, due to an environment where alcoholism was present. It is probably true to say that the same is true today for many of our clients. Some may not even know this or know how to join the dots of the current difficulties that bring them to you with the circumstances of their early environment. I can hardly think of a better way to be of service to our clients than by doing the sensitive and delicate work of looking at our own formation and becoming a little freer of its constraints and limitations. This article may be a stimulus to reflect on your origins and has presented reflections on the first two subphases of personality development. Another article presenting the other subphases with similar reflections is planned for a future edition of *Inside Out*. Hopefully this article will contribute to a growing impetus to come to terms with the impact of parental alcoholism on our lives and a desire to become free of its impacts.



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Living with bipolar disorder

by Liam Gildea

In this article I am going to critically analyse Bipolar Disorder. I will delve into the reasons why I believe the illness is much misunderstood and I will look at the role medication plays in managing the condition. I will also examine what is contributing to the stigma that exists around the disorder. Finally, I will conclude with a question: can one live a fulfilling life with the condition? Throughout the piece I will also reflect on my own experience of living with bipolar illness for the past 20 years.

Bipolar disorder is a brain disorder that causes unusual shifts in mood, energy, activities, and the ability to carry out daily tasks. According to the National Institution of Mental Health, there are 27 million people world-wide excluding children who have bipolarity. It affects both men and women equally. So, what causes the condition? This is still unclear; however, research suggests that it is a mix of genetic and environmental factors. People suffering from the illness can't directly alter brain chemistry any more than a person with diabetes can regulate insulin level through willpower alone. (Preston, Fast, 2006)

With any mental illness there is the difficulty for the sufferer, friends, and family of not being able to see the ailment. This is very much the case for bipolar disorder. It's not like a broken leg where it is clear to everyone there is an issue of impairment. This is a contributing factor towards society struggling to comprehend what bipolar disorder is. As humans we like to apply logic to whatever the issue might be. Herein lies the problem with bipolar disorder: there is no logic. There's a sense of upheaval that accompanies the disorder, from the elated highs to the pits of depression, and it is a condition that is difficult to comprehend.

I believe as a society we are slowly coming to understand depression. I think a lot of people can relate to someone who is suffering, based on personal experience of a difficult time in their own lives. We are not quite there yet in understanding how clinical depression impairs one's basic functioning day to day. The periods of mania or hypomania that mark the illness are the more misunderstood manifestation of the illness for the sufferer and society in the main.

I think it's important to distinguish between the different types of the disorder. There are two main types of bipolar disorder, designated as Types 1 and 2. With both strains of the illness, a person with the diagnosis will experience periods of clinical depression. The key difference is that in bipolar Type 1 the mood is more elated or associated with psychosis. My own diagnosis is Type 2, so I experience periods of severe depression and hypomania.

Hypomania and mania are periods of overactive and excited behaviour that have a significant impact on day-to-day life (Warin, 2016). So, what symptoms do I and others display when at the beginning of a hypomanic period? My own experience is that I feel great; I have boundless energy and have little need for sleep. I am highly confident with grandiose delusions and I spend excessively. Everything about life excites me. I experience rapid speech, which is an incessant need to keep talking (Purse, 2019).

It took me twenty years to identify that these hypomanic periods were part of a mental illness. I often reflect that if I never had the illness myself would I be able to understand the disorder? I wouldn't. That is why I would never judge any person who doesn't fully grasp the condition. For a person who didn't



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know me these symptoms could be seen as traits of my personality rather than symptoms of an illness. The longer a hypomanic episode goes untreated the more unpleasant characteristics of the illness come to the fore. I become more argumentative and increasingly hostile. I come across as an arrogant individual with no awareness of their actions. People close to me can identify that I am acting out of character. When the inevitable clinical depression arrives a few months later I am left with a feeling of embarrassment for my elated behaviour.

I have often sat in front of a medical professional and unknowingly masked my elated mood. As hypomania is an enjoyable feeling, the individual is less likely to seek medical advice. If a person only represents themselves to a doctor when they are depressed and not in the elated phase of the disorder, they will be treated for depression. This leads to difficulties in detecting the illness. A large retrospective study of patients with bipolar disorder reported that there was an average of 5-10 years' delay from a person's first recollected mood episode to receiving a diagnosis of bipolar disorder (O'Carroll, 2013).

Herein lies the crux of the illness: many of those with the disorder never get a proper diagnosis. In other cases, as my psychiatrist said, people never fully come to grips with the disorder. All of this contributes to an illness that is very misunderstood.

I believe that medication is one of the key cornerstones for keeping the illness at bay. Whilst they are not magic bullets, they are an essential part of a care plan for any person with the condition. Adherence to medication is one major piece of a maintenance treatment jigsaw. Undoubtedly talk therapy plays just as an important role. Based on my own recovery and opinions of my medical team, it was clear that for me to partake of therapy I needed to take my medication. Without it my mood was too low to participate fully in talk therapy.

For years I would have been of the opposing view that medication had no place in an ongoing recovery from any mental health disorder. Only through traumatic personal experience would I learn how ignorant I was. When I first received my diagnosis in 2013 I wasn't aware that this was a lifelong condition. I would need ongoing maintenance treatment primarily in the form of mood stabilising medication and talk therapy, indefinitely.

So why had I such a negative attitude towards medication? I believe this was borne out of the pressure I felt from having a stigmatised illness. I allowed society's views to close off an open mind when it came to taking medication. This suspicion of bipolarity medication is a worldwide phenomenon. Research in the UK found that over 60% of people with the diagnosis stop taking their medication at some point (Smith, 2015). I have done this on three occasions to my own detriment.

As we grow in knowledge of how to combat mental illness the recovery model is fast becoming the more dominant form of treatment as opposed to the medical model of the past. When we look at a personal recovery we talk about the triad of hope, control, and opportunity (Collins, 2016). The patient becomes an active self-manager of their own condition.

Many people who work in the recovery area have a negative attitude towards medication. I have experienced it first hand in my own recovery, as several counsellors were anti-medication. They believed the medication only dampened my emotions and had no tangible benefits. I am of the view that the medical model and recovery model can co-exist in a treatment plan for a person with a bipolar diagnosis.

The medications prescribed for bipolar illness and depression are different. Whilst a person with depression is treated with anti-depressants, someone with bipolarity is treated with mood stabilising medication. Bipolar disorder is often misdiagnosed as depression. The issue with misdiagnosis is that if an individual with bipolar is treated with anti-depressants it can lead to a medicated high and inevitably a crash soon after.

Mood stabilizing medication has proven to be successful for many with the illness and there are different choices, with lithium being the most common. Australian psychiatrist John Cade first suggested in 1949 that lithium could be used to treat depressive type episodes, and he also demonstrated that it could calm manic symptoms (Levine, 2012).

I am being treated with alternative mood stabilizing medication. Once I had overcome my own issues with taking medication this became the easiest and most effective part of ongoing treatment for my illness.

The fact that I didn't know one other person with the disorder made me feel stigmatized and less willing to accept that I had the illness. Acceptance was one of the biggest barriers I had to overcome. It took twenty years for me to finally be comfortable with the condition, and to not feel like I was being judged. I now realise the only person that was judging me was my critical self.

I still feel mental health stigma is very much ingrained in society. Where did this stigma originate? Was it a feeling of guilt and shame for not appreciating the gift of life? Was it the older generation's associations of asylums and how families tried to cover up a family member with a condition? Even in our legislation, negative terminology such as the Lunacy Regulation Act 1871 is still referenced in our courts today. I feel it is a mixture of all of these things.

I believe that bipolar disorder, due to the complexities of the illness, is even more stigmatised. Whilst one can claim that people have a lack of knowledge of the illness, there is no denying we live in an era where information is freely available in a matter of seconds.

Mass media is what we mostly rely on when it comes to knowledge of any mental health condition. We've witnessed great leaps of awareness about relatively common mental health issues such as depression and anxiety. Thankfully, there has been an increased dismissal of unhelpful prejudices that surround these conditions. However, severe mental health conditions such as bipolar illness are consistently misrepresented and misunderstood.

The media tend to focus on the dramatic side of bipolar. In the early stages of my diagnosis, I felt uncomfortable with the misrepresentation of the illness. The levels of behaviour depicted in manic periods was not something I could relate to and I felt it painted an inexact picture of what the sufferer can go through.

I've seen ill-advised journalists writing for national newspapers refer to Bipolar 2 as a made-up illness. I have to say it infuriates me that a journalist would write an article on a sensitive subject and do no research. Is it any wonder people think it's an illness of choice when such views are in the public domain? All that aside, I believe that we are turning a corner. The charity Aware is doing great work in educating people about the illness.

Can one live a fulfilling life with bipolar disorder? Yes, but with great self-compassion and an understanding that treatment is needed to become and to remain well. As my psychiatrist said to me

recently not everyone has the good fortune that I have had coming to grips with bipolar illness. In my opinion, for a sufferer, it is the most important thing in their life they need to overcome.

I don't let the disorder dictate my life, but I always keep it in consideration. Since I've been well I've been compliant with my medication. I think for a person to remain well they need to be super vigilant on how they live their life. A disciplined routine really helps. Particularly when it comes to sleep, it is vital that a person gets 7 to 8 hours sleep per night. Without regular sleep a person can tip into mania or hypomania.

To successfully live with the condition one needs to overcome stigma. Whilst it is difficult at first, as you mature over time with the illness this becomes less of an obstacle. I believe anyone with bipolar disorder should consider themselves always in recovery. There are no guarantees that a relapse will not ever happen again. Yes, medication, talk therapy and a good lifestyle can minimise the risk but there is no certainty that if you have a traumatic event in your life this could cause a relapse.

Bipolar Disorder can be a great teacher. It has taught me empathy for others who are also struggling, and a newfound appreciation of how wonderful life can be. Bipolarity forces one's hand to live a healthy life and there are positives to be drawn from this challenging mental disorder. I do believe in 50 years' time we will look back and find it difficult to fathom how mental illness was viewed differently than a physical condition. Until then, the onus is on me and other sufferers to continue flying the flag for people with bipolar disorder.



Liam Gildea is a facilitator for the HSE Living Well Programme, which offers self-management skills for people with long term chronic disease. He also presents informational talks at schools, universities, and mental health organisations. Liam is 38 years old and has lived with mental illness for over 20 years. He was recently diagnosed with Bipolar II. This article is excerpted from his book *High life low life: living with Bipolar Disorder*. Liam is from Co. Mayo and is an avid GAA fan.

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Gathering

by Margaret Brady

Nine around the fire
 Watching flames in the dark.
 Waiting, listening, holding space
 Telling tales, energy rising
 Laughing as the wind wails.

Walking hedgerow lines
 Slow into liminal space.
 A breath of the unknown
 Just a heartbeat away
 Birdsong loud in the air.

Ladybirds on dewy stalks
 Wandering the clover.
 As the land's dream wakes
 Soft silk of thistle-down and
 Thorny juice-black briar.

Wounds and dreams burn
 Together in times like these.
 Answers are clouded by fear.
 But fire brings healing
 And circles shared
 Let ember-born visions grow clear.

Unwanted intrusive thoughts: How to overcome sticky, frightening, obsessive, or disturbing thoughts

by Martin Seif, PhD and Sally Winston, Psy.D

Everyone has passing intrusive thoughts that seem to come from outside their control: The content may feel alien, absurd, or threatening, and may pass after a few weird moments. Intrusive thoughts can be frightening worries about what might happen to you or someone you care about, or what mistake you might make, or what terrible impulsive act you might possibly commit.

For some people, intrusive thoughts are part and parcel of panic or intense anxiety. These types of intrusive thoughts feel like they are a *result* of, or about the anxiety itself, and they function to add more fear to the anxiety you are already experiencing. The intrusive thoughts keep the anxiety going and maintain the fear-producing spiral. So, for example, you might think, "What if I have a heart attack?" in the midst of a panic attack. Or you might envision yourself knocking people over as you rush to exit the room.

However, there is another class of intrusive thoughts: *Unwanted intrusive thoughts*. These are stuck thoughts that *cause* great distress. They seem to come from out of nowhere, arrive with a distressing whoosh, and trigger anxiety, guilt, disgust, panic, or misery. The content of unwanted intrusive thoughts often focuses on sexual or violent or socially unacceptable images. Typical examples include killing someone, torturing a pet, stabbing or molesting a child, throwing someone (or yourself) out of a window or in front of a train, raping someone, taking off your clothes in public, or grabbing a stranger's hand. Some refer to sudden doubts, like "Did I hurt someone or make a bad mistake and not realise it?" "What if I am not who I seem?" This is not a complete list, but it gives you a good sense of the content of these thoughts.

People who experience unwanted intrusive thoughts become afraid that they might commit the acts they picture in their mind. They also fear that the thoughts mean something terrible about them. Many become ashamed and worried about these thoughts, and therefore keep them secret.

Many unwanted intrusive thoughts have more benign content—repetitive doubts about relationships, decisions small and large, sexual orientation or identity, concerns about safety, religion, or death, or worries about questions that cannot be answered with certainty.

The problem for people who have these thoughts—one estimate is that more than 6 million people in the United States are troubled by them—is that unwanted intrusive thoughts feel so threatening. That's because anxious thinking takes over, and the thought—abhorrent as it might be—seems to have power that it does not. People tend to try desperately and urgently to get rid of the thoughts, which, paradoxically, fuels their intensity. The harder they try to suppress, distract, or substitute thoughts, the stickier the thought becomes.

People bothered by intrusive thoughts need to learn a new relationship with them—that their content is irrelevant and unimportant. Virtually everyone has occasional weird, bizarre, socially improper,



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annoying, or violent thoughts. Our brains sometimes create junk thoughts, and these are just part of the flotsam and jetsam of our stream of consciousness. Junk thoughts are meaningless. If you don't take them seriously or get involved with them, they dissipate and get washed away in the flow of consciousness.

In reality, a thought—even a very scary one—is not an impulse. People with unwanted intrusive thoughts don't have a problem with impulse control. On the contrary, their problem is one of overcontrol. They are *trying* to control their thoughts. And we all know what happens when you try *not* to think of pink elephants. However, sufferers get bluffed by their anxiety and become desperate for reassurance, which only works temporarily: People can become reassurance junkies. The only way to effectively deal with unwanted intrusive thoughts is to reduce one's sensitivity to them. Not by being reassured that it won't happen or is not true, but by rising above it.

Unwanted intrusive thoughts are reinforced by getting entangled with them, worrying about them, struggling against them, and trying to reason them away. They are also made stronger by trying to avoid them. Leave the thoughts alone, treat them as if they are not even interesting, and they will eventually fade into the background.

Here are the steps for changing your attitude and overcoming unwanted intrusive thoughts:

- Label these thoughts as “intrusive.”
- Remind yourself that these thoughts are automatic, unimportant, and not up to you.
- Accept and allow the thoughts into your mind. Do not try to push them away.
- Float and practice allowing time to pass.
- Remember that less is more. Pause. Give yourself time. There is no urgency.
- Expect the thoughts to come back again.
- Continue whatever you were doing prior to the intrusive thought while allowing the anxiety to be present.

Try not to:

- Engage with the thoughts in any way.
- Push the thoughts out of your mind.
- Try to figure out what the thoughts “mean.”
- Check to see if this is “working.”

This approach can be difficult to apply. But for anyone who tries it for just a few weeks, there is an excellent chance that they will see a decrease in the frequency and intensity of unwanted intrusive thoughts.

There are nine myths about thoughts in general that contribute to intrusive thoughts becoming stuck. Busting these myths with facts will go a long way toward helping keep such thoughts from getting stuck.

Myth 1: Our Thoughts Are Under Our Control

Fact: Many of our thoughts—perhaps most of our thoughts—are *not* under conscious control. There are times when we welcome this fact: An insight or inspiration can help solve a problem. Ask a poet or songwriter how she finds lyrics, and she might say it just comes to her.

Belief in this myth leads to the common but unhelpful suggestion to replace negative thoughts with positive ones because that will help you control what you think. The facts indicate that you can deliberately think positive thoughts and distract your attention, temporarily, from unwanted thoughts to chosen ones. But thoughts you are trying to replace tend to persist and usually return even more forcefully. Research has shown that the more distressing the thought, the stronger the rebound after trying to suppress it. (Wegner, 1994)

Myth 2: Our Thoughts Indicate Our Character

Fact: Thoughts have nothing to do with character. Character is a reflection of how you lead your life and what you actually choose to do or not to do. Thoughts are what pass through your mind. Character is about the choices you make in life, not what pops into your mind. Everyone has pop-up thoughts they do not approve of.

Myth 3: Our Thoughts Indicate the Inner Self

This is the belief that whatever is in our mind is a reflection of our true thoughts and feelings, no matter how we might protest.

Fact: Everyone has passing weird, aggressive, or crazy thoughts. If every thought spoke to underlying character, then 90 per cent of people would *be* weird, aggressive, or crazy. That is because about 90 per cent of people acknowledge having intrusive thoughts that they characterise as weird, aggressive, frightening, or crazy. And think about popular horror movies and TV shows: These awful, weird, aggressive, and crazy scenarios are thought up by normal, creative people.

Myth 4: The Unconscious Mind Can Affect Actions

Fact: Analysing the meaning of Freudian slips, automatic associations, and dreams are popular ways of trying to understand the complex workings of the unconscious mind. But the momentary thought of dropping your baby certainly does not reveal any unconscious wish to do harm. And the sudden thought that you could jump off the balcony because the railing is low does not reveal hidden unconscious suicidal wishes. A moment of doubt about sexual attraction or identity is not a “signal from below” that you are ignoring latent tendencies.

Myth 5: Thinking Something Makes It Likely to Happen

Fact: This is a complete misunderstanding of what is known about thoughts. Psychologists call this myth *thought-action fusion* (Amir et al, 2001, Salkovskis, 1985) or magical thinking. The fact is that a thought is not a message about what is going to happen. Similarly, a thought is not a prediction or warning of an awful future action or occurrence. Thoughts do not warn of plane crashes, automobile accidents, or natural disasters. And certainly our thoughts cannot make actions or events happen. Thoughts do not change probabilities in the real world. They do not move objects, nor can they hurt people.

Myth 6: Thinking Something Makes It Unlikely to Happen

This is the exact opposite of myth 5. An example is worrying about someone as a way of protecting them.

Fact: Thoughts do not change probabilities in the real world. While worrying about someone might make you feel like you are doing something to protect them, in reality you are only training your brain to reinforce a cycle of worry.

Myth 7: Only Sick People Have Intrusive or Weird Thoughts

Fact: *No one* is entirely free of weird, repugnant, or disturbing passing thoughts. This means that just about everyone you know, including friends, colleagues, teachers, and doctors have also experienced intrusive thoughts. In fact, even Mother Theresa confirmed that she had unwanted intrusive thoughts (Teresa & Kolodiejchuk, 2007). So do your favourite celebrity and your pastor.

Myth 8: Every Thought is Worth Thinking About

Fact: Like cable TV, we have many different channels of thought going through our minds at the same time. It is impossible to think about them all, and some channels are just full of junk (like the infomercial channel or the local high school announcements). Not all are worthwhile to think about. But when an intrusive thought arrives with a whoosh—no matter the content—then, if you believe that all thoughts are worth thinking about (i.e., you believe that there are no junk channels of the mind), you might choose to focus on that one thought and grant it meaning and attention it does not deserve. Your attention may be hijacked by junk.

Myth 9: Thoughts That Repeat Are Important

Fact: The importance or meaning of a thought has little to do with how much it repeats. Thoughts tend to repeat if they are resisted or pushed away. Any thought that you attempt to squash is more likely to keep repeating, like “Don’t think about that itchy spot,” or “Stop noticing the piece of food in her teeth.”

When we invest energy in any thought, it builds up neural connections and makes the thought more likely to happen (Pittman and Karle, 2015). This applies to any thought, regardless of its importance. The simple fact is that attempts to keep certain thoughts from coming into your mind are what makes them come round again and feel stuck.

Believing even some of these myths can be responsible for ordinary intrusive thoughts becoming stuck. Knowing the facts will make intrusive thoughts less likely to stick.

Martin N. Seif, PhD, is a psychologist and a founder of the Anxiety and Depression Association of America. **Sally Winston, PsyD**, is a founder and co-director of the Anxiety and Stress Disorders Institute of Maryland.

This article is reprinted with permission from two of the blogs on the Psychology Today series, *Living with a Sticky Mind*, by Dr Martin Seif and Dr Sally Winston.

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Reflections from the Supervision and Supervisor Accreditation Committee and a proposed vision for IAHIP supervisor events

by Elaine Smith

At a Supervision and Supervisor Accreditation Committee (SSAC) meeting in the Autumn of 2021 the theme of support emerged as one of felt importance. The Covid context of the previous year and a half, combined with a diminished committee for the majority of that time, as well as evolving reflective considerations within the committee around its own practice, resulted in a commitment to try and implement and activate a sense of support for supervisors within IAHIP. This became referred to under the banner of “Supporting Our Supervisors” with, perhaps, a covert nod to the “SOS” connotation within this.

Over the last year, a couple of other strands have greeted the wider contextual issues of our current Covid-impacted life to suggest useful directions. The committee had already begun to respond to its observations that supervisors were struggling to engage with aspects of one of the committee’s core remits; that of managing the accreditation and re-accreditation process. In looking at this more closely, it became clear that we, as a committee, had shaped this to some extent and needed to rectify it.

Writing about one’s own practice as a supervisor, or about one’s supervisee’s practice as a supervisor, according to the functions of supervision, has been part of the (re-) accreditation process for a long time, yet appeared to be causing confusion for many of us. We asked ourselves, as a committee, why pose the question at all if applicants were not going to address it and we, in turn, were not going to look for it to be addressed. A process ensued in which we explored whether to drop the functions element of the question or, indeed, whether to drop the entire written statement in the (re-) accreditation process altogether. All were possible, and all are still options for the future. The outcome of these discussions, at this time, however, supported the idea that functions (e.g., Proctor’s (1987) “normative, formative, and restorative” aspects of supervision) of supervision are too important to ignore. The functions of supervision are what make supervision, quite simply, supervision, as distinct from something else.

Of supervision, Milne (2009) states that it is “*the formal provision, by approved supervisors, of a relationship-based education and training that is work focused and which manages, supports, develops and evaluates the work of colleagues. It therefore differs from related activities such as mentoring and therapy...*” (Milne, 2009: 15). Furthermore, the opportunity to reflect on, write about, and communicate the *unique* relationship one has to the practice of supervision and its functions, is intrinsically linked to the essence of our humanistic Association. For now, therefore, we cannot justify the elimination of a question which conforms so intimately with IAHIP’s core identity.

The committee’s response to this observation, having reflected upon, and having decided to keep, the requirement for a reflective statement of practice, was to offer general and individual feedback to assist people in those reflections. Over the course of 2021 this came in the form of direct communication and revisions of the application forms themselves. This was not sufficient, however, because it lacked any personal contact with members and any rationale both for the changes made and for our persistence with those changes. By the time the committee came to have its reflective discussion in the autumn it was clear that we needed to do something else.

The rationale for doing ‘something else’ did not confine itself to the subject of supervision functions or application forms. These were simply reflections of the need and appetite which we felt was prevalent amongst the members. Supervision fees had been introduced, Covid had shut down many events, and in any case, events can be expensive. There were wider needs surfacing amongst what we sensed was a ready and very able supervisor population.

In response to both our needs as a committee, and the needs of this population, a “Supporting Our Supervisors” survey was developed and disseminated across the supervision membership in October 2021. This survey was the start of a vision, a hazy mirage of supervisor relevant CPD events for IAHIP supervisors. The administration of this survey had a number of aims; firstly, to examine people’s willingness and motivations to attend IAHIP supervision events; secondly, to explore the potential for the delivery of events using the knowledge and experience of that very membership; and thirdly, to identify the ways in which any such events might be delivered.

This survey resulted in a 43%¹ response rate, a reasonable return, given web survey averages of 36% (Daikeler, Silber, & Bošnjak, 2021). The vast majority of these (98%) stated they were interested in attending supervisor events, with people commenting on the isolation that working privately can generate and reflecting almost exclusively on the value of networking and sharing knowledge / wisdom.

The survey also identified a strong cohort of people (n = 46) who are willing either to facilitate or co-facilitate an event, as well as a large number of viable² supervisory topics (i.e. approximately 22³). These topics include themes relating to: the supervisors themselves, the people within the supervisory relationship, the more technical aspects of supervision, the nature of supervision, ways of approaching supervision, supervision considerations, and supervision applied to particular populations or subject matters (see Table 1 for topic examples of these themes). These themes corresponded broadly with the topics suggested by respondents as ones they would like workshops on, with perhaps a slightly heavier emphasis on the need for input on ethical issues.

General theme	Specific topics suggested
Supervisor	Supervisor identity
Supervisory relationships	Supervisory dyad; Supervisory triad; Group supervision; Supervision within organisations; The changing relationship in supervision
Technical supervision	Contracting; Report writing
Nature of supervision	What is supervision; Supervision in a safe space; Responding to developmental levels
Supervision approaches	Creative supervision; Relational supervision; Experiential supervision; Embodied supervision; Humanistic / Collaborative supervision; Sound in supervision
Supervision considerations	Facts and myths in supervision; Ethical dilemmas; Power dynamics / unconscious processes
Applications of supervision	Supervising trauma work; Supervising child and adolescent therapists

Table 1: Topics suggested for supervisor events

Finally, the survey also explored people’s willingness both to attend, and to facilitate, varied kinds of events – half day or full day, in person or online. Figures 1 and 2 show how the responses between those willing to facilitate / co-facilitate an event and those wanting to attend one were broadly similar. Whilst all possibilities were endorsed by a sizeable percentage of the respondents there is a clear preference for holding shorter workshops (defined as two to three hours) with 63% of both sets of respondents favouring this. This is perhaps not surprising, given that many of the same respondents answered both questions. There is a slight preference for facilitators / co-facilitators to run shorter events in person whereas attendees show a slight preference for attending shorter events online. Both other options are comparable across both sets of responses (i.e. day long events online or in person). Within this, people were also asked about their preferences for when in the week shorter events might be held, with 42% willing to attend a weekend morning (i.e. 9.00am – 1.00pm) and 34% a weekday evening (i.e. 7.00pm – 10.00pm). Weekend evenings are not a popular time at 6% and weekday afternoons (i.e. 2.00pm – 6.00pm) a moderately popular time, with 20% endorsement.

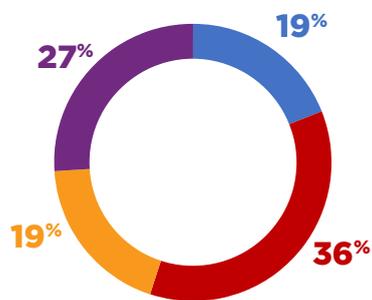


Figure 1 Pie-chart representing respondents’ preferences in attending a supervision event

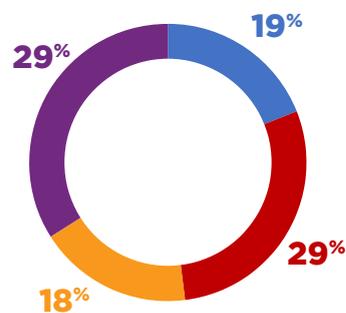


Figure 2 Pie-chart representing facilitators’ / co-facilitators’ preferences in delivering a supervision event



The vision for a series of events discussed above, which motivated this survey, was presented as part of the “Functions of Supervision” workshop held online in December 2021, and was outlined as part of the rationale for that event. During this event the European folk story of “Stone Soup” was introduced as a conceptual way of conveying our goals. “Stone Soup” is the story of sharing what smaller bits we may each have, in the interests of the wider community. Here, a man with just a stone in his possession looks to make a pot of soup. He offers, as a starting point, his stone, and appeals in turn to each member of a village to share just one ingredient each – salt, potatoes, some bones, an onion, and so on. Eventually there is a large pot containing a nourishing and tasty meal for everyone to benefit from and enjoy.

As a community of supervisors, it is clear to the SSAC that we have a lot to offer to each other. The list of 22 separate topics, at a steady rate of one event every three to four months, could hypothetically

keep us going for five to seven years! Even if not all topics come to fruition in the form of an event, there is enough to keep our bellies full, and regularly so. Attention was drawn during the recent event to the idea that we could revisit previously discussed topics again and again; we are in the business of revisiting old topics from new angles anyway (“once more with feeling”, perhaps), such that time, and the new experiences that time brings, can allow us to get something different out of a previously-attended event from the first time. This vision responds to that palpable appetite for events but does so in a way which utilises our own experience and does so in a way which taps into our community’s need; in this way events can be both timely and culturally relevant.

Furthermore, we would like such events to incur no further cost to members. IAHIP supervisors already pay for their membership and their supervisory status. An external event often involves a significant financial outgoing, and might it be suggested, is unnecessary? Finally, the vision wishes for such events to be easy to access. The benefits of Covid are such that we are now far more open to the idea of virtual attendance for all kinds of events. Feedback from the “Functions of Supervision” event showed that 87%⁴ were happy with the online format and the rest found it acceptable. Of those attendees who responded to the feedback form, 89% felt it provided them with a sought-after networking opportunity.

In relation to the vision, the SSAC has consulted with the IAHIP Governing Body (GB) around the possibility of having in-person events funded, given that this can carry a significant cost. To Support Our Supervisors, the GB has graciously suggested it could fund the cost of room rental for a small number of in-person events a year. As a result, the possibilities for a mixed and rich variety of free (or at worst, heavily subsidised), regular, easy-to-access, supervisor-relevant CPD events going forward, is very promising.

The SSAC, in conjunction with the IAHIP office, will now start approaching those of you who stated your willingness to facilitate an event. Any supervisor who did not return the survey in October, or indeed any member with an interest / experience in supervision, is welcome now to volunteer hosting an event of your choosing, as long as it is relevant to the practice of supervision. We ask you to consider the story of “Stone Soup” now and to come forward in adding to the pot.

Elaine Smith is SSAC Chair, an HSE supervisor, and professional supervision course trainer for the HSE. She is a senior clinical psychologist within the HSE and a psychotherapist with IAHIP.

Notes

- ¹This represents a sample of 132 supervisors within a population of 308.
- ² By “viable” it is meant that some topics did not appear to lend themselves particularly well to the practice of supervision as distinct from the practice of psychotherapy.
- ³ The number of topics is fewer than the number of people suggesting topics because many of the same topics were suggested by multiple people. In addition, some people were willing only to co-facilitate an event and therefore did not suggest a discrete topic.
- ⁴ Of approximately 65 attendees n=53 completed the feedback form.

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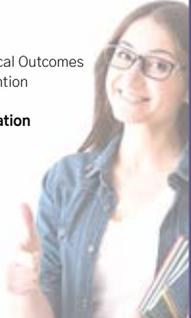


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The well gardened mind. Rediscovering nature in the modern world

by Sue Stuart-Smith

Published by William Collins;
First Edition, 2020: ISBN: 978-0-00-810073-5.
EBook, 2020: ISBN: 978-0-00-810072-8.

Reviewed by Eileen Hanaphy

The well gardened mind was named UK Sunday Times bestseller 2020 and gardening book of the year 2020 though it is so much more. It is virtually ‘common knowledge’ that working with nature, on the land, or in a garden has positive values for mental health. This book explores this subject through science, art and intellectual life, and at the same time values our ‘hand-work’ in gardening. It is concisely and clearly written and doesn’t demand prior detailed knowledge of either gardening or the scientific paradigm which it deals with so interestingly.

The conceit of the title is clever as is the way the author gently illuminates our understanding of how, as a grassland species, we are primed to thrive in certain environments. When we work with nature outside of us, we work with nature inside. In caring for nature there are neurochemical rewards which accompany this nurturing activity, in the form of oxytocin (the love hormone) amongst others. Speaking of the human brain as a pattern-seeking organ, Stuart-Smith refers to the research which proves that fractal patterning in nature is conducive to rest. Being in nature shapes our neural network while we sleep. Our microglial cells weed out weak connections when our brain shrinks at night. Reading this work is liberating and restorative in itself.

The author references Wordsworth: “*Come forth into the light of things, let nature be your teacher.*” (Stuart-Smith, 2020, 7). It is good to be invited, isn’t it, and with this gentle invocation, Stuart-Smith invites us to grow, like a seed, dropped into the rich soil and well-ploughed furrows of her unique book. One is enveloped in her soft voice, made human and vulnerable through heartbreak and loss, as she narrates how nature was a restorative force following her father’s death at a young age. “*My world had irrevocably changed and I clung to verses that spoke of the consolations of nature and the cycle of life.*” (10)

She further quotes:

*...to look on nature not as in the hour
Of thoughtless youth; but hearing oftentimes
The still sad music of humanity.*

Like Wordsworth, the author guides us on the path of the healing Light of Nature, the Growth Force which revitalises us as we work the soil. Nature is not rejecting us; instead, it assuages the loneliness of loss. Stuart-Smith's uncle's life too had been reshaped through his involvement in horticultural therapeutic garden schemes which helped integrate his brutal experiences during World War Two, the earth moulding his brain's plasticity as he worked the soil.

This book was published at the beginning of the Covid-19 pandemic and the author, like millions around the world, turned to the garden/nature for solace, "*urgent biophilia*", as it has been termed by the sociologist Keith Tidball (155). This book looks at history, psychology, literature, science and neuroscience. The author has spoken of how she drew on her training as a psychoanalytic psychotherapist, and explores the relevant work of Freud and Jung "*We all need nourishment for our psyche*" (132) and Winnicott (178), each of whom understood the importance of nature.

The author refers to Freud's love for flowers, they are restful to look at, no conflicts or emotions, and tells us of the neuroscience research on the effects of beauty on the brain. Beauty, it seems, has a particular signature within the brain, triggering a true involuntary Duchenne smile! The chapter on Freud's suffering at the end of his life is both moving and motivating as even in these dark times, nature provides immortality.

The book weaves together two sides of the author's life, psychotherapist and gardener. "*Seeds have tomorrow ready-built into them.* (192) The gardener, like the therapist, helps unlock the client's resources. Very much in keeping with Dan Siegel's research and teachings included in his *Comprehensive Interpersonal Neurobiology (IPNB) Course* through the Mindsight Institute (available in 2022), she states that it is not easy to categorise what is me/not me. How can we tear apart what nature has contributed "... *nature running in me and through me*" (19).

Stuart-Smith tells stories of other people's journeys of being helped through gardening, like the young girl at San Patrignano drug rehabilitation centre, who found joy and healing through the reparative act of nurturing cacti back to life. She shares interviews with prisoners involved in the HORT gardens on Rikers Island, and the women involved in the Todmorden 'Incredible Edible' community in Northern England who even persuaded the council to rename a street, *Pollination street!* From her personal and private recollections, to her heartfelt concern for prisoners in New York, to the food collectives of the 'Incredible Edible' movement, the author's love of people is palpable and non-judgemental, as is her love of nature.

She tells us of the importance of the garden as a transitional space (178) and also of her findings from archaeobotany regarding the first known gardens, such as Ohalo II, by the sea of Galilee, dating from 23,000 BC. A garden is always the expression of someone's mind, Stuart-Smith explains. She is intrigued that contemporary archaeology is turning around the earlier narratives about cultivation in which farming came first. From Paleolithic times horticulture has been valued as life-enhancing, involved with 'culture' in its true sense and not just survival. She refers to how indigenous people brought a continuum of care to nurturing the land, very different to the philosophy of domination which informed the colonialists.

As we, the human race, are a future-oriented species, she looks at seeds and how psychologically beneficial planting is for people in crisis as the seed holds the promise of hope and tomorrow. Getting one's hands in the earth, she explains, helps our microbiome and is associated with a rise in our serotonin levels. Salivary cortisol levels have been found to fall after only 20-30 minutes working with

earth. The research supporting the effects of gardening at a neurophysiological level are very specific especially in its enhancing of brain-derived neurotrophic factor (BDNF), which contributes to healthy brain function.

We are always recreating when we create a garden, bringing something into life. The trench gardens of World War One are testament to this holding onto meaning in life, through gardening, even in such dire circumstances.

It was uplifting to read of the sea change in health care in relation to the therapeutic effects of gardens for patients and visitors in the most moving section on 'Horatio's Garden' (.217). The statistics regarding the effects of garden projects at San Quentin state prison, California, speak for themselves and point again to the immeasurable value of community/prison gardens as reparative, despite social inequalities. Sue strongly urges grants for many more such spaces in our apartment-dominated, green-diminished cities.

The New York Botanic Garden refugee project provides a blueprint for us all now in building social bridges for Ukrainian and other people fleeing war zones. Working with nature ultimately provides a consolation for our own mortality, in our 'dialogue with the garden'. The author adds "*Seeds give no hint of what is to come*" (12) and "*new life creates an attachment ... the stillness of life coming into being.*" (10)

In the final chapter 'Green Fuse', Stuart-Smith reminds us of Voltaire's exhortation,

Il faut cultiver notre jardin...

One must cultivate one's own garden

(232)

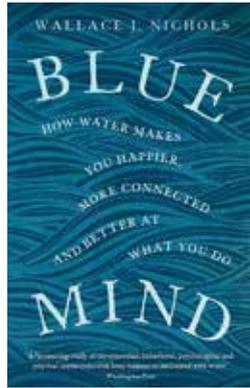
It is a timely reminder.



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Blue mind: How water makes you happier, more connected, and better at what you do

by Wallace J. Nichols Ph.D

Published by Little, Brown Book Group
ISBN: 9780349139579

Reviewed by William Pattengill

Several years ago, my doctor strongly recommended *Your body's many cries for water* by F. Batmanghelidj, M.D., a book that warned of the dangers of chronic dehydration which was identified as the root cause of many common and persistent health problems. When I came across a podcast featuring the author of *Blue Mind: how water makes you happier, more connected, and better at what you do*, I was intrigued by how it seemed to be complimenting the first book with a much wider scope.

As an aside, I wish someone would write an investigative piece on the subject of *Book Titles: why all works of non-fiction must have a short punchy intro followed by a colon and a rundown of what the author is really up to*. Dr Nichols' title is a classic of the form, and at first glimpse I asked myself, 'Do I really need 276 pages plus 40 more of notes to tell me why water makes me happy?' But because of the other two less obvious claims, I took the plunge (both the author and I cannot resist the random relevant metaphor). As it turned out, the neuroscience that illuminates the link between 'happy' and 'H₂O' is just as fascinating as the others.

Dr Nichols admits that his book is awash in "the wave of neuroscience" that has swept over us lately. The reader will encounter its proliferations that target specific mental activity: neuroaesthetics observes how the brain responds to perceived beauty; neuroeconomics attends to our choices of value, and as for neuro-marketing, enough said. Then there is the sexiest of the lot, neuroplasticity, with its seductive offering of internal changes that were once thought impossible. Today these new disciplines are providing insight into the invisible mechanics of things we always knew were true by intuition or circumstance: such as, we like, we want, we need water!

The book is a mix of autobiography, casual but well-informed conversations with a variety of colourful contributors, and hard science backed by innumerable studies and research projects. The author occasionally reminds us of his fondness for his current place of residence, the Pacific coast south of San Francisco ("the Slow Coast"). His laid-back style makes the science easier to swallow as well as the smooth marketing of his annual Blue Mind Summit. These gatherings serve to advance his unique vision of environmental activism which came as a surprise to me since it was not foreshadowed by the scope of the title, except maybe as being "more connected".

Books of this genre that cater to the non-academic science fan tend to regale the reader with a steady stream of interesting tangential facts and figures which I enjoy if not overdone. Such as: the colour blue is by far the favourite worldwide by a wide margin. And that a polluted pond in England coloured turquoise by chemicals was still so attractive to local swimmers, despite ill side-effects,

that the property owners had to dye it black to keep people out. I enjoyed reading about water's as yet unexplained benefits to autistic children, and that the phrase "ocean view" is one of the most value-loaded in the English language. This continues to be true despite the slow increase in danger when large bodies of water misbehave and the even slower upward creep of sea levels. This diverse collection of information serves to illustrate how wide and deep is the influence of this primal element on human activity of all kinds. Why do we float? Why is immersion in water so beneficial to our bodies? You will find out. You may also be surprised, as I was, that death by drowning far outnumbers all others causes of accidental death worldwide, but that doesn't keep people out of the water.

There are interviews with a range of characters who spend a lot of time in or upon the sea, some for nearly-addictive pleasure, and some for livelihood: swimmers, surfers, divers, and boatmen, and those who call themselves watermen. He doesn't leave out what happens within us when we bathe, shower, float in an immersion tank, stroll by a river, or even gaze into an aquarium. No surprise that since we are mainly composed of water, our five senses find the stuff delightful, and he will explain how that works too. Blue Mind is his term for our connection to this primal element, and without it, our world would be overheated and dehydrated, both inside and out. He suggests it could also be a holistic alternative to anti-depressants and performance-enhancing drugs. Several studies showed how time spent in nature/around water improved test scores in cognitive functioning. Most of our tech-dependent urban work environments provide little opportunity for communing with nature, and the result is attention fatigue that quietly burns up energy and lowers our concentration and effectiveness.

Looking at the bigger picture, Dr Nichols applies Blue Mind to the crusade against climate collapse in unexpected ways, and to counter "the neuroscience of destruction". He presents as an example of this tragic tendency the auction price paid by a Japanese restaurant tycoon for the prestigious first bluefin tuna of the season: \$1.76 million. The destructive aspect is that the population of that same tuna species is in collapse, but the dynamics of instant gratification, craving for status, and inability to truly grasp long-term consequences overwhelm the logic of conservation.

Instead of laying on more guilt trips and gloom-and-doom scenarios, Nichols takes a positive-reinforcement approach to environmental activism, maintaining that the negativity is just not working. He has a lot more to say about how that might be managed, but I hope I'm not spoiling a good read by revealing that on the 276th and last page, he writes:

*All I want, really want, to say is this:
Get in the water.*



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Workshop: Spirituality

Margaret Brady

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November 2022

To find out more or to book places at the above workshops and events please visit our website:

www.IAHIP.org/thirty

Notes:

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The Space...

The longer path

For me I heard
The longer path
might heal the wounds
No shortcut ever could.

I breathe and break,
But this time not my spirit.
And inch by inch approach—
I breach the walls
To hold a torch
And bring some light
Inside,
To clear the inner plight.

I break the walls
To try and get outside
A soul too scared to speak
Too scared to walk
for it might trip
Over the giant leap
It took.

Simona Tudor

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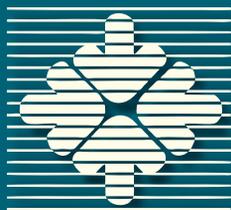
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Post-Qualifying Programme

Commencing September 2022

Programme Director:
Bronagh Starrs MIAHIP

Full description of both programmes and application forms are available by visiting our website www.dctc.ie or by contacting Dublin Counselling and Therapy Centre info@dctc.ie

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