Inside*Out*

Choosing a partner is choosing a set of problems:
Resnicks Model of couples therapy

"A mutually reinforced silence": the silence… around climate change in the therapeutic setting:
Let's talk about Climate change

What it means to be the wife of a therapist:
Tale from a trailing spouse

EDITORIAL

As we go about our busy private and professional lives, does it seem increasingly hard to ignore the worldwide rumblings of climate chaos in the background? Our island seems, for now, blessedly protected from the worst of it: the extreme heat and torrential rains, destructive wind and surging tides that regularly besiege our less well-situated neighbours. If you are looking for an alternative to the "distress, denial, and disavowal" that has become so much a part of our eco-anxiety, please join the conversation with Imogen O'Connor in her opening article of this issue: "Let's talk about climate change."

Do you ever wonder if the DSM, with its ever-expanding catalogue of disorders (370 and counting), is really the infallible bible of diagnosis that many of us have come to believe? If so, please see what Gayle Williamson has to say about "The myth of mental illness." We are proud to be a forum for voices like these that question assumptions and open doors to new ways of seeing the familiar. Another such esteemed beacon of light is founding member Shirley Ward who invites us to join her on a guided journey into the underworld of "Suicide, para-suicide, and self-harming in prenatal and perinatal psychotherapy." In the first of a two-part article she shows us that deeply traumatised souls may be able to escape their death wishes and embrace life with expert guidance and loving care.

If your practice is awash in marital discord and divorce, and you could use some inspiration and encouragement, we offer Fergus Finucane's essay on the "Resnick model of couples therapy" with his seven years' worth of experience in their workshops as his foundation.

When disorder, divorce, death and disaster become too much to contemplate, we have our traditional allies to come to the rescue: the faeries, who may be in danger of being forgotten as our focus turns away from the natural world to the ever-more virtual. William Pattengill reminds us that despite their historically ambivalent behaviour, they can light the way to a transcendence found only in embracing our belief in something beyond the "merely explainable." For more light, there is the praise of Colm O'Doherty's "Down and Dirty" from the Spring 2023 issue by Maria Moran, and two sequels to other previously published works: "Dreams Part II" by Mark Redmond, and "Single-session therapy and the therapist's fear of opening up a can of worms" by Windy Dryden.

We are also honored to present "On becoming an integrative therapist" by John Bourke who shares his thorough research of the process, based on a series of carefully structured interviews of Irish clinicians.

Sara Carroll tells a "Tale from a trailing spouse" as the wife of an emerging therapist, and Sarah Kay shared memories of Anne Kavanagh in her obituary, recalling her "compassion and wisdom for healing families." Poetry by Simona Tudor, Sinead Ryan and John Bourke provide the dessert for our Autumn feast.

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Let's talk about climate change: What psychotherapists think about climate change and its relevance to their work

by Imogen O'Connor

Introduction

This article is based on research I conducted as part of a master's thesis which explored what psychotherapists in the Irish context think and feel about climate change and how their worldviews, particularly in relation to self and environment, inform their responses to the climate crisis and how relevant they feel it is to their work.

My interest in taking on this research sprang from my experience of a disparity between my private feelings of distress about, and responses to, climate change and the attention I pay to the issue in my client work. Furthermore, in my career spanning over 25 years, only a handful of clients have presented with climate-related issues. A survey by the Environmental Protection Agency (EPA, 2021) indicates that a majority of the general public were worried about climate change. I wanted to see if my own experience was shared by my colleagues and if so, how they account for this. I will begin with a brief review of the related literature, followed by an outline of the methodology used, and then an analysis which will weave some statistical data particularly where it points to anomalies, along with qualitative data from the survey and interviews.

Literature review

There is general agreement that the current climate crisis is human induced (Trenberth 2018; Zalasiewicz et al., 2017), and the Intergovernmental Panel on Climate Change (IPCC) indicates that outcomes are serious, causing widespread and severe damage and displacement to both natural and human systems, some of these irreversible, across a wide range of measures (IPCC, 2023).

Therapists' experiences and beliefs regarding climate change

To date, the only research directly relating to psychotherapists' experience of climate change was

conducted in the Australian context by Silva (2022), which claims to be the first exploration of the issue. She concluded that both therapists' and their clients' experiences were deeply complex and needed to be considered within the socioeconomic and cultural context in which they were situated.

The role of therapy and climate change

The literature documents the extensive negative mental health consequences of climate change (Hayes et al., 2018; Clayton, 2021). Many authors have identified psychotherapy and related disciplines as having a clear role to play regarding clients presenting with climate related issues (Clayton, 2021; Baudon & Jachens, 2021; Jackson, 2020). In addition, it can attend to the range of human adaptations required both now and in the future as a response to climate change (Cornforth, 2008), including helping clients re-establish and strengthen their connection with nature (Baudon & Jachens, 2021) and educating and empowering clients to act (Jackson, 2020). Other writers have pointed to its value in offering skills and support for environmental activist groups, and in raising awareness within and between professions (e.g., Hickman, 2019).

Psychotherapy and the self

The connection between cultural and personal worldviews in relation to how humans locate themselves in the wider environment, and the causes and solutions to climate change has been widely documented by many including Eisenstein (2018), Macy (2007), Matthews (1994), and De Oliveira Andreotti (2021).

Cornforth (2008) suggests that Euro-western psychology may be part of the problem which is central to the causes of the current climate crisis. She argues that its discourses and practices are founded on too limited a view of what it is to be human, reinforcing self as separate from rather than deeply interconnected with the natural world. She alludes to the radical implications of this for therapists and therapy organisations.

Psychotherapy – distress, denial and disavowal

Robertson (2023) describes climate change as: "too large to be adequately comprehended by human beings, [and], in the case of climate change, we are not the subjects observing what is happening externally, [we] are entangled inside the climate and part of the change." (para 3)

Feltham and Weintrobe (2013) describe the concept of disavowal as a psychological process which facilitates people to continue on as usual by denying the potentially annihilating effects of climate change. This process facilitates a minimalisation of the conflict created by the psychological impasse of living within an economic system founded upon environmentally destructive behaviour coupled with a knowing that radical behavioural change involving substantial sacrifice is required. This creates an internal cognitive dissonance where the depth of distress is minimised so that one's knowing yet not-knowing exists at the same time within a relatively guilt-free 'bubble' (Weintrobe, 2020).

Silva (2022) suggests that therapists likewise may avoid naming or discussing this 'taboo' topic. She also alludes to the importance of therapists acquainting themselves with the gravity of the climate crisis as well as exploring their own inner engagement and psychological conflicts pertaining to the issue. In addition, it is possible that therapists' own emotional relationship with climate change may impact on how they receive clients who wish to discuss these issues in therapy (Seaman, 2016). Finally, it is important to consider that many manifestations of eco-anxiety can be viewed as non-pathological or adaptive (Pihkala, 2020).

Methodology

My choice of methodology for the research was guided by the principle of collaborative co-creation between researcher and participant. I posted a survey in the IAHIP Northwest Regional WhatsApp forum, and in an online members' bulletin. Participants also included therapists who were not members of IAHIP. It turned out that an informal participant-initiated snowballing had occurred putting the survey out into the wider therapy arena. Already the research project was beginning to be cocreated by the participants.

Four interviewees (*Murphy, Farren, Brennan and Regan*) were selected from the survey as a cross-section of age, gender, years of accredited practice and the emergent themes identified from the survey. Given the potentially disturbing nature of the subject matter, both survey and interview offered internal reflective pauses and an opportunity to debrief during and after completion of survey and semi-structured questionnaire.

Reflexivity

Reflexivity lies at the core of this study. I considered the implications of my insider position as researcher/colleague and as co-producer and interpreter of knowledge rather than detached observer (Langdridge, 2007, p. 59). I incorporated a spiritual approach to engaging with the research project as a-being-in-its-own-right harbouring its own energies and purposes, which included the wider/wilder environment. I connected with this research-being regularly in my daily meditation in my garden, and many of the inspirations for the survey questions and reflections about the data arose in this liminal nature-connected space.

About the participants

Of the 39 therapists who completed the online survey, 85% identified as female and 15% male, with 80% of the total aged 55 or over and the remainder aged 35-54. Sixty per cent were based in Connaught with the remaining spread throughout Ireland, with one overseas. The participants identified a wide range of theoretical orientations mostly within the humanistic-integrative framework and worked in a variety of settings but predominantly in private practice with adult clients. Fifteen also worked with adolescents and children. Seventeen were supervisors and seven were involved in training. For 87% of the participants, an ecological perspective had not been included in their core training and 71% had not experienced training in the last two years which included this dimension.

Findings and discussion

Knowledge and experience of climate change

Around 62% of participants agreed that they knew a lot about climate change with the remainder being unsure or disagreeing. This contrasts slightly with the EPA study (2021) in which 76% of those surveyed felt they knew at least a modest amount. In this study, all participants indicated their belief that climate change was happening and 87% of these agreed that climate change is predominantly caused by human activity, which is notably higher than the EPA figure of 60%. While 69.2% were worried or very worried about climate change, 30.8% were neutral, not very worried or unsure. In relation to the latter less worried-neutral group, I wondered if this might suggest the presence of some form of disavowal, aided perhaps by the cushioning of environmental privilege from the intense effects of climate derangement experienced by those in the global south (Norgaard, 2012, p. 98).

Worldviews: self-in-the-world

Information from both the survey and interviews indicated that participants who commented agreed that nature is sentient, and over half that the natural environment is sacred and imbued with its own intelligence. There was variation however in how they understood this, some in terms of a kinship with common ancestry, others as an overarching system of intelligence, and/or as an expression of the transpersonal or divine. These variations in beliefs appeared to colour how participants felt about climate change - sometimes providing comfort, sometimes distress - and how they responded to it personally and professionally. For example, *Murphy* described what Taylor (2010, p.16) terms a Gaian spirituality. This offered a framework to behold and contain the distress and a response of acceptance rather than reactive doing:

> In order to answer [the survey question], I had to admit that I was worried - I had to join the collective worry - but what sustains me is my determination to trust…and that when I am connected to the Creative Intelligence/or Great Mystery I can let go of worry and of fear and experience…faith that all is perfect as it is…We are nature and that nature and living naturally is sacred and… that kind of living is what will sustain us …

For *Brennan* on the other hand, what could be described as a scientifically grounded environmental cosmology - Gaian naturalism in Taylor's typology (Taylor, 2010, pp. 22-36) informed the focus of their distress, and what they deemed an appropriate response at personal and professional levels.

> … I would understand myself to be a very spiritual person…it's very materially and scientific rooted…my consciousness, my sentience is a part of the universal systems and processes, [with]…a sense of ultimate connection with both the Earth and its biosphere and its beings and creatures and all other people and creatures…There's a deep sadness because of the loss…

Brennan, one of six participants qualified five years or less, identified the imperative for wider systemic change and viewed the efficacy of individual action as almost "inconsequential", but essential as a means to empowerment and as a political act fostering hope. In addition, they saw psychotherapy as a vehicle for social change and were comfortable helping clients locate themselves in the wider system when appropriate.

For the majority however, individual action, articulated in the survey as "doing my bit, a small but significant bit", particularly through restorative acts with nature, rather than engaging in activism, was seen as the most significant personal response for many in terms of the legacy they would like to leave. While activism was valued as a source of hope, this was generally located in the action of others rather than themselves, and particularly in the engagement of young people.

Navigating the complexity of climate change – contradiction and ambiguity

Struggling with the tension arising from conflicts between feelings, beliefs, knowledge and action appeared consistently in terms of three sub-themes: connection/disconnection with nature, awareness, and the activity of talking about the subject of climate change.

Connection/disconnection with nature and the environment

Connection with nature was seen by participants as central to the climate change issue and viewed both as a source of respite and healing but also as a locus of despair, with concern being the most dominant identified feeling. Global destruction of the natural environment, extinctions and the negative effects for future generations (including grandchildren) were significant distressors. Regarding the causes of climate change, survey participants alluded to lack of awareness and disconnect between humans and the natural environment as sources of upset to them.

Contradiction was evident at the interface between the personal and professional: while spending time in nature was extremely important for the majority and fostering a connection with nature was considered by 85% to be a role for psychotherapists, only three participants saw their clients outside, and 58% were undecided, or agreed that they rarely considered the wider ecological setting in their work. There was also a disjuncture between the perceived importance of climate change personally and professionally. Seventy-seven per cent of participants indicated that it was important to them personally, while 89.1% were neutral regarding its priority or did not see it as a priority in their professional work.

Awareness/unawareness

The importance of awareness featured as both a source of distress and hope. Many articulated their distress at the ignorance, disregard and lack of awareness at individual, national and international levels. At the same time, a majority of participants identified expanding awareness, particularly in young people and children as beacons of hope. There appeared to be a relationship between beliefs and knowledge about climate change and emotional dissonance and numbing. There was also variation in how participants dealt with this dissonance. *Brennan* and *Farren,* who were both well informed about the extent of climate change, spoke about this overwhelm and how they managed information in order to stay within their window of tolerance. Both became aware in the research process that they were doing this. *Brennan* described the experience of completing the survey:

> …at the end of the survey, …. I was really struck by how much I was managing myself in the doing of it and just being very careful what I absolutely recognise as my own grief about chaotic climate change, biodiversity loss, and environmental degradation… I'm very careful about coming into talking about those issues because, yes, I'm very pained by it to the point of being overwhelmed by it in some circumstances. To manage that and manage not shutting down … is one of my oldest coping mechanisms. With that level of grief, I am very bounded about thinking, talking and engaging around those issues.

Farren described, without ever having read about Weintrobe's (2020) discussion of climate bubbles, how "you know, I'm aware of what's going on, but then I come back into my own bubble…and I…just

stay in that contently or whatever that is".

For Murphy however, an awareness of the potentially disempowering impact of overwhelm led to a conscious choice not to think too much about climate change: "I prefer not to think about climate change because I might go into the place…of helplessness. And I choose not to feel helpless. I'm interested in being proactive."

Finally echoing Silva's study (2022) and other literature which points to the double-bind inherent in living within a capitalist framework that compels the very behaviours that individuals seek to avert (e.g. Eisenstein, 2018, pp. 234-236), *Farren*, *Brennan* and *Regan* all pointed to the conflict arising from what they knew they should be doing and what they actually do. For example, *Brennan* stated, "the difficulty is that we're killing most of them [species] by the way we're living".

Silva (2022) has referred to the importance of considering the context in which the therapists and clients are situated. It was also a consideration for *Regan* who located some personal dissonance between knowing and doing within the broader economic system and also Ireland's colonial past and current farming practices:

> …. it's the industrial world in many ways, land development… You know coming from a farming background there would be a sort of anti-green/green party situation in the country, kind of, coming from being subservient to the British – they can break the rules and get away with it. I can see it as part of myself, kind of.

Talking about it/Not talking about it
Talking about the issue, both at the personal and the professional level, emerged as an overarching theme, interlinking with personal worldviews and awareness of climate change. It manifested similar tendencies towards paradox and ambivalence.

The personal
At the personal level, talking about climate change was part of the problem and the solution. Not doing so fuelled their reticence to engage with climate change while talking allowed engagement, reduced internal psychological disavowal and overwhelm and afforded a sense of relief. *Brennan* articulated the complexity of the internal struggle:

> I[t] reminded me again, Imogen, that although it feels like the hardest thing to do, talking with someone else about this, is okay. Like at the beginning [of the interview], and that trepidation about it…you know, sometimes I can feel [it]coming up in a conversation. I can feel myself going away from it, but if I can manage to stay with it, that witnessing that sharing it's actually a source of strength and not paralysis. It's hard to hold onto that in the face of rising trepidation…but I do feel the better for speaking.

The interpersonal
The impact of the tensions in cultural mores leading to socially constructed silences around climate change has been documented by Norgaard (2011). Three of the interview participants referred to the complexities of bringing up climate-related issues with family, friends and wider community, highlighting how it might:

- Upset or overwhelm – "…it is a…potentially disruptive dynamic at the heart of …all interpersonal relationships" (*Brennan*).
- Offend the farming community.
- Evoke the sense of imposing on others a value-laden opinion both personally and professionally.

Thus, while in this research and in the EPA study (2021) there was general agreement about the scientific 'facts' of climate change, it seemed for some participants that when talking about it in informal settings they felt they were indicating a personal value laden 'belief' which could offend.

The professional
At the professional level, there was a dissonance between participants' general agreement that psychotherapy had a role to play in relation to climate change, and their ambivalence regarding how this could arise in practice in a therapy session. For three of the interview participants, the concept of a therapist introducing the issue was not something they had considered doing. Reasons included:

- Not thinking beyond the current presenting trauma.
- Their own lack of readiness: "…for it to be consistently and constantly in the sessions with me, as well because of my own tenderness around it" (*Brennan*).
- Its dissonance with a client-led, Rogerian theoretical orientation.
- Concerns about ethics.

Regan, who worked with children and adolescents, was the exception, articulating their own nature cosmology as one resting on a personal relationship with the natural world, through gardening as a means of caretaking. This brought a sense of internal ease along with an appreciation of ancestral roots in a rural cultural context. There was a congruence between the personal and professional - bringing up the subject was natural, necessary and flowed into their professional work without ethical concerns, while at the same time, being aware of the potentially traumatising impact of the subject on clients:

> I always bring it [climate change] up – the three things: the war in Ukraine, Covid and global warming…To do it in a gentle way…that you don't land it onto people - you just throw it out into the pond, and it causes gentle ripples.

While existing literature seems to indicate that demand for treatment of eco-anxiety is on the rise (Baudon & Jachens 2021, p. 2), this was not reflected in the experience of the participants, with 64% rarely or never having experienced adult clients presenting with climate related issues. When asked why they thought this was so, *Brennan* felt that the issue:

> ….is very much there, but I'd say just below the surface from any of my clients…[and]… it's not the primary reason why they'd come and so they're not bringing it in themselves.

Also, *Farren* suggested: "but they haven't …. because I haven't asked."

Those therapists working with children and young people felt that these age groups were more likely than adults to bring up the subject. *Brennan* recalled that the five clients who had presented climate related issues were all young. In relation to beliefs about the role of professional associations, a substantial majority in the survey believed that these associations should be operating sustainably, offering CPD on climate anxiety and eco-psychotherapy and ensuring that psychotherapy training courses offer modules on the subject. Over half were unclear as to whether IAHIP and other professional

bodies were actually taking appropriate action. This might suggest that professional organisations have not sufficiently raised climate change as an issue for discussion or debate regarding policies and practice.

The research project as forum for talking, reflecting and gaining insight
This research points to the need of therapists to talk about this issue, evidenced by the fact that 22 of the 39 survey participants offered to engage in follow-up interviews. Many expressed gratitude that this project was opening up the conversation to bring awareness to climate change even if it was emotionally challenging. It provoked thought and prompted further discussion - for example, one survey participant commented:

> As I started the questionnaire, I noticed I was curious but also a little anxious in my body. Having completed it, I now feel more anxious and have a sense of incompetence and lack of knowledge.

Another participant experienced a personal insight into their disconnect with nature during the interview, recalling a childhood memory of embodied connection with nature which was deeply moving for them. The research also validated decisions to make changes to professional practice, e.g., working more outdoors, and prompted reconsidering practice. *Brennan* for example, wondered why they had not been asking clients routinely about climate change concerns up until now.

In some ways, it appears that this research was creating data simultaneously while collecting it as participants engaged with research questions that facilitated them to clarify and voice what was perhaps previously unarticulated.

Conclusion
This research involved a collaboration with psychotherapists to explore how their knowledge and beliefs about climate change shaped their emotional and behavioural responses to the climate crisis, and their engagement with the issue in their professional work. The majority of participants felt they had a reasonably good knowledge of climate change and its anthropogenic origins. They articulated worldviews about self and environment that varied regarding spiritual beliefs, but all locating the individual self in the wider environmental context, with an accompanying sense of care and concern for it.

Ambiguity and paradox were intrinsic to the therapists' engagement with the climate crisis, as they grappled to comprehend and manage the overwhelming complexity of this issue which concerned them. These processes manifested personally, socially and professionally in the three emergent themes identified: connection/disconnection with nature, awareness/unawareness, and talking/not talking about climate change. In particular, there was a disjuncture between the importance of climate change for therapists personally and its relative absence as subject matter in the therapy room with adult clients. Climate change appears to be a taboo subject for discussion across intrapersonal and interpersonal domains, inviting a mutually reinforced silence in the therapeutic setting. This silence was mirrored in psychotherapy organisations and professional training. There is a need for professional bodies to provide clarity, ethical guidance and support in developing a culture of openness and a language to talk about it along with an evaluation of the ethical consequences of viewing the human self as inextricably embedded in environment.

This research offers itself as a living data stream flowing onwards past its completion, hopefully inspiring new research ideas, awareness and innovative responses in those who come in contact with it.

Imogen O'Connor originally trained in the Institute of Psychosynthesis, Dublin. Her passion and personhood arise out of her love for and interbeing with her forest garden where she also sees clients. This research forms part of a Masters in Ecology and Spirituality programme (UWTSD). Imogen will be running a series of online climate cafes for counsellors and psychotherapists and can be contacted at imogenoconnor@protonmail.com

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Dreams Part II – What else is oneirology telling us about the function of dreaming?

by Mark Redmond

A previous *Inside Out* article focused on the hypothesis that dreams process unresolved emotional responses to new or past experiences (Redmond, 2023). This article will briefly review other dream theories that have appeared in the literature since the turn of the millennium, but due to the pressure of space will not include critique by other theorists. The review will also not explore lucid dreaming or parasomnias, both of which offer interesting insights into dreaming consciousness. The review is not an attempt to shoehorn dreams into theoretical boxes or diminish their mystery and wonder with scientific reductionism; rather it is my curiosity running free as I try to understand consciousness via an exploration of the paradox of sleep – the intrusion of consciousness/wakefulness into sleep. There is an ongoing debate between biologists, cognitive neuroscientists, and clinically orientated psychologists as to the function of dreams. There are two general dream theory categories; the first is the in-sleep dream theories where the function of dreaming is independent of remembrance, and the second is where the function is only present when dreams are processed post-sleep. In-sleep dream theories are hard to test empirically and are accused of relying on associated findings that cannot show causation, whereas post-sleep theories are more amenable to testing.

To begin, I will briefly summarise the central hypothesis outlined in the previous article. This is encapsulated in what Hartmann (2014) calls *The Contemporary Theory of Dreaming*, which posits that dreaming is a sleeping form of consciousness that is guided by emotions and uses picture-metaphor to make broad connections in neural networks to help weave new or unresolved past emotional experiences into existing memory systems. Hartmann (1995, 1996) equates dreaming to the process of psychotherapy where connections are made in a safe place. What follows are other dream theories from the literature that have caught my attention.

Continuity Theory

The *Continuity Theory* is one of the most widely studied models of dreaming which posits that dreams are psychologically meaningful and continuous with waking concepts and concerns. The first mention of continuity and dreams was pre-Freudian and made by Calkins (1893), though it was dream researchers Bell and Hall (1971) who published the concept in a more concrete form. More recently the theory is associated with Schredl (2006, 2010, 2012) who also defended it in a discussion with Hobson (Hobson & Schredl, 2011). Domhoff (2010) points out that with continuity

> Much, but not all, dream content is continuous with the dreamer's waking concerns and interests. The most direct continuities involve the main people in a dreamer's life and the nature of the social interactions with them. (p. 5)

The opposites to continuity theories of dreams are the ones that consider 'discontinuity' which seek to account for bizarreness and "elements that the dreamer has never experienced in his waking life, e.g., flying, pain experiences, hearing in congenitally deaf person etc." (Hobson & Schredl, 2011, p. 6).

Activation-synthesis, AIM Model and proto consciousness.

Activation-Synthesis, a neurobiological theory by Hobson and McCarley (1977), was openly anti-Freudian and posited that dreams are meaningless and the result of largely random firing in the brainstem (activation) and the higher brain's efforts to make sense of it (synthesis). Hobson (1999) called dreaming "a physiological Rorschach test … What we see, feel, and do in our dreams reveals our specific and personal predilections" (p. 93). As technology has developed, the hypothesis has undergone an evolution leading to the three-dimensional AIM Model (Hobson, 1999, 2009; Hobson et al., 2000), which accounts for all forms of consciousness or brain-mind states such as waking, dreaming, delirium, psychosis, etc. These diverse brain-mind states are variations of three variables:

1. Activation – The amount of electrical activity in the brain as measured by electroencephalography (EEG).

2. Information – Is data coming from the outside world via the senses and perceptions or internally from stored images and imagination?

3. Mode – Whether the aminergic or cholinergic system is powered up. The aminergic- cholinergic system modulates cognition – attention, volition, and insight, which all differ radically between waking and dreaming.

Hobson (2009) defines primary consciousness as simple awareness of perception and emotion and secondary consciousness as the capacity for abstract thinking, self-reflection, and metacognition. Rapid eye movement (REM) dreams have primary consciousness only and may constitute a "proto conscious state" (p. 803) providing a virtual reality model of the world that is of functional use to the development and maintenance of secondary consciousness and could have a role in brain development.

> In humans the amount of REM sleep peaks in the third trimester of gestation and plummets after birth, as waking time and cognitive capability increase. Thus, primary consciousness declines and secondary consciousness grows with the development of the brain and the capacity for prolonged waking. (Hobson, 2009, p. 804)

Hobson's (2009) hypothesis accounts for discontinuity and is future orientated since the developing brain may be self-activating in a way that anticipates its later, wake-state operation. Hobson's (2009) hypothesis builds on the work of Jouvet (1973), who proposed that REM sleep promoted the rehearsal of instinctual behaviour.

Neurocognitive Theory

Neurocognitive Theory, which builds on the *Continuity Theory*, was first published by Domhoff (2001, 2003) at the turn of the millennium and has since been refined in line with data emerging from ongoing innovations in neuroimaging technology (Domhoff, 2010, 2019a, 2019b). Theories such as *Activation-Synthesis* posit that brain regions for dreaming and waking cognition are different, whereas *Neurocognitive Theory* explores commonality in active brain locations for diverse brain-mind states. The region of special interest is the default network (default mode network augmented by secondary visual and sensorimotor cortices), which is more active when engaged in passive cognitive tasks such as waking fantasy, mind wandering and dreaming (Domhoff, 2011; Domhoff & Fox, 2015). Recognising the findings of Foulkes (1999) on children's dreams, the theory views dreaming as a gradual cognitive achievement "that depends upon the development of cognitive abilities that are also important in waking life" (Domhoff, 2010, p. 4). Domhoff (2010, 2019a, 2020) believes that dreams do not have

an adaptive function, but do have "psychological meaning, and they therefore can portray central emotional preoccupations in creative and dramatic ways, but this does not necessarily mean that they have a purpose" (Domhoff, 2010, p. 8). However, Domhoff (2010) recognises that many cultures have developed 'uses' for dreams, including creative inspiration and personal exploration.

Threat Simulation Theory

For Revonsuo (2000), the only appropriate dream function theories are those that are biological, adaptive, and therefore 'natural' as opposed to 'invented', which provide psychological adjustment to an individual incarnation only: i.e., they are "*invented by us, not by natural selection*" (p. 879). The lifespan of our early ancestors was short, their habitat full of predators and they possibly lived in a continuous post-traumatic state, so any advantage for survival or reproductive success would have been selected by evolution. Switching the context in this way, Revonsuo (2000) posits that the biological function of dreaming "is to simulate threatening events, and to rehearse threat perception and threat avoidance" (p. 877), and if, "dreaming does have any biologically adaptive functions, they must have been effective in the evolutionary context" (p. 878). Revonsuo (2000) is careful to point out that not every dream will have this function; only real threatening events will fully activate the threat simulation system. The theory has since been extended to include simulations of social reality in a new theory called the *Social Simulation Theory* (Revonsuo et al., 2015), which posits that the dreaming self is an avatar in a simulated social reality endeavouring to master social skills.

Dreaming as overnight therapy

The theory of overnight therapy for REM dreams (Walker, 2018) postulates that dreams help remember salient experiences by integrating them with existing knowledge and putting them into autobiographical perspective. A second function is, "to forget, or dissolve, the visceral, painful emotional charge that had previously been wrapped around those memories" (p. 206). Key to this processing is the neurochemically calm, (i.e., low noradrenaline) safe dream brain environment of REM sleep. Walker (2018) posited that the anxiety associated with PTSD disrupts this safe sleep environment and a fortuitous encounter with Raskind confirmed his hypothesis. When treating PTSD patients with the drug Prazosin for high blood pressure, Raskind et al. (2013) noticed as a side effect that it suppressed noradrenaline in the brain which helped to alleviate re-occurring PTSD nightmares.

Neuro-psychoanalysis

Though not a theory per se, the work of Solms (2021) is worthy of inclusion in this review. His brain lesion studies identified the mesocortical-mesolimbic dopamine circuit as the driver of dreaming. This is the 'seeking system', responsible for our motivated actions in relation to survival and our desires. According to Solms (2021), this demonstrates that Freud was on the right track with the wish-fulfilment view of dreams. The neurons driving the seeking system circuitry originate from the brainstem, therefore linking the mid-brain and brainstem as brain correlates of dreaming. Solms (2021), an advocate for a neuro-psychoanalysis approach to consciousness research, is critical of many contemporary approaches that treat personal memory content just like that in a mobile phone, excluding consciousness and the subjectivity of the human experience.

Network Exploration to Understand Possibilities (NEXTUP)

In their recent publication, Zadra and Stickgold (2022) present their *NEXTUP* dream function hypothesis, which posits that dreaming is "a unique form of sleep dependent memory processing that extracts new knowledge from existing memories through the discovery and strengthening of previously unexplored
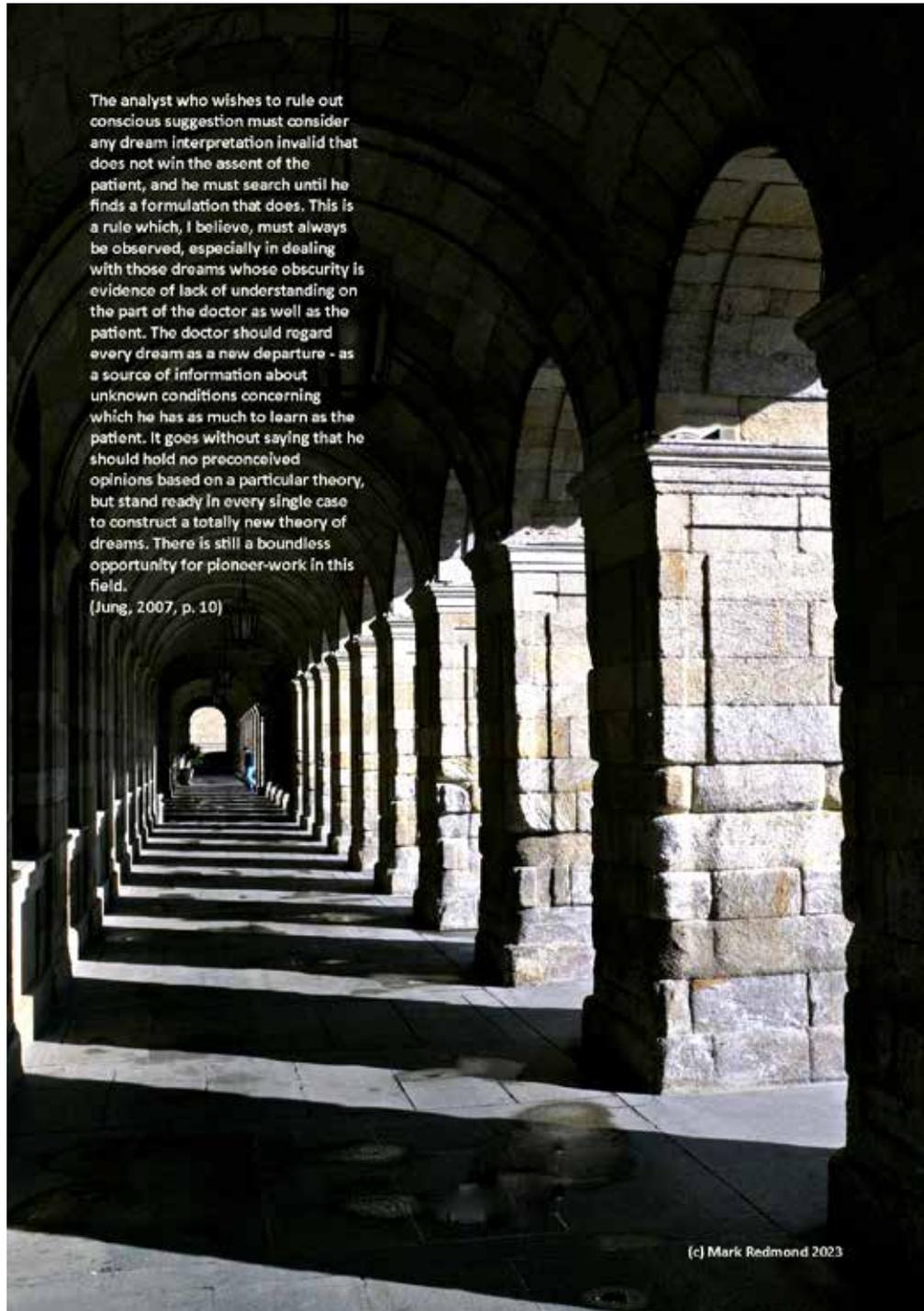
The analyst who wishes to rule out conscious suggestion must consider any dream interpretation invalid that does not win the assent of the patient, and he must search until he finds a formulation that does. This is a rule which, I believe, must always be observed, especially in dealing with those dreams whose obscurity is evidence of lack of understanding on the part of the doctor as well as the patient. The doctor should regard every dream as a new departure - as a source of information about unknown conditions concerning which he has as much to learn as the patient. It goes without saying that he should hold no preconceived opinions based on a particular theory, but stand ready in every single case to construct a totally new theory of dreams. There is still a boundless opportunity for pioneer-work in this field.
(Jung, 2007, p. 10)

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weak associations" (p. 108). Due to the demands of waking experience, focused waking thought tends to ignore these weaker associations and therefore misses possibilities for connection making. This theory pays homage to Hartmann and Cartwright's view that dreams regulate negative emotions by making neural connections with previous experiences in memory. It also integrates Stickgold's et al. (2001) memory consolidation theory of dreams and, in particular, research that demonstrated the preference for connection making via weaker associations (Stickgold et al., 1999). This searching through weaker associations also explains dream bizarreness. The main feature of *NEXTUP* is that dreaming is future oriented and that the goal of memory consolidation is not for accurate recall, but to better remember what will possibly be most useful in the future.

Empathy function and human self-domestication

After many years of post-sleep dream processing using the Ullman (2006) dream discussion method in groups, Blagrove started to notice the 'empathic effect' of dream sharing for dreamers and listeners (Blagrove and Lockheart, 2023b). This observation was strengthened further when hosting 'DreamsID events' (Blagrove and Lockheart, 2023a), which showed that discussing a dream in a group influenced all participants. Subsequent research on dream sharing and empathy did indeed demonstrate that 'trait empathy' (the ability to show empathy as a personal trait, as opposed to 'state empathy' which is the transient affective reaction elicited in concrete situations) is significantly correlated with the frequency of telling dreams to others, the frequency of listening to others' dreams, and that dream sharing increases empathy in the listener/discusser toward the dream sharer (Blagrove et al., 2019; Blagrove et al., 2021). They concluded that: "These findings of post sleep, social effects of dreaming, with possibly a group bonding function, go beyond theories of dreaming that have a within-sleep emotional or memory processing function for the individual" (Blagrove et al., 2021, p. 128). Blagrove and Lockheart (2022, 2023b) posit that in early humans, dreaming may originally have had a memory consolidation, threat rehearsal function or simply been a 'spandrel of sleep'. But with mounting evolutionary pressure, dreaming became part of human self-domestication (Hare, 2017; Shilton et al., 2020), with the fictional and story like aspect of dream content selected to promote empathy and social bonding via post-sleep sharing of dreams with others. Blagrove and Lockheart (2022, 2023b) provide strong arguments linking dream function to human self-domestication, citing the work of Shilton et al. (2020) who emphasise the importance of storytelling during our evolutionary social development, and the work of Boyd (2018) who highlights the role of fictional story telling in human self-domestication. For Boyd, "there would be a craving for understanding our world not only in terms of our own direct experience, but through the experience of others, whether those others were real or, as occurs in fiction, imagined" (Blagrove & Lockheart, 2022, p. 89).

The Embodied Cognition Theory of Dreaming (ECTD)

Wagener, an assistant professor of counselling, presents a dream function hypothesis slightly similar to Hobson's (2009) Proto consciousness Theory. Wagener (2023) views dreams as preparations for an individual's waking life and builds on the theory of embodied cognition and embodied metaphor. Wagener (2023) posits three reasons for dreaming:

> The first is to organise schemas congruent with individuals' affective and sensorimotor understandings of self-in-context. The second is to prepare individuals to react to schemas, and the third is to prepare individuals to use sensorimotor processes likely to be needed in waking experience. ECTD posits that dreaming exists to prepare individuals to react to the types of experiences that were affectively significant in waking. (Wagener, 2023, p. 35)

Discussion

Each dream theory presented here has unique features but a general theme running through many seems to be the mastery of emotions or skills that may be of relevance to the future. The neural correlates of dreaming are hard to pin down; some theories locate the origins of dreaming in the cortex, others in the mid-brain and others in the brainstem. This review has demonstrated that there is no research on the function of dreaming from a psychotherapeutic perspective, possibly due to the dominance of the reductionist scientific paradigm that views non-evolutionary 'invented functions' (see Threat Simulation Theory) as irrelevant. Jung (2007) would disapprove. He would agree that the purpose of the morning of life is important for the biological survival of our species, but the second half of life (the afternoon) is important for individuation and the advancement of culture, which is important for the long-term survival of our species. Considering the Anthropocene and the threat the human species now puts on the biosphere, it is time for conscious evolution (Hubbard, 2015) and research should now, out of necessity, focus more on the 'invented' rather than the 'natural' functions.

Conclusion

If all theories are valid, then there are many forms of dream consciousness that involve diverse brain regions. Indeed, Proto consciousness theory indicates the existence of a primordial state of brain organisation that is a possible building block for consciousness. However, regardless of whether dreaming has a function or purpose in addition to that of sleep, dreaming has a use in creative inspiration and personal exploration in our culture. It is heartening as a psychotherapist to see the advancement in the last few years of the Empathy Function and Embodied Cognition theories of dreaming. I am also heartened that the essence of The Contemporary Theory of Dreaming is still present in some of the more recent theories presented. Research from a psychotherapeutic perspective is warranted as it would bring a new perspective to the ongoing debate on the function/purpose/use of dreaming.

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# Faerie twilight? Why they still matter to us

by William Pattengill

I suppose an American trying to write something useful about faeries is like an Irishman writing about baseball: it's just not something that comes naturally. As a mere four-year resident of this island, I don't have the lifelong associations with the subject that a native could, which I have come to see as an advantage rather than a hindrance. One thing that is very clear to me after these four years is that the relationship between the world of Faerie (the classical term for what has been "cutesified" as "fairyland") and our merely human world is on the rocks, to put it mildly. Both they and we are suffering in our different ways from the rupture of an ancient and mutually beneficial bond that had existed since prehistoric times but is jeopardised (as is so much else!) by our throwing out the "old ways", baby and bath water, for the shiny promise of salvation by….what shall we call it? The worship of *Big Science*, of consumer goods, of the coolest instagrammable moments? I'm afraid that our faeries are falling prey to the same misguided notions of progress that are plaguing societies and ecosystems the world over and spawning agribusiness, climate chaos, addictive social media, ad nauseam.

I feel it is my newly acquired civic duty to provide this easy-to-digest and hopefully enlightening crash course in what I might call "fairy lore" if the brush of modernism had not coloured it in shades of myth. Since the unravelling of this country's time-honoured oral traditions around the dawning of the last century, how we have come to learn anything at all about Faerie has become random, arbitrary and willy-nilly. Since you have no longer been hearing the old stories told around the fire, I have no clue as to how you know anything at all about them and worse yet, if you even give two hoots, to use an appropriately anachronistic expression.

"Why should I care about any of this?" you may ask, and rightly so. Because it is my contention that there are great spiritual and possibly even therapeutic benefits to at least embracing the possibility that there is "something" to them, and that we may not ever be able to scientifically or rationally understand what that "something" actually is. And that it's ok not to know! Thanks to the advent of the Post-Truth Era of alternative facts, the question "Are faeries real?" is blessedly irrelevant. I believe that to be a full participant in Irish culture one should at least know enough about Faerie to form your own opinion, and not rely on those of others….oh, but isn't that what the oral tradition was all about? Never mind, let's move on.

The closest thing we have to an origin story is one you all should know, and it is brilliant in my opinion, but in case you were absent that day, here is my condensed version: during the many cycles of invasions in the distant misty yesteryear, your Celtic ancestors defeated the resident tribes of the Tuatha De Danann (TDD) who apparently already had one foot in the world of the supernatural. Seeming to be in a weak bargaining position, they yielded rule over the surface world to the Celts and settled for rule over the underworld as an alternative to quitting the island entirely. The Celts (who technically were early blow-ins, that quaint but possibly xenophobic and nationalistic term stigmatising newcomers) probably thought they had a clean victory…but the TDD were also Druids and turned the tables on their cocky conquerors by magically shifting their physical frequency to a different channel that enabled them to inhabit BOTH worlds, being undetectable to the mortal Celts (and we, their descendants), passing from above to below and back again at will through the portals of their former dwellings, the

ringforts that remain with us today. With this transition, they forever rendered futile our attempts to question their "reality".

Since the abandoned fortified farms known as ringforts were found to contain buried human remains, the faeries have always been associated with the spirits of the deceased. From what I have gathered, the distinction was clearer before the arrival of Christian monks and their new-fangled blow-in concepts of heaven, hell, and the afterlife that they hoped would replace the pagan superstitions. To their credit the missionaries did not conduct a heavy-handed campaign to eradicate belief in Faerie; they pursued the less violent tactic of compromise, rebranding them as "fallen angels" who, during Satan's failed rebellion, managed to crash land on earth instead of falling all the way down into the mouth of Hades. Wouldn't it have been fascinating to hear what those old-time faeries thought of their new public image?

It apparently did get into the minds of their human counterparts to the extent that many believed that the faeries became obsessed with the hope of salvation, which God had denied them as punishment for their disloyalty, and that come Judgement Day they would cease to exist altogether (Beare, 1996), hence their legendary crankiness. Here is another tangle of Christian and pagan beliefs: the only way the poor faeries could expect to improve their future chances was to boost their red blood cell count over the centuries - somehow the Druids didn't foresee this necessity - and "pass" for human under the gaze of St. Peter on that fateful day. How were they to work this medical miracle you may ask? (Don't bother looking it up in the Bible). By stealing human infants or children, and replacing them with faerie "changelings" of course, and then letting nature take its course. Since they were still somewhat human, marriages and births initiated by faeries were just part of how things were done. The ancient belief that they were also the cause of all sorts of misfortune during pregnancy, birth, and infancy was partially overlaid by the newer Christian concerns about immortality. The Church sought to offer its services to provide its own means of magical protection, assuring its flock that holy water, crucifixes, and blessings would ward off home-grown faerie evil as well as its Euro-imported devils and demons. Another gold star awarded for creativity to the Christian forefathers!

The Church, the farmers and the faeries maintained a relatively peaceful (leaving out politics of course) coexistence over the many centuries since St. Patrick's arrival and the nineteenth century. It was probably some comfort for farmers to blame them when things went wrong with pregnancies, childbirth, and health (of humans, animals, and crops) that were beyond mortal control. However, they were soon the objects of all sorts of unwanted attention, as their very nature came into conflict with

the new dominant paradigm. I found several online entries for ethnographical research, collections of first or second-hand encounters, and old tales of dubious veracity, conducted between 1871 and 1937 in the western counties. These were well-intentioned efforts to preserve the treasures of the oral tradition before they slipped into the dustbin of history; however their focus was purely scientific, and they presented their findings as myths not actual events.

The State-sponsored survey of 1937 by the Irish Folklore Commission intended to promote a proud new national identity by showcasing the rich heritage that had endured in spoken or sung form for millennia, towards "the shaping of a distinct Irish nationality" (Kruse, 2012, p. 6). Geography had been a help in the preservation of Faerie belief: the remoteness of the rural counties in those days was such that the faerie-friendly countrymen were quite distrustful of the urban Irish scholars seeking interviews, believing they were tax collectors, Scotsmen or British. Similarly, for reasons too complex to address here, most of the country was spared a forced participation in the Industrial Revolution that urbanised much of the North. It could be said that Ireland's development has jumped from the nineteenth to the twenty-first century, from farming to tech, causing the poor future-shocked faeries' heads to spin!

While the hope of the Folkloric Survey was to present to the world a new State maturing beyond the superstitions of the past, Ireland's first president, Douglas Hyde, claimed to have seen a horse in a field turn into a woman, and Samuel Beckett has described a faerie he met in a Dublin street. So much for the "maturing" culture! (Magan, 2014).

To counteract the commodification of the transcendent and restore Faerie to its rightful place in the cosmos, we have the parallel work of W.B.Yeats' *The Celtic twilight,* his gathering of tales from the same remote areas, published in 1893. His mission shared with the folklorists a desire to preserve, but as a poet and philosopher his treatment of his subjects and their contributions was far more sympathetic and open-minded. He valued Faerie belief as a vital element of native spirituality that he hoped could provide a refuge from both the rising tide of modernism and the invasive theologies of Christianity.

> The world is I believe more full of significance to the Irish peasant than to the English. The Faerie population of hill and lake and woodland have helped to keep it so. (Yeats, 1893, p. 104)

Though he never visited Ireland, nor met Yeats, Carl Jung was simultaneously mining the same vein of the occult from a different direction. No stranger to the supernatural, he had his own mystical experiences and controversial conclusions about them. He was inspired to consider one such event a

> …phenomenon of solitude, ie a compensatory hallucination common to hermits for example, and people who spend a long time in solitude: in their minds, they re-produce the company that is lacking in real life……However since Jung is aware that 'premonitions or visions often have some correspondence in external reality' he finds it equally convincing to think that his solitude might have sharpened his senses in such a way that he was able to perceive the actual procession of souls of the dead... (Mills, 2014, p. 6)

during a night spent in his tower on Lake Zurich. This passage prompted me to imagine Jung and Yeats comparing notes before a cosy turf fire in Sligo: Jung seems to be able to embrace the dual nature of the faeries with ease. He had "an entirely positive understanding of 'primitive man' who is still in touch with the forces of nature that Western (urban) man has lost" (Mills, 2014, p. 6). Besides the solitary farmers and shepherds, Jung believed that individuals of a highly sensitive and intuitive nature (such as himself) could perceive energies hidden from the majority, with a lower threshold to the collective

unconscious. To him, the supernatural being was an archetype that "has an autonomy that can seize you…a deified and reified superior construct" that "emanates from a collective psyche or mind that is the origin or ground of their existence" (Mills, 2014, p. 6). Unbelievers, put that in your pipe and smoke it! (an anachronistic and misguided phrase from the days when smoking a pipe was believed to aid in thought, never mind the cancer).

The twin dynamos of Jung and Yeats have given Faerie and its kindred spirits a lifeline to a rock that stands above the swirling waters of doubt and disbelief that threaten so much of our "old ways" of being in the world. It is there for those who wish to take it in hand, but for many it is as appealing as an old clothesline. While the legendary Irishman and Austrian were at work in their respective spheres, other forces were steadily grinding away at the faeries' stature and viability. The ranks of their believers were obviously decimated by the Famine and the subsequent emigrations, but also by "progress" in general. As recently as 1960, 55 per cent of all Irish lived in the rural counties, while today the magnetic pull of the cities (hello Dublin!) has lured almost two out of every three of us into the urban lifestyle (macrotrends.net, n.d.).

An unfortunate and bizarre incident in 1895 gave a great propaganda victory to the British-owned press and dealt a blow to both the reputations of the Irish and the Fae with no chance of rebuttal. A farmer in Tipperary was convinced by well-meaning relatives that his sickly wife had been stolen by the faeries and replaced with a changeling (not just a fate of children apparently); they were certain that if he burned her body, his wife would return in human form, as per "How to foil the changeling scam." He complied, but no wife reappeared, and he was arrested and tried for murder. The tragedy was exploited by the press for all it was worth and held up as a glaring example of Irish backwardness and brutality, throwing in a highly inappropriate charge of witch-burning on top of things. Hard to believe that this occurred just over a century past (Bourke, 2001).

"Development kills folklore" is a short and cruel contemporary truism that I scooped up along the way and then lost the reference to, but I'll claim it as my own if anyone asks, thank you. A classic example: the Rural Electrification Scheme of the 1940s-1950s could be seen as the Light of Reason banishing the Darkness of Ignorance, but I doubt the faeries would want to hang out in a farmyard illuminated by industrial-strength wattage anyway. Much of the agricultural handiwork that had been traditionally overseen and evaluated by the faeries for compliance with their wishes was also mechanised during that time. Furthermore, the advent of radio and tv quickly usurped the role of the evening storyteller or Seanchai and filled the rural airwaves with all manner of progressive ideas, one being the understanding that Faerie was now part of the backwardness and superstition that are companions to poverty and ignorance. The same message was amplified by the ever-expanding access to public education.

Fortunately, not everyone of influence was willing to abandon the Fae despite the swelling pressure to do so. In 1959 Dermot McManus, who was an intimate friend of Yeats, and identified himself as a folklorist as well as a historian, compiled his own collection of Faerie encounters but restricted the sources to people that he either knew personally or were determined to be credible by other reliable references. No hand-me-down tales this time around! In his book *Middle Kingdom,* he "endeavoured to pull the subject out of the morass of nonsense and counter-nonsense and to get it into the realm of logic, where it can be examined coolly and sympathetically" (MacManus, 1959). Instead of the stereotypical earthbound and isolated farmers, his sources tended to be more educated and cosmopolitan than those subjects of earlier surveys.

During this, and the last century, several other surveys and collections have been made using various methods and covering much of the world, reminding us that such experiences are to be found in all corners of the globe. However,

> The people of Ireland have clung to their ancient beliefs with a vividness of faith which in our time is really phenomenal…they have a popular value that no similar productions of other nations are likely to attain. (Curtin, 1890)

As an observer I must say that if the experiences recounted by the thousands of people interviewed in this country are not records of actual events, the amount of creative energy dedicated to building this epic centuries-long myth, hallucination, or practical joke is as miraculous as any faerie sighting.

One of most recent high-profile advocates of Faerie belief is Eddie Lenihan, "one of the foremost experts on fairies (who) would argue that there is considerable and respectable proof of their existence, owing to the vast corpus of material available through the ages, and in all this they have been described in great detail" (Irish Folklore and Traditions, 2012). He attracted international attention in 1999 with his successful crusade to convince the State to reroute a proposed motorway around a whitethorn tree that locals believed to be particularly important to the faerie neighbours. An author, storyteller and prominent folklorist, Lenihan has a deep familiarity with all things Fae and an ambivalent and thought-provoking view of its future:

> I am sure (Faerie belief) will not, cannot survive under the immense pressures and distractions… and what a tragedy that will be, for the human need for things above and beyond the mundane, the merely explainable (by science or whatever) is to continue to thrive - and no doubt it will - how much more fitting it should do so as part of an Irish culture that is immeasurably old and instinctively recognisable. (Lenihan, 2003, p. 11)

Here follow various relevant and contradictory comments from others, beginning with the words of the American ethnologist James Curtin from the introduction to his *Myths and Folklore of Ireland*:

> Gaelic mythology…is better preserved than (that) of any other European country…it puts its imprint on the whole region to which it belongs; the hills, rivers, trees and rocks… are all made sacred, and the country becomes a 'holy land'. (Curtin, 1890, p.12)

> Most of the accounts of encounters in fairyland report incidents and adventures that occurred to someone else…Few would argue that they believed in (faeries) but they constantly attribute belief to others. This form of surrogacy…occurs frequently in the history of fantasy. (Warner, 2014)

J. M. Barrie, who proposed in his *Peter Pan* that faeries, even Tinker Bell, are dependent on our belief for their very survival, wrote: "Every time a child says, 'I don't believe in fairies', there is a fairy somewhere that drops down dead… They are nearly all dead now" (Tatar, 2011). In the same depressing vein, R. D. Laing, in an off-the-record interview, said they were being "cultured out."

> It's a passive belief, and it includes a lot of young well-educated people. There is a reluctance to interfere with things that have an association with the faeries….We would rather be safe than sorry. (Magan, 2014)

> "I don't believe in fairies but it doesn't mean they're not there. I'm not a superstitious person but I won't f***k with the spirits…or mess with a fairy fort."- Hozier, in an interview in Irish Times. (Egan, 2023)

In a chance encounter with a member of a paranormal research team, I learned that his group was recently called to investigate poltergeist-like phenomena at a new home in County Cork. Their instruments did not register any unusual data but when they checked old aerial photographs, they saw that the house had been built over a ringfort, which, as any fairy-respecting farmer will tell you, is asking for trouble.

> Most Irish people have some instinctive belief in the world of the faeries even if it sometimes has to be has to be excavated carefully from under a veneer of busy modernity. (Lenihan, 2003)

Contrary to the dominant paradigm, trying to know everything about the world we inhabit in an analytical sense may be more difficult than we would like to believe, and it may also impoverish our spirits while trying to satisfy our need for control. Big Science continues to amaze us with new discoveries about things we always thought we understood: the ways trees and fungi communicate and help each other, the way the natural environment affects our emotions and nervous systems, forcing us to re-examine old certainties. The faeries offer us a wonderful exercise in transcendence, stretching our minds to reach beyond the "merely explainable" and embrace their dual existence as a Zen koan in both this material world and their supernatural plane, in a perfectly balanced contradiction.

No one should be surprised that these efforts to organise a mini-module on this subject have resulted in a dizzying zig-zag dash through the centuries with nothing to wrap up in a neat package and tie with a bow. Instead, I leave you with this thought:

> …if you really want to rediscover wonder, you need to step outside of that tiny terrified box of rightness…and look out at the vastness and complexity and mystery of the universe, and be able to say, 'Wow, I don't know. Maybe I'm wrong.' (Schulz, 2011)

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Home
by John Bourke

Occasion had us visit, the other day
Our listed building, inspired to play,
Again, amid the memories of home,
Grooves imprinted over time, now shorn
Of their allure.

I smile in thin gratitude,
See the inner scaffolding imbued
With negated like acceptances,
Conformist, roguish edifice
That spun me into life.

Outside now I stand and hear
The clinking glasses of yesteryear
So far, suddenly, from home
Exiled, tamed, hollow ghost
Watchful and unheard.

And yet, a subtle move,
my feet touch the ground-
The trees, standing solid, smile
The gorgeous gushing water bathes my soul-
I am home.

The Resnicks Model of couples therapy

by Fergus Finucane

This article is dedicated to my long-time mentor and teacher, Bob Resnick. Bob passed away from lung cancer on October 11th, 2022. I attended seven of the Resnick couples therapy workshops over a 10-year period and Bob and Rita were amazing teachers and mentors. Bob and Rita were very generous in allowing me to interview them for my dissertation in February 2020, and I am very grateful to them for that. The following article is an extract from my dissertation outlining the Resnick model of couples therapy. There are few articles that go into the depth of the Resnick model. There is a good article in the Summer 2006 *Inside Out* journal by Geraldine Sheedy and this article builds on that while also exploring the beginnings of the Resnick model and its roots in Gestalt therapy.

The backdrop to this article is the relationship epidemic that is raging in the Western world today (Real, 2002; Schofield, 2012; Carr, 2014; Resnick, 2018). Ludlam and Nyberg (2007) maintain that marital distress and instability is an epidemic that is "spreading", out of control, causing pain, suffering and heartbreak in families all over the Western world.

The Resnicks agree (Resnick, 2018); they report that in the U.S. approximately 55% of first marriages and 75% of second marriages break down. They wonder whether people don't learn from their mistakes or whether they are better at breaking up the second time around. However, the divorce figures quoted above do not tell the full story. The Resnicks posit that of the 45% that remain in first marriages, a large proportion, possibly up to 35%, are what they term the *secretly miserably married*. Typically, these people stay married for reasons such as religion, money, children, and fear of the unknown, amongst others. That leaves just approximately 10% of marriages that are healthy and mutually nourishing with emotional support and joyful companionship (Resnick, 2018). Most marriages then, the Resnicks suggest, end in either explosion (rupture/divorce/separation) or implosion (secretly miserably married).

This researcher has been a couples therapist since 2012. I trained with Bob and Rita Resnick who run a Gestalt couples therapy training in California and come to Ireland every spring to train couples therapists. They also run a weeklong training in Europe every year and have done some training in China. The Resnick model of couples therapy is 50 years old and is the longest-running postgraduate psychotherapy training program worldwide (B. & R. Resnick, personal communication, 27 February, 2020). Unfortunately, they were not able to travel in 2020, 2021 or 2022 due to the Covid-19 pandemic.

As a couples therapist, it is my opinion that couples therapy can be complex and challenging. I agree with Joseph Zinker that life itself is complex. There is a flow to life that causes it to be constantly changing. Children are born, grow up and leave (although many young adults are still living at home for various reasons in 2023), they find jobs and lose them and find more jobs, they marry and remarry, parents remarry, people die, and grandchildren are born. New information is always flowing through a family. There are endless sources these days: schools, social media with often unreliable information, newspapers (to a lesser extent these days), television, books, travel etc. This is all part of modern life and most families cope well enough with change. However, for those people who have fixed processes, and who are not skilled at navigating life's changes, transitions can cause problems that can lead to troubled relationships (Zinker, 1994, pp.89/90).

Dan Wile maintains that "choosing a partner is choosing a set of problems" (Gottman and Gottman, 2017, p.18). He noted that problems would be a part of any relationship, and that a particular person would have some set of problems no matter who that person married. Wile also wrote: "There is value, when choosing a long-term partner, in realising that you will inevitably be choosing a particular set of unsolvable problems that you'll be grappling with for the next ten, twenty, or fifty years" (2017, p.18).

Bob Resnick (cited in Power, 2013) is curious about how something that everybody needs and wants, which is a connection with a primary other over a long time, seems to have so many problems. The level of couple unhappiness plus the divorce and separation rates are so bad in Western society that couples therapy has never been so vitally important. Couples therapy is a safe place where problems and complexities can be processed in a non-judgemental and empathic way.

Marriage

Marriage has been a practice for thousands of years and was originally (and still can be) very patriarchal (Amato, 2004). It was originally monogamous, between one man and one woman-with no exceptions. Marriage was used by the State and the Church to control thrones and property. Women were typically not allowed to own land, and if they did it became the husband's after marriage. Women could not vote, nor could they work outside the home. Marriages often did not last long as many women died in childbirth because there was little or no medication to help them. Husbands had more rights when it came to adultery and could divorce more easily than women (ibid).

Terrence Real (2002) maintains that the goal of marriage was stability, not intimacy. Wives cleaned the home and raised the children, while husbands worked the farm or were the hunter-gatherers. McDougall and Pearsall (2017, p.513) put the demarcation of roles well when they said that the division of labour could be summed up by the statement that there were "those who bring home the bacon and those who cook it". The surprise is that this very traditional form of marriage didn't change until the early 20th century, though it had begun to change in the late 19th century. Advances in medicine meant that women began to live longer, especially during and after childbirth. Land acts meant that some women could own property; women won the right to vote and began to work outside the home and thus became more independent. Women also began to stay longer in education (Resnick, 2018). Feminism and the women's movement also played a huge part in these changes. The effect of all these and other changes was that women started to want more from their lives and believed they did not have to put up with their traditional lot. They could change things if they wanted to, so they began to divorce their husbands.

There is broad agreement that the institution of marriage in the Western world is in crisis (Real, 2002; Schofield, 2012; Carr, 2014; Resnick, 2018). According to Ludlam and Nyberg (2007), the urge to pair is one of the most powerful of human drives and the research bears this out with Carr (2014) reporting that in the Western world, by the age of fifty, over 85% have married at least once and between one third and one half of these marriages will end in divorce or separation, and approximately 20% of those who stay married will end their marriage in distress. Halford and Pepping (2019) concur that across most Western countries, more than 85% of adults marry at least once in their lifetime and that divorce rates are rising. According to Celello (2009), the US had the highest rate of divorce worldwide in the twentieth century.

Resnick model outline

The Resnick model of couples therapy is fifty years old. It was set up as a response to the shocking divorce rates in the US and in Western society in general where approximately 50% of first and up to 75% of second marriages break down in the US (Resnick, 2018). The Resnick model is steeped in Gestalt theory. Bob Resnick was originally mentored by Fritz Perls and Jim Simkin with whom he became good friends over a five-year period. Fritz Perls sent Bob to Rotterdam in the Netherlands to introduce Gestalt therapy to Europe in 1969 (Parlett, 1995). The Resnicks have been bringing their model of Gestalt therapy and couples therapy to Europe several times a year every year since, except for 2020, 2021 and 2022 due to the Covid 19 pandemic. They have also been bringing their model to Killarney in Ireland every year for over twenty years.

To contextualise this couples' approach, this researcher will outline the key concepts of Gestalt theory which form the framework of the model. Gestalt therapy is an existentially based, humanistic and experiential therapy developed originally by Fritz Perls in the 1930s and later helped by his wife Laura Perls and Paul Goodman in the 1940s and 1950s (Perls, Hefferline and Goodman, 1951). Gestalt therapy was heavily influenced by existentialism. Perls paid particular attention to existential principles such as: authenticity (be true to yourself despite external influences); freedom (the ability to think and act without restraint but within limits); and taking responsibility for the choices we make and the things we do (Resnick cited in Neukrug 2015, p.5). Laura Perls studied with Martin Buber (Kaufmann, 1996) whose concept of I-It and I-Thou dialogic relating plays a significant role in Gestalt therapy. According to Resnick (2018), there are three elements that are essential for Gestalt therapy. These make up a tripod that consists of field theory, phenomenology, and dialogue. Other elements may be present as well but these three are absolutely essential if a therapy is to be considered Gestalt.

Field Theory

Gestalt field theory means that everything is connected: human beings do not live in isolation, even if they perceive that they do. According to Yontef (2005, p.151) "a person is influenced by everything around them, psychologically and physically. Identity is formed and maintained, expanded and contracted, by the whole field, by the mutual construction of the individual and the rest of the organism-environment field."

Mackewn (1997, p.48) describes field theory as "a set of principles that emphasises the interconnectedness of events and the settings in which those events take place". Human beings cannot be understood in isolation but only as interactive participants with the complex world and environment they live in. The translation of the German word gestalt is 'whole' and the whole is greater than the sum of the individual parts. The whole (gestalt) of an individual includes the whole person and everything in their environment (their world).

Phenomenology

Phenomenology is the process by which we make meaning of our sensorial experiences: what we see, hear, touch, taste, and smell. This is influenced by our experiences from our birth to the present day. For example, an individual person is affected not just by his or her psyche but also by genetics, hormones, biochemicals, family, ethnicity, religion, class, race, nationality, politics, economics, history, geography, and weather, essentially the person's wider field (Resnick cited in Neukrug, 2015, p.5).

Our phenomenology defines our perceptions. Corey (2009) maintains that it is our perception that makes us unique. Yontef (cited in Woldt and Toman, 2005), posits that all perception is interpreted. Individuals make sense of their worlds as best they can, and the sense they make of it becomes a filter for viewing the world. This is sometimes called our worldview. Worldview is just a term meaning how one interprets reality, what one believes to be true. Our worldview informs our own biases and prejudices. In every human interaction, meaning is co-created, and objectivity is impossible in any real sense. You are part of the relationship and cannot be separate from the meaning-making.

Dialogue

Dialogical relating is an import from Buber's philosophical I-it, I-Thou theory (Joyce and Sills, 2018). Bloom (2011) cautions that Gestalt therapy needs to be vigilant when importing ideas from other models, especially ideas favoured by therapists and poses the question "what else is being imported unintentionally?" Resnick (cited in Parlett, 1995, p2) describes dialogue as the engagement of two phenomenologies, the client's and the therapist's. He further posits that for real dialogue to happen three conditions must be present: 1. Presence: the therapist's own experience and phenomenology are available. 2. Inclusion: the therapist includes themselves in the experience and phenomenology of the client and 3. Commitment to dialogue which allows for the magic that may emerge in the 'in-between' of a human encounter. Being present to the client is essential, where the therapist as well as the client is affected and changed by the meeting. This involves some therapist self-disclosure, but it must be in the service of the client. Without self-disclosure the encounter is not dialogic and therefore not Gestalt.

The Fusion Model

The Resnicks theory is that the model of marriage that existed for thousands of years, what they call the fusion model, is no longer fit for purpose. The aforementioned divorce rates support their view. The fusion model did not and does not allow for difference because survival depended on working together to make ends meet. The couple works as a unit where individuality is frowned upon. The fusion model is based on what Gestalt theory calls confluence, which is one of seven interruptions to contact from their perspective (Joyce and Sills, 2018; Mackewn, 1997; Polster and Polster, 1974). According to Mackewn (1997), confluence occurs when two people flow together with no sense of differentiation. Zinker (1994), maintains that confluence is a basic way of disregarding differences and Polster and Polster (1974), describe confluence as a three-legged race arranged between two people who agree to not disagree. A healthy person can navigate the confluential continuum between merger and enmeshment at one end of the continuum (for example having sex) and separateness and isolation at the other end (an extreme example being prison camp survivors). This is healthy functioning, provided you don't get stuck at either end of the continuum. Confluence, like all the interruptions, can sometimes support contact and Mackewn (1997) cites examples where confluence can promote community values and ease social communication.

What the Resnicks are concerned about is the extreme end of the confluential continuum which is enmeshment. Minuchin (1974) describes enmeshment as a blurring of boundaries, where couples feel a heightened sense of belonging and autonomy is surrendered. Bifulco and Thomas (2012) talk of enmeshment as being part of an anxious attachment style where enmeshment is a dependent attachment style as exhibited by a high desire for company, low self-reliance, and high fear of separation. Holmes (2014) describes the anxious attached person as being insecure with low self-esteem and a fear of abandonment.

The fusion model worked well because everyone knew what was expected of them. There was no place for individuality in a system that worked for thousands of years. Bob Resnick maintains that the fusion model provided a stencil of how people should be, how a man and woman should be, as a husband and a wife, according to their family, their culture, and their religion. This stencil made it almost impossible for someone to find out who they really were as an individual or if they were compatible with their partners (B & R Resnick, 2020, personal communication, 27 February).

People were looking for a new way of being in relationship. This was what was behind the Resnicks setting up their own model of couples counselling, as they responded to the breakdown in marriage and relationships. This is an alternative model that they call the connection model. The fusion model is a static model in which nothing changes, whereas the connection model is dynamic and changes and adapts to whatever is happening in the relationship (Resnick, 2014).

The Connection Model
Contrary to the fusion model described above, the Resnicks offer an alternative which they call the connection model. In order to connect they posit that there must be two distinct individuals within the couple; i.e., that the couple is not enmeshed. Connection gives you meaning other than yourself. Ruszczynski (1993, p.130) maintains that "the individual self cannot develop in isolation, that the I is defined by its differentiation from the You, and the You is required to provide an answer for the basic question of identity: Who am I?" Mann (2010) concurs that a sense of self emerges in relation to the other (difference). Bob Resnick talks about the basic human dilemma of "how to be connected to another and maintain a self" (Parlett, 2018, p.45), while Leavitt (2009) and her couples wrestle with dark perplexing issues that go to the heart of the conundrum of intimacy: how to be attached and yet remain separate people (B & R Resnick, personal communication, 27 February, 2020).

The connection model is a rhythm of connection and separation. The couple come together and find intimacy, whatever intimacy means for them. It could be anything: holding hands as they walk, helping each other; it may be sex, but sex is not necessary for intimacy. Bob Resnick (cited in Parlett, 2018, p.46) describes intimacy as follows: "when you are not watching yourself or the other, you are not split". To be intimate is to be fully there, with no monitoring of self or other. However, you can also get hurt in intimacy; e.g., you can have intimate fights, but these are usually worked out quickly in an adult way. Bob Resnick claims that promoting his connection model and taking it to so many different countries sometimes feels like they are *salmon swimming upstream*. The task can be daunting, but the work goes on to promote their alternative model, the connection model (B & R Resnick, 2020, personal communication, 27 February).

Difference
The biggest departure between the Resnicks and most other models is how they deal with difference. The Resnicks rightly prioritise difference: the difference being talked about here is how as human

beings we are unique, with unique phenomenologies (Mackewn, 1997). We each have unique perceptions (Corey, 2009), based on our upbringings, our parents, teachers, religion, culture, and sexual preferences. The very act of meeting another person means that we are different from the start. If confluence and enmeshment are the main causes of the crisis in marriage and relationships, then difference is the magic bullet that dissolves the confluence (B & R Resnick, 2020, personal communication, 27 February). The Resnicks maintain that generally it's not what the differences are that matter but rather how the differences are managed (Resnick, 2013).

Many models of couples therapy try to get rid of differences such as culture, religion, children, education, family values, etc., but the Resnicks (2018) maintain that difference is okay: we are all different and the goal is to try to understand the other, to try to understand how the other makes sense of their world and to let the other know how you make sense of your world. Difference, which is essential for connection, is very difficult to deal with in a fusion model where difference is not allowed.

The Resnick model is a process model; that means that they are more interested in 'how' a couple deal with their differences than just dealing with the content, i.e. the couples' story. Our clients' stories can be seductive, and therapists need to be able to decide when to interrupt the story and look at the process. The client's story is important but in Gestalt therapy, the story is really a vehicle to get to the process. This is complex in couples therapy where you have each of the couples stories interacting with each other and each also interacting with the therapist's story (Sheedy, 2006; Resnick, 2014; 2018; 2020).

The Resnick model of couples therapy is an excellent model; however, one area that could be improved on is research. Research into the Resnick model is in its infancy. In contrast to the Resnick model, the Gottman method and Emotion Focused Therapy for Couples (EFT-C) are two of the most researched models of couples therapy in the world. When I asked Bob and Rita about this in an interview in February 2020, Bob expressed regret that little research exists on the efficacy of the Resnick model: "Regrettably I haven't published very much and in that regard. I've been under the radar for these last four and a half decades…there really is very little written…" (B & R Resnick, personal communication, 27 February, 2020).

There are some articles and online interviews and several very good DVDs and movies: e.g. (Resnick, 1993; 1995; 1997; 2000; 2016; Sheedy, 2006; Power, 2013; Parlett, 2018) that go some way to bringing their model to a wider audience, but Bob Resnick acknowledges that the written word is still the best way to gain greater exposure. (B & R Resnick, 2020, personal communication, 27 February).

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Single-Session Therapy and the Therapist's Fear of Opening Up a Can of Worms[1]

by Windy Dryden PhD

Many therapists in the Single-Session Therapy (SST) community consider that its practice is best informed by a set of beliefs collectively referred to as the *single-session therapy mindset* (Cannistrà, 2022) or *single-session thinking* (Hoyt et al., 2021). When therapists first encounter SST, they will likely bring to bear what I have called the *conventional therapy mindset* (Dryden, 2023a) when appraising SST. Many frequently asked questions (FAQs) that therapists pose about SST come from those with this latter mindset (Dryden, 2022). As such, when responding to these questions, it is vital to consider this difference in mindset.

One of the concerns that therapists have about SST is that it opens a *can of worms* for clients. The phrase *can of worms* seems to originate from the USA in the 1950s, where anglers would buy sealed metal cans of live worms for bait. When they opened a can, if they did not take care to close it, then the live worms would escape, and the fishermen's attention would shift from catching fish to recapturing the live worms, and chaos would result. According to this scenario, opening a can of worms is not the problem. It is the fisherman's lack of care to close the can before other worms can get out.

By using the *opening up a can of worms* analogy, the therapist, new to SST, fears that the SST practitioner would do the same as a careless angler: by asking the client to discuss a concern, they would not take care with the result that the client's other problems would spill out and not be contained, with the consequence that the client would be harmed.

While I cannot say this would never happen in SST, several factors would reduce the chances of this happening.

Gain the Client's Informed Consent

Single-session therapy, as with other forms of therapy delivery, is based on informed consent. Here, the client consents to work with the therapist on the understanding that the latter will help them achieve what they want by the end of the session with the knowledge that further help is available to them if needed. When the client knows and consents to the parameters of SST, this has a containing effect on them.

Orient the Client to Their Session Goal

Thus, the client is coming to therapy with the idea that they and the therapist will work together with their goal firmly in mind. If the client's goal cannot be achieved, the therapist will be honest in telling them what they can and cannot help them with, leading to the setting of an achievable goal. The main point here is that the client's achievable goal provides the focus for the work. Thus, the goal-oriented focus of the session provides additional therapeutic containment so that only one *worm*, i.e., client issue, is let out of the *can*.

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[1] In my view, it is disrespectful to liken a client's issues to 'worms'. However, I will use the 'can of worms' analogy here because other therapists refer to it while expressing their fears about SST.

Agree on a Therapeutic Focus

Whether the therapeutic focus is on the client's issue or goal, the purpose of a focus is to provide an opportunity for the client to give their attention to one issue. If they have only one issue, then the *can of worms* phenomenon is irrelevant. Here, the client's *can* contains only one *worm*. If the client has other issues, the focus is on one agreed issue. This focus helps the therapist and client deal with the issue in the knowledge that while the client may have other issues (other *worms* in the *can*), the therapeutic focus helps the client deal with one issue (*worm*) at a time. In doing so, the therapist keeps the lid on the *can* so that the other issues (*worms*) can be dealt with, perhaps later.

Seek the Client's Permission to Be Interrupted

One of the critical skills employed by the SST therapist is interrupting the client when the client departs from the agreed focus. As I have mentioned elsewhere (Dryden, 2023a), the best way for the therapist to do this is to give the client a rationale for interrupting them, gain their permission to do so, and agree on the best way for them to do it, if necessary. As the primary purpose of interrupting the client is to maintain the agreed focus, doing so ensures that the issue remains the object of discussion. It helps the client to put back into the *can* other *worms* (issues) that may be struggling to escape.

Check In with the Client

It is also common practice for the SST therapist to check with the client periodically that the client is discussing what they want to discuss. Using our analogy, is the *worm* the one the angler (client) wishes to use as bait (concentrate on)? If so, then the two proceed with the agreed focus. If not, and there is time, the focus is shifted to a more relevant issue. If checking in is not done, there is the risk that the agreed therapeutic focus is incorrect, and the more relevant issue (*worm*) will weigh on the client's now divided mind (another *worm* will seek to escape from the *can*). Thus, checking in allows the client to talk about what they want to discuss, reducing the situation where other issues (worms) compete for attention (escape from the can).

Manage the Client's Distress

The fear of *opening up a can of worms* is related to the concern that the client may become so distressed that the therapist would not be able to help them contain it, so they leave the session in a very distressed state and experience harm as a result. If this happens, the therapist has failed to follow the above-mentioned guidelines. The skilled SST therapist can facilitate the client's emotional engagement with their chosen issue while helping them to contain their emotions. A further appointment is strongly indicated if the client is flooded with emotions which cannot be contained.

Offer More Help If Needed

One of the problems with the term *single-session therapy* is that no matter how many times it is stressed to therapists new to SST that it does not mean a one-off session and that more help is available to the client if needed, the term is often taken literally to mean therapy that lasts for a single session. This is why I have described my work in this area under the term *ONEplus Therapy* (Dryden, 2023b). The fact that more help is available to the client and that both they and their therapist know this at the outset is in itself containing for the client who has several issues to deal with. Knowing this, the client does not feel pressured to mention all of their issues in one session and risk the escape of more *worms* than they can process.

In conclusion, the skilled single-session therapist is aware of the risk of the session *opening up a can of worms* for the client and guards against this happening by a) ensuring that the client understands and consents to the session, which is designed to help them achieve what they have come for; b) by being focused on the client's nominated problem and goal for the session; c) maintaining this focus by interrupting the client and checking in with them to ensure that as the session unfolds they are still discussing what they want to discuss, and d) ensuring that the client knows both at the outset and the end of the session that they can have more help if needed.

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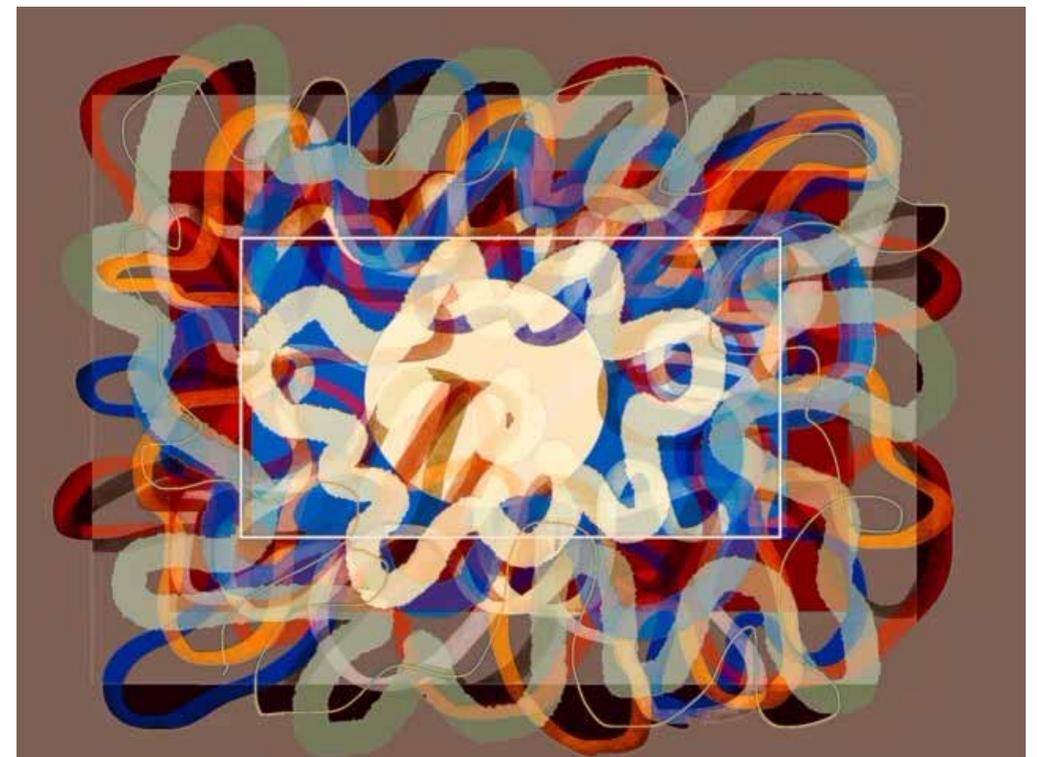
Suicide; parasuicide and self-harming in pre and perinatal psychotherapy: the possible origins of suicide, parasuicide and self-harming in the pre and perinatal period of life

by Shirley Ward

Death by suicide is unnatural, something else is going on in every death in suicide that is not visible.

(O'Donohue, 2004)

Introduction

It is August 2023. During the last three years planet Earth has been threatened by the Covid-19 virus pandemic. Questions are arising as to the effect of the virus on the mental health of tens of millions around the world who have lived in lockdown, isolation and possible domestic violence due to confined living space and lack of freedom (Carey, 2020). It is not expected to be known for many months if suicide spiked in 2020 due to the pandemic as every death has to be investigated as to the cause. Suicide rates are expected to rise after the pandemic. To date there have been 693,186,371 cases of Covid-19 and 6,907,147 deaths worldwide.

For over 40 years at the *Amethyst Resource for Human Development* in Ireland, founded in 1982 by the late Alison Hunter, and assisted by Carmel Byrne and myself, we have explored the origins of suicide and mental illness, as being in the primal stages of our sacred journey from conception to birth. Our research has been based on the pioneering work of Dr Frank Lake who was the first British psychiatrist to recognise that stressful pregnancies, traumatic births and disharmony and conflict as far back as at conception may hold the key to subsequent adult behaviours, relationships, mental health issues such as suicidal tendencies, personality disorders, diseases we develop and where we tragically block our human potential (Lake, 1973).

Suicide and society

In a recent European paper by Bak et al. (2019), the research team studied various transformations in contemporary society for the phenomenon of suicide. They believed it affected areas of social life, culture, lifestyles and mobility amongst others. Some refer to Europe as experiencing turbulence in every aspect of social life.

Their findings showed that wherever processes within cultural and religious subsystems of society were weakened, changing values led to the disintegration of systems and brought changes in moral attitudes of today's society. Interest has shifted from religious and philosophical positions to the fields of medicine and general health. In Ireland many people had already lost their faith in the church due to clergy abuse over many decades.

People's faith was what they had held on to, having given them strength, belief, confidence and trust in something bigger than themselves. This belief diminished in people's lives and suicide increased. The Covid-19 world experience will also add to many changes worldwide. Medically it is known that resistance to change produces deep psychological disturbances leading to multiple stresses. We have

to change to learn new ways of living and working with family and social interactions. If changes do not occur, suicide, parasuicide, self-harm and mental illness will increase owing to the fear, anxiety and intolerable pain in individuals globally.

Definitions of suicide, parasuicide and self-harming

These are issues that are very complicated to work with. Suicide is the act of ending one's own life. Individuals who die by suicide, according to family and friends, have had long-lasting emotional problems. These may include anxiety, depression, unhappy relationships, unemployment, loneliness, feelings of guilt and very deep emotional tendencies to feel that no one cares about them.

The suicide of an individual may occur when the family least expects it and the individual decides to take their own life. Depressed people are at a high risk of suicide when they have a long history of an inability to communicate their needs. This is often a 'secret' place where there is no communication or knowledge between the family and the person contemplating suicide. No one is to blame, yet family guilt of not knowing why can cause so much pain and distress.

Parasuicide refers to suicide attempts or gestures and self-harm that do not result in death. It refers to self-harming behaviour identified by the client as suicidal; these non-fatal acts include those in which a person deliberately causes an injury to themselves or ingests prescribed drugs in excess ("Parasuicide," n.d.). Sometimes a suicidal gesture may involve cutting wrists to draw blood but not deeply enough to damage veins or arteries; skin may be burned superficially with lighted cigarettes to release tensions.

Related issues

The presence of other mental disorder symptoms is often noticed in such cases, such as bipolar disorder, formerly called manic depression, a mental illness that involves the sufferer having at least one manic (overly excited or irritable mood) or nearly manic episode (Medicine.com, 2023). Mood swings of this condition can last for weeks, causing distress at work and significant relationship problems. Bipolar depression, significant sadness, irritability, hopelessness, and an increase or decrease in appetite, weight or sleep can result in sufferers wanting, planning or attempting to kill themselves or someone else.

A strong wish for attention, care and understanding from others is an underlying reason for para-suicidal behaviour (Reidbord, 2009). The author of these observations adds the words of the person in such pain as "I am here." "Help me." "Care about me." "I am lonely." "I am scared." "I need someone to care". These are the deeply hidden words from that secret place where they are too deep to be spoken but professionals need to be aware of their presence.

The retrieval of pre and perinatal memories

In our work as pre and perinatal psychotherapists, looking for that which is not visible is at the foundation of working with those who are suffering the excruciating pain that can be at the primal roots of suicidal tendencies. The established science of pre and perinatal psychology is at the foundation of pre and perinatal psychotherapy and is dedicated to the in-depth exploration of the psychological dimension based on the mental and emotional development of the unborn and newborn child. At *Amethyst* over the years we have facilitated the experiential work of at least 3,000 people reliving their conception-to-birth journey. In the early days the techniques we used were primal integration, regression therapy, and guided fantasies (Ward, 2014). As we progressed, we utilised more gentle therapeutic styles through visualisation, meditation, artwork, sand play, music, and shamanic journeying, particularly by quantum field experiences with the rocks and stones of the Irish landscape.
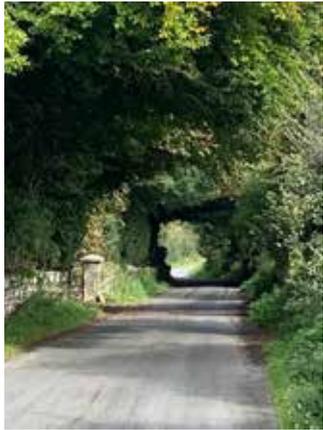
It also resulted in the preconception and conception meditations as devised by the late Alison Hunter in workshops and training weekends (Ward, 2020). In individual sessions we devised and utilised personal visualisations for our clients enabling them to experience the earliest place of intolerable trauma and helping to dissipate this at its origin. Throughout their pregnancy individuals, at whatever age they were undergoing therapy, found different places of transmarginal stress but many continued to find it in the area of conception.

Spiritual evolution

The depths of fear, terror and/or shock of original separation from the spirit and light world, coming into a physical body (sometimes with professional indifference by those supposed to care for us) can be experienced throughout the pregnancy at various points of trauma. The terror and fear of the simple cell, the blastocyst, the embryo, the foetus and the preborn can exceed the limits of tolerance and it can scream inwardly for care and help. It is here, in the places of absolute terror, or transmarginal stress, experienced by the embryo or foetus, that Frank Lake believed the splitting off occurred and created the roots of severe mental health issues and personality disorders. In these places the post-traumatic stress syndrome could rise like a phoenix from the ashes in later years, surfacing when similar patterns occur, duplicating or replicating the transmarginal stress experienced in these primal places. It might possibly be an answer as to why not every war veteran suffers from post-traumatic stress disorder or suicidal feelings even though they all experienced similar war-induced trauma. The responses are possibly induced by primal conditioning as in suicidal tendencies.

The complicated issues of suicidal feelings, parasuicide and self-harm are thought to have their origins in these early primal beginnings. The great need to be cared for, knowing someone is there to care for us, is at the origin of our whole being. It is a primal human essential need. Our belief is that the way our parents prepare or do not prepare for our conception, the state of our parents at our conception, the way we are in gestation, and the type of birth we have all affect the way we live our lives and the way we die. The miracle is that we can find the circuit breaker and change the negative patterns. The following is a case study that shows a medical intervention injury.

Case study: Matthew, age seven years

A very concerned mother brought her seven-year-old son to Carmel as she had heard about pre and perinatal work and had her suspicions that the problems may have started further back than anyone had thought. Matthew kept threatening to kill himself and said that he didn't want to die but he had "to get rid of the pain". He was a passive lovely boy but each year experienced milestones that caused behaviour changes and mood changes that were unexplainable. In Session One with Carmel, his mother explained that when she was two and a half months pregnant with Matthew, she had an internal medical investigation. This was an invasive procedure in which the child's head was injured in utero and the umbilical sac was damaged.

Continuing with his story, at two years of age he fell out of his mother's arms onto his head. His terror was so great he was hospitalised and from this time the problems continued. At five he played video games, playing more and more dangerous games. He displayed immense anger, shouting and screaming with tantrums, but medical tests showed no pathology.

Suddenly, in this first session with Carmel he covered himself up with cushions in a womblike position, put his hands on his head on the fontanel (the gap between the bones of the skull) and went berserk, screaming "It hurts! It's going to kill me. Let me out! Get your hands off me!" In an absolute rage he roared "I shall kill myself!" This was the place he had experienced past terror in the womb where the transmarginal stress caused intolerable mental stress. His mother explained that this was how he went on year after year since he fell on his head. It may in some ways have replicated a womb trauma.

In Session Two Matthew came in and remembered that he was going to kill himself in the last session. He said that he had to put sharp, cold, metal things on his head. He had the choice of sand play, art, cushions, drawing, finger painting and drama to work with. During this session he drew what he was feeling and seeing: metal instruments, very lifelike and explainable. He drew scissors, forceps, and instruments that would have been used for the internal examination at two and a half months in gestation and also for his suction forceps birth.

In Session Three Matthew sat on the cushions and blankets. He put his hands on his head and said that he had dreamt that it all got too painful, and he killed himself: "I put a knife into the top of my head, and I killed myself." Again, he declared he "did not want to die but wanted to get rid of the pain".

As the sessions continued, he gradually built his own womb with cushions and blankets, climbed in repeatedly, and eventually got out his own way. By putting his own hands on his head and pressing down he said, "I feel better". He was angry with lots of people around him, for not helping him. It took 20 sessions to desensitise Mathew's fear and anger. His mother and father said there was a vast difference in their son; he had turned a corner. The sessions stopped as Matthew no longer wanted to kill himself and was the passive, lovely boy without the millstone of traumas he had experienced.

Although depression was not mentioned in this case study, depression is often an accompanying issue. Depression can be frozen anger and needs to be melted through gentle techniques. I am always astounded when I read metaphors written by professionals describing depression as 'feelings which describe a sense of being pressed into a dark space; a sense of not being able to move; or see any light at the end of the tunnel.' I do not think it is so difficult, with a bit of imagination, to become aware of what these metaphors may be describing and to do some research on traumatisation during the pre and perinatal material that is being produced globally.

The difficulty of verification

For those who have not experienced this work, are deeply sceptical or have never heard of it before, it is vitally important before continuing to look at the primal roots of suicide, that the general understanding and knowledge of how that which may be invisible to us from the very early times may be made knowable to us.

The major question that is so often asked is how this cell consciousness, foetal memory or birth trauma can be real. The most convinced person is the one who has experienced the hidden places of life from a primal place so far back that it is difficult for them to comprehend. The regression experience has profoundly modified symptoms of major life difficulties. In the case of suicidal tendencies, having found them at the source, the emotions and desires to end it all have dissipated with many clients. Once the place where the emotions originated has been found, and the client realises that these feelings do not belong in the present day, there is great hope and often a positive behaviour change for the future. I also acknowledge that people who ascribe to past lives as researched and published by Jon R. G. and Troya Turner in *Whole-Self Psychology, Philosophy and Education* would also take the

problems further back because respect for all of our beliefs and traditions is uppermost for peace and healing for the client (Turner & Troya, 1996/2017).

Verifying cellular memory

In the 1970s Frank Lake attempted to prove it was physiologically conceivable that the cellular and primitive body-brain function of the organism at six to 12 weeks could cope with the complex tasks of findings from deep experiential work. Taking all this back to conception, Frank Lake believed that it was possible that in the protein molecular structure of that single cell there is a capability to react to internal and external, good and bad, and pleasurable and noxious stimuli. He stated that it was obvious to anyone who had studied the single-cell amoeba that a single cell could do so much.

Molecules of emotion and recent advances in cell biology

Frank Lake died in 1982 and other researchers have provided scientific answers to the questions he was asking 60 years ago. Candace Pert (1997-2003) discovered the opiate receptor and many other receptors in the brain and body which led to an understanding of the chemicals that travel between the mind and body. She discovered that the brain makes its own morphine and that emotional states are created by the release of the chemicals called endorphins, shorthand for *endogenous morphine.* This pioneering research has shown how our internal chemicals, the neuropeptides and their receptors are the actual biological underpinnings of our awareness, manifesting themselves as our emotions, beliefs and expectations and profoundly influencing how we respond to, and experience our world. Dr Bruce Lipton (2005), a cellular biologist, believes parental programming is first initiated in the formation of germ cells (egg and sperm) through a process called *genomic imprinting*. He has replaced the notion of nature and nurture with the environment, an important aspect of pre and perinatal work, with the blastocyst, embryo or foetus body growing in the womb environment.

Teenage suicides

Teenage or youth suicide is when a young person below the age of majority deliberately ends their own life (Johns Hopkins Medicine, 2023). With the pressures of modern living and computer technology teenagers are under considerable stress. The difficulties in creating their own identity can lead to desocialisation in peer and school environments.

In a very enlightening and informative article, Stephanie Doupnik writes that teen suicide deaths have been rising in recent years and thoughtful treatment is necessary (Doupnik, 2019). Highlighted is the fact that suicide is the second leading cause of death after motor vehicle crashes. Also, children's hospital visits for suicidal thoughts and suicidal attempts have doubled since 2008 (Yard et al., 2021). In treatment for suicide, it was found the adolescents liked the doctors, nurses and social workers they met in the hospitals and felt relieved and well cared for, knowing these professionals could support them. It sounds like wonderful work is being done and the recognition that teens need to have a supportive community around them as they recover from a mental health crisis is paramount.

It was also discovered that there were many complex triggers for the suicidal crises arising from complicated issues and it seemed no one event was ever the sole cause. In the pre and perinatal work this is true. There are so many stressful places in difficult pregnancies and births which lead to suicidal and parasuicidal thoughts. This work is still in its infancy and further education is needed, but the awareness and consciousness that there can be a focal point of origin for such distress is a beginning.

Case study: Henry, age 15 years

Henry's mother brought her distressed son to Carmel for help. Henry had a history of parasuicide and his self-harming included slashing his wrists and scarring himself with knives. He would engage with no one, and a social worker suggested that he see Carmel. His mother explained she had considered abortion during her pregnancy.

In Session One Henry was silent and did not want to be there. Carmel explained she was not a psychiatrist and Henry was in charge of his own session, to which he was appreciative, and he responded to being respected. He felt unwanted and uncared for and was terrified of being hurt. Because no one wanted him he self-harmed, cutting his wrists with a knife, and was hospitalised multiple times.

In Session Two Henry had a choice of working with sand play, art, finger painting, therapeutic stories, blankets and cushion work, tunnels and tents, clay or Play Doh or acting. He was very responsive to the availability of different ways of working which had not been offered to him before. He was very creative and made an agreement with Carmel that he would not self-harm whilst seeing her.

As he continued the next 12 sessions his anger with his mother was apparent in his gestation. He shouted, "I wish I were dead". He asked Carmel, "Do you care about me?" Carmel assured him and the therapeutic relationship of trust carried Henry through. He continued dissipating anger with his mother and the lack of care in utero and that there was no safe place for him; his suicidal resentment was based on wanting to make his mother sorry by killing himself. He repeated that he was only a dot, a nothing, when all this being unwanted was happening.

Henry eventually used cushions and blankets to make what he called his safe place, shouting, "At last I can't be seen by anyone! I can die now! I'm only a dot! Come on mum kill me! I know I'm not right! I know she doesn't want me. She doesn't know I can hear her! I hurt my mum when I was only a dot! I am evil! I need to be destroyed!" A month passed and Henry returned for his sessions with his mother. He proceeded to get out the cushions and blankets, climbed under them and said "I will get peace away from you now! I hate you all! You hated me when I was very small, when I was only a dot! You wanted to be rid of me! You didn't want me! You wanted to kill me!"

His mother told Carmel that Henry had been induced. From under the cushions and blankets it took Henry a long time to get out as he shouted, "Let me out! Let me out! You hate me! You don't want me!" Henry gave a big push and came out from his 'womb' straight into his mother's waiting hands.

In the next session, his mother was delighted with the change in Henry. He wanted to have his birth the way he chose. He made himself comfortable in the cushions and blankets, asked Carmel to play 'birth' music and from inside his cushioned womb Henry started to change the birth scripts that had become his life scripts. His new words were "Henry, I love you. You are the most beautiful boy. Mum loves me and really wants me! I have a right to live!" He then started moving gently and came out of his 'womb' in the way he wanted, gently and lovingly into the hands of his mum. Henry continued to see Carmel for another five sessions planning what he wanted to do with his life, with education and training. The lives of the family have changed. The old scripts have gone and he has learned to deal with the ups and downs of his life. As Henry says, "I want to live and love!"

Total or part dissociation from pre and perinatal trauma

These case studies show how a person can act out their pre and perinatal dynamics in gruesomely overt ways of suicidal tendencies. The dynamics are so hidden, repressed and overlaid with defences that the conscious mind has absolutely no access to or insight into them, being part of their unconscious dynamics (Adzema, 1996). The conscious mind can then completely convince itself that

these dynamics are actual, real and doubtless parts of the situation and therefore require an actual, real and extreme response. This can be brought about by a total dissociation from one's pre and perinatal experienced traumas. But the trauma is internalised and self-inflicted, and in this situation, the suicide may be completed and death occurs.

Where there does not exist total and complete dissociation of the pre and perinatal trauma and it is much closer to the surface, although still not in consciousness, it is more likely to be allowed to emerge into consciousness to be relived, healed and then removed forever as a motivation to end one's life.

Part Two of this article is to be continued in the next issue of *Inside Out.*

Shirley Ward is a Founder Member and Honorary Member of IAHIP. Now a published author, she has recently been awarded an Honorary Degree from the University of Bedfordshire. Her latest book *Conscious Global Healing* is hopefully to be published in 2024.

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Tale from a Trailing Spouse: A view from the first-year sidelines

by Sara Carroll

"I think in about another ten years or so, I could see myself retraining to become a therapist". (John)

"I just thought I'd apply and see if I got in; it doesn't mean I'll actually do it". (also John)

As the first year of my husband's psychotherapy course draws to a close, I want to reflect on the experience from the sidelines. Whilst embarking on this course was not an unconsidered decision, it was a swift one, as John's pivot to retraining was very much expedited by the Covid-19 pandemic. As such, there was not much time for us to consider the likely ramifications of this decision on our marriage and family life. With two children under the age of five, it is not an understatement to say that John's decision to retrain as a psychotherapist has been both transformative and uniquely challenging.

The term 'trailing spouse' is often used in expatriate circles to refer to individuals who follow their partners to a different country because of work. Often, the working expat is given ample support and preparation during this move, whilst little heed is paid to their spouse. Indeed, expatriate failure has been linked to a lack of preparation of the 'trailing spouse'. I see striking parallels with my experiences over the past year. As one 'trailing spouse', I know I would have benefited hugely from knowing a little more about what changes to expect.

The first change I noticed was in language. When did John suddenly start talking about 'process', 'self-care' and 'authenticity'? Wasn't this the kind of self-help nonsense he had been so scornful of in the past? I admit to having found it grating and somewhat tedious, not unlike listening to an acquaintance, name-dropping celebrities you've only heard of in passing. However, as the months passed and I decided to start going to therapy I found myself becoming more accustomed to, and accepting of, this new manner of discourse.

The next most obvious change was the time and emotional energy John was investing in therapy-related activities such as support groups and journaling. The curious thing about psychotherapy is that it really is a training like no other. Unlike, for example, a partner retraining to become a teacher, studying to become a therapist can quickly become all-encompassing. It demands a huge amount of introspection, which is exhausting, not only for the trainee therapist but also for their family. I was wholly unprepared for this aspect of the training and it was a strain at times when this came on top of the usual pressures of work and family life.

I suspect an additional challenge facing the partner of any trainee is the feeling you have of being fully and completely excluded from a vital part of their life and experience. 'Group work' and 'process group' are referred to in the vaguest of terms and it can be very isolating trying to understand or imagine what these sessions must be like, especially if you have little or no experience of this line of work. On the one hand, I fully respect the constraints of confidentiality and don't want to know about the lives of strangers. On the other hand, this is the first time in our relationship where suddenly there is an understanding that I am not, and never will be, privy to what could well be life-changing conversations. I freely admit that I don't like this shift and have found it a difficult adjustment. In addition, there is also the niggling worry of "Am I being discussed in these sessions?", closely followed by "Am I *not* being discussed in these sessions?!"

Other changes are more positive. It's clear to me that John has chosen a career which will be fulfilling and endlessly fascinating. I feel privileged to witness him becoming his future therapist self. I notice how he is much more self-aware of his interactions with our young children. John was already a fantastic father, but it has been a revelation to both of us to learn about where our instincts brought us in the right direction, and where we could both correct our course.

Similarly, I feel that in the past year, John and I have been able to start talking on a much deeper level despite having had what I had thought to be a close relationship. I attribute this to fact that we have both been in therapy and to the additional insight that his training has brought to our lives. On a related note, I am certain it would never have occurred to me to go to therapy if John wasn't on this path and I am finding my own 'process' very fruitful.

Throughout the year I have tried to keep up with the topics being covered in the course and to glean some understanding of the content. Reflecting on this, I believe this has been a way for me to feel less side-lined by the training. The final weeks of the course were intense as John worked on his portfolio and I certainly look forward to us both coming up for air before the second year commences.

In conclusion, I think it would be extremely beneficial to future cohorts of students if some consideration was given to the experience of the 'trailing spouse'. For John, the past year has been about preparing for the life of a therapist, and for me, it has been about starting to realise what it means to be the wife of a therapist.

Sara Carroll works as a learning and development consultant, with a focus on sustainability in business. She is passionate about helping both organisations and people talk about climate change and its implications, and in addition to consultancy work she facilitates Climate Cafes.

Lady Leitrim

By Sinead Cregan Ryan

I am the breath, the laughter, the touch, the cry,
the holding, the comfort, a tear, a sigh,
creating, inking, writing this poem,
dancing, rhyming, twilling to come home.

I am flowing in ripples of lakes and rivers,
chaos in oceans, furring in quivers.
I am leafing on shrubs, stigma in flowers,
swaying on trees, stillness in towers.

I am sanded at sea - slightly unsettled,
planted in gardens, find me in petals.
Sprinkle me with droplets, dance me in rains.
Earth me in darkness, I am witness to your pains.

For my wisdom is unfolding in each crease upon your face.
Joyful youth has never left you, hold strong now in your grace.
Breathe me in at tender moments for courage in despair.
Track my guidance clearly etching into silver strands of hair.

Thus, ground me to your anchor child, it's time to come afloat.
Rest with me by the shore here, be present to your boat.
It is weathering the journey of being, you have never been alone.
This boat has been our vessel.
This boat is sailing you home.

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The myth of mental illness

by Gayle Williamson

Introduction

I believe that nothing short of a revolution is needed in how we deal with mental and emotional distress, instead of the stigmatising and increasingly discredited medical model of distress and trauma. This article argues that the counselling and psychotherapy profession needs to encourage a more non-pathologising understanding of mental and emotional distress and by doing so, stop perpetuating the diagnosis culture and ceding expertise to psychiatry (Watson, 2019a). Instead, the counselling and psychotherapy profession needs to value what we have to offer. In my view, an appreciation of our true multiple nature as human beings (Schwartz, 2021) and the fact that there is a wide range of what can be considered normal about our thoughts, feelings, and behaviour (Davies, 2013; Watson, 2019a; Schwartz & Sweezy, 2020) would go a long way to facilitating much needed change. The aim of this article is to outline the following: the unscientific nature of psychiatric diagnoses (Moncrieff, 2009; Sanders, 2019; Davies, 2019); challenge the prevailing culture of pathologising mental and emotional distress; highlight how counselling and psychotherapy can offer an alternative non-pathologising approach; and to profile the non-pathologising paradigm of Internal Family Systems (IFS) therapy (Schwartz, 2021).

Time for change

I feel the need to write this article in response to the prevailing media narrative that perpetuates what I, and I suspect many others, believe to be the myth of mental illness.

> "I have PTSD and borderline personality disorder"

> "My disorders are lifelong illnesses and I will never be free of my illnesses".

I was listening recently to an interview with another mental health expert-by-experience who was pathologising herself, as she had perhaps learned to do from those she had turned to for help.

Despite attempted revolutions in our approach to emotional distress over the past 70 years (Schwartz & Falconer, 2017) our prevailing explanation for things like mood swings, extreme sadness or anxiety, rage, hearing voices or being suicidal remains that there is a fault, a chemical imbalance or disease in our brain that needs psychiatric drugs in order to be fixed (Davies, 2013 & 2021; Moncrieff, 2009).

The psychiatric profession and pharmaceutical industry have done an incredible job, to their own benefit, of constructing a biomedical model of distress, marketing biased and deceptive research (Lynch, 2001; Davies, 2021), and ensuring it has become entrenched not only in the professional sphere but in wider society. Diagnostic terms are widely accepted and well known - 'bipolar disorder', 'ADHD' or 'OCD' - and some cause a lot of fear, such as schizophrenia and borderline personality disorder. We have been taught to think of addictions to alcohol, drugs, or food as diseases instead of as attempts to cope with overwhelming emotions (Schwartz & Sweezy, 2020) or unsupportive environments (Hari, 2019). I sometimes wonder, too, about the amount of children labelled as having 'ADHD' (Davies, 2013) and interestingly, the woman who pioneered 'autism' as a diagnosis, Prof Uta Frith, expressed her concern recently over how elastic the diagnosis has become (Jourdan, 2021). Of course, many parents are forced down the diagnosis route if they are to qualify for extra support.

CAMHS scandal

The scandal uncovered last year in the Irish Child and Adolescent Mental Health Service (CAMHS) highlights just how flawed the approach to mental health is. Hundreds of children in south Kerry were exposed to significant harm after being given random diagnoses and then prescribed psychiatric drugs, including anti-psychotics. For example, when interviewed, 'Paul', a young service user, described having found talk therapy very helpful. When reviewed by one doctor in particular from south Kerry CAMHS however, he was prescribed psychiatric medication before any diagnosis was confirmed (Lenihan, 2022). Paul then described how his medication was adjusted and changed, sometimes without the doctor seeing him in person. Eventually he collapsed and was admitted to hospital. Among the alarming findings of a subsequent interim report by the Mental Health Commission in January this year (MHC, 2023) investigating the CAMHS service across the Irish state were that children were left on anti-psychotic medication for years without review.

While we don't fully know how anti-depressants or anti-psychotic medications really work (Moncrieff, 2009; Davies, 2013), the fact is that sometimes they may be the only option. If psychotherapy or counselling waiting lists are too long, if personal resources to avail of private therapy are not adequate, or if a person simply needs to be able to function and look after their family or continue to work, then medication may be needed. But personally, I do not believe we should give psychiatric drugs to children or young people whose brains are still developing - something that feels particularly shocking when you read about the effects of anti-psychotics (Moncrieff, 2013). One of the myths we've been sold is that smaller brains are a symptom of 'schizophrenia'. However, as prominent critic of the disease-centered model of psychiatric drugs, Joanna Moncrieff, a UK psychiatrist and academic, writes in her book *The Bitterest Pills* (2013), rather than smaller brains being intrinsic to 'schizophrenia', it is actually the anti-psychotics themselves that cause brain shrinkage, among other serious side-effects (Dorph-Peterson et al., 2005; Moncrieff, 2013; Read & Magliano, 2019).

Non-scientific

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the bible of diagnoses. But it's actually a nonsense (Moncrieff, 2013; Davies, 2013; Johnstone, 2019; Horwitz, 2021). The current edition, *DSM 5*, lists about 370 kinds of disorders - there is no end to the number of ways we can pathologise what are actually forms of thinking, feeling and behaving (Sanders, 2019; Johnstone, 2019) as though there is only a narrow range that is 'normal' in human beings, as though we aren't the complex and amazing creatures that we are.

What isn't perhaps widely known is that the DSM, which encourages us to view our clients as inherently damaged, is probably the most deceptive and unscientific of publications (Davies, 2013). It has been widely criticised since it first appeared in 1952 and is essentially put together by highly secretive committees of psychiatrists and other health 'experts' whose main way of coming up with disorders and their symptoms is subjective opinion (Davies, 2013; Horwitz, 2021). Somewhat incredibly, they take a vote on the criteria; there isn't any supporting neurobiological evidence despite decades of trying to find it and many members have financial ties to the pharmaceutical industry (Davies, 2013; Horwitz, 2021).

Social scientist Allan Horwitz's 2021 book, *DSM: A History of Psychiatry's Bible,* gives a comprehensive, eye-opening, and admirably objective account of the rise of the DSM and finds that the manual is a highly flawed social document that has essentially *created* mental illness. The fact is there are no biological hallmarks for psychological disorders, and there is no medical test you can take to confirm the existence of a mental 'illness', unlike with physical illnesses (Moncrieff, 2013; Davies, 2013). The theory that depression was caused by a chemical imbalance has also been comprehensively debunked in a recent umbrella review of decades of research (Moncrieff et al., 2022). Much of what the DSM, published by the American Psychiatric Association, calls symptoms of illness can also be interpreted as survival strategies. Any behaviour, thought, or feeling, makes sense as a normal health-seeking or survival response when you consider a person's wider context (Lynch, 2019; Watson, 2019b; Schwartz & Sweezy, 2020).

Non-pathologising approach

Internal Family Systems therapy, developed by Richard Schwartz, the popular and non-pathologising approach I use in my practice, takes this view. Essentially, the IFS model of our minds is that we are all 'multiple personalities'. The 'multiple personality disorder' diagnosis has much to answer for - it's the one that seems to have kicked off the diagnosis culture (Schwartz & Falconer, 2017). But it turns out we are all born with lots of personalities inside of us, or what IFS calls 'parts', and that this is normal, not a sign that you are ill or crazy. Some of our parts carry our pain and distress, and the others try to protect us from that pain in all kinds of ingenious and sometimes distressing or extreme ways (Schwartz & Sweezy, 2020). And just under all our parts is a core, compassionate Self that is capable of healing or transforming all our parts. We are all inherently good, not basically bad (Schwartz, 2021).

Dehumanising

What is really concerning is that studies have found that if a mental health professional learns that someone has a diagnosis of a 'biogenetic condition', this is enough for them to view the person as somehow less human, potentially dangerous, and not the same as them (Lebowitz & Ahn, 2014; Larkings & Brown 2018). The research found that humane and compassionate responses were then inhibited, and dehumanising interventions used.

If you understand that a person who is experiencing hallucinations, episodes of rage, obsessive behaviours or thoughts, or extreme mood swings, has a part who is causing this behaviour and that this part is doing this to try and get their attention or protect them in some way, then that's very different. It is a part I can help the person to talk to, address its concerns and offer it options. It means that I'm never thinking of a person as 'sick' or 'mad', rather I'm seeing a part of a person that is doing its best to help them, as well as other more vulnerable parts inside them that can be healed.

Discussing a topic like this with a client can be fraught as many people are often attached to their

diagnosis. As Allan Horwitz (2021) writes, one of the main reasons why the DSM endures is because of the many interest groups who depend on its diagnoses to access care. Also, those with mental health difficulties often pick up messages from society that they are somehow weak or at fault. If, for example, you are told you have 'bipolar disorder' due to a chemical imbalance, then you can perhaps feel reassured that you're not weak or somehow to blame for your symptoms. Then if someone like me questions the label, it can raise a lot of defensiveness.

No blame

I am in no way seeking to make individuals feel bad or to invalidate anyone's distress, rather the opposite. I am trying to highlight the *actual* causes of their very real distress, get rid of the stigma and scientifically invalid labels and facilitate more compassionate and effective treatment. I believe the cause of much mental and emotional distress is usually trauma - the kind that happens in relationships. We know that healthy brain development needs lots of eye contact, attunement, consistency, and responsiveness from primary caregivers. If this is lacking, then children will develop signs of this trauma (Siegel, 2002). But today's parents were once children themselves who suffered their own relational traumas. Now that we understand more about the intergenerational transmission of trauma (Frankl, 1984; Siegel, 2002; Wang et al., 2022; Mate & Mate, 2022), or what we call legacy burdens in IFS (Schwartz & Falconer, 2017; Schwartz, 2020) it seems more compassionate for all of us to be aware of our own emotional scars and how we may pass them on, instead of just focusing on the child or the individual as the problem to be fixed.

Alternatives

So, what is the alternative to what some claim are scientifically invalid diagnoses? Well, various options have been emerging in recent years, including the Power, Threat, Meaning Framework, developed by UK-based psychologists, which places the focus on listening to what has happened to someone, rather than on what is 'wrong' with them. It identifies 'general patterns of distress' based on people's difficulties, life experiences, social factors and power dynamics, not biology; and it can still offer the validation and pathway to supports that some people seek through a diagnostic label (Johnstone & Boyle, 2018).

A move to psychotherapy concepts of co-created *healing* and *cure* is another alternative framework to the psychiatric model. Unlike the psychiatric approach involving symptom numbing and the [mis] management of understandable human suffering, the psychotherapy approach recognises that, in fact "suffering is often the precondition for positive change" (Davies, 2019, pp. 285-6) and it works with underlying root causes.

Psychedelic-assisted psychotherapy, which is getting closer to being a legal option in the UK (Jackson, 2023), is another potentially positive new avenue for healing. As UK psychiatrist Ben Sessa, a leading researcher into psychedelics, said in a recent *British Medical Journal* article:

> Current prescribing [in psychiatry] is what we call maintenance prescribing - you take this antidepressant day in, day out for weeks, months, decades, which has the effect of masking symptoms but not treating the core illness. … Whereas cure - if we use the 'cure' word, which strangely we don't in psychiatry - only comes from psychotherapy. It only comes from tackling the trauma that is the root cause of most chronic unrelenting mental disorders. (Jackson, 2023, pp. 19-22)

Personally, I would love to see a world where instead of a parent describing their child as having ADHD, they could simply say "my child struggles with social cues and paying attention" and then still get any assistance they may need. Or instead of someone saying they have a personality disorder, that they just said something like "a few things went wrong in my childhood and so I sometimes get anxious and sad". Let's just start saying it like it is and *Drop the Disorder*, (Watson, 2019a).

Conclusion

Unfortunately, I didn't always know everything I've written about here. Counselling and psychotherapy training courses, despite their focus on the therapeutic relationship and humanistic values, often continue to perpetuate the diagnosis culture (Watson, 2019b). It's only through my own work and research that I came to fully understand the scandal that is the medicalisation of emotional distress and normal feelings. Even though the DSM has now been widely discredited, psychiatrists continue to cling to it to protect their profession, to protect the illusion of their greater expertise and justify their high fees (Davies, 2013). But I think we in the counselling and psychotherapy profession need to play our part in raising awareness of this increasingly untenable medical model of distress and trauma by really valuing our own expertise and insight and stop deferring to psychiatry.

Gayle Williamson (MIACP) has written widely on mental health. She presented a workshop on IFS for the IACP last year; and runs online IFS trainings and group supervision. www.ferneytherapy.ie

Further information

disorder4everyone.com - a UK-based movement challenging the culture of psychiatric diagnosis since 2016.

www.ifs-institute.com

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Becoming an Integrative Psychotherapist
by John Bourke

The process of becoming an integrative psychotherapist has been described as being experienced as a complex, challenging yet rewarding journey that involved coming to an understanding about the meaning of integration and forming an identity as an integrative psychotherapist in a context of uncertainty. (Gordon, McElvaney, Dunne & Walton, 2020:1)

This article summarises the main themes and findings of research completed as part of an MA Psychotherapy entitled 'Towards Integrative Psychotherapy Practice: an exploration of the process of becoming an Integrative Psychotherapist'.

The term 'integrative' has had various attributed meanings across the decades (Gordon, McElvaney, Dunne, & Walton, 2020). For example, in attempting to provide a specifically tailored treatment for each client and their specific issues, the practitioners may take an eclectic approach, integrating different psychotherapeutic modalities as they seek to support the client. Others will use the term 'integrative' to refer to a holistic view of a person, a view that sees the person as an integrated whole: affectively, cognitively, behaviourally, physically and spiritually (Lapworth, Sills, & Fish, 2001). For others again, 'integrative' refers to the integration of the personal and the professional, and the integration of research and practice (Glibert & Orlans, 2011).

In addition, a number of factors have been identified as influencing the process of becoming an integrative psychotherapist. These include those relating to *the therapist's professional role* (base training and subsequent learning and development choices, clinical experience and supervision), *those relating to the context of practice* (including health policy, trends in psychotherapy provision and practice, changes in theory and advances in neurosciences and psychopharmacology) and those relating to *the person/self of the psychotherapist.*

So, what does the process of becoming an integrative psychotherapist 'look like' in practice? How have seasoned integrative practitioners fared on this journey? Are there common markers along the way that a novice psychotherapist would do well to be aware of? What role and level of influence do all of these factors mentioned above play in the process of becoming a psychotherapist? Are there extra or particular nuances at play for those who practice as *integrative* psychotherapists? If the therapist is no longer the "blank screen" then what implications does this have for the personal and professional development of the integrative psychotherapist?

Methods

Six psychotherapists, each registered with either IAHIP or IACP for more than 10 years, were initially invited to rate the influence of the various factors mentioned above on their development as an integrative psychotherapist. Following on from this, each participant took part in an hour-long online interview which sought to explore their development as such.

Understanding that each participant of this study will inevitability approach their practice in their own unique way, the study explored not only the range and scope of such practice approaches along with their commonalities and disparities of worldviews, but also such patterns or insights as may emerge in the 'life-long learning/directions of travel' of the participant practitioner. The study explored the

participants' descriptions of their integrative practice models. These were 'snapshots' of their practice at a particular point in time. Also, the forces or 'dynamics' that shape each participants' practice approach was explored through discussion about the factors (professional, contextual and personal) that contribute to their practice approach. It is this 'dynamics' perspective that is the subject of this article.

Results

The study found that practitioners' approaches to their work reflected a mix of models, including technical or systematic eclecticism (Benito, 2018) and a holistic view of the client and their context (Lapworth, Sills, & Fish, 2001).

Results from the rating exercise carried out by participants indicated that, apart from research, all other factors – namely base training, career development choices (CPD), clinical experience, supervision, various context factors, the 'self' of the practitioner and their own experiences of personal therapy were all deemed as 'very influential' in terms of their impact on the process of becoming an integrative psychotherapist practitioner.

From a phased reflexive thematic analysis of the dataset, four themes emerged: models of practice were marked by 'client centricity' and 'specialist/generalists,' and the practice dynamics of 'equilibration' and 'presencing'.

Practice Dynamics

The two themes described below ('equilibration' and 'presencing'), arise from a process or dynamic perspective.

'Equilibration'

The process of equilibration (Piaget, 1954) occurs in the context of two ongoing sub-processes in the person's attempt to make sense of the world. *Assimilation* is the cognitive process of fitting new information into existing cognitive schemes, perceptions and understanding: one's overall beliefs and understanding of the world do not change as a result of the new information. *Accommodation*, on the other hand, refers to the cognitive process of revising existing cognitive schemas, perceptions and understanding so that the new information can be incorporated.

It would appear that these processes are ongoing not only in terms of the therapist making sense of their own world (intrapersonal) but also in their attempts to understand the world of their clients (interpersonal) and to assist their clients to make sense of the same.

Intrapersonal

Part of the process for the integrative psychotherapist is the ongoing challenge of assimilating and accommodating their base training into their own internal practice process. In this regard, Nora commented:

> I had an early fear of moving beyond one school (Gestalt)… I found the different curricular approaches initially overwhelming… I wondered how does this material speak to me? How does it apply?… It (Gestalt) saved my life…it brought me back to my own process… to a slowing down…

Interpersonal

These processes of assimilation and accommodation are also evident in relation to how the psychotherapist is making sense of the client or assisting the client in this process of sense making. Nora commented:

> The client holds the key…but so many doors are closed…I can only meet them at the front door … it is the role of the psychotherapist to help the client make meaning…

> Part of my role is to offer challenges to the client… to assist them working with life tasks…

Finally in this regard, Alan commented:

> I gear my approach to what I feel will work best for the client, so rather than just working with one modality- it means I can adapt- which I find very helpful with clients- much easier- puts them much more at ease…

'Presencing'

'Presencing' – a blending of the words 'presence' and 'sensing'- has been defined as 'sensing, tuning into and acting from one's highest future potential- the future that depends on us to bring it into being being'(Scharmer, 2016; Senge, Scharmer, Jaworski, & Flowers, 2004). In the same way as with the processes of 'equilibration', it would appear that 'presencing' processes, too, are ongoing not only in terms of the therapist themselves (intrapersonal presencing) but also in their attempts to 'co-presence' with their clients (interpersonal presencing) as the client might sense, tune in and begin to act from a fuller sense of themselves.

Intrapersonal Presencing

There was a palpable sense of intrapersonal dynamism and growth for study participants. These are the words that Nora used:

> For myself… I see that I am on a spiritual journey… Spiritual pain/pain of life that can't be healed- leaning into the pain… (I need to) get a handle on Me and my own process and my contact with my environment … (I need) a knowledge of my own process…

This dynamism and growth infuse not only the base training but also those career learning and development choices with which participants continue to engage. Nora commented:

> Further training/qualification (in one sense) is a badge to bring into the therapy room- but really it is a license to bring more of me (self) into the room…I'm a (participant used their own first name) psychotherapist … the imperative of personal work…always growing deepening and integrating who we are in the world…

There was a sense that, for some, base training (their original training) was understood in terms of the concept of 'presence to self'. These are the terms used by Helen:

Being vs Doing (was emphasising) in training… The whole course was practice of 'presence to self'- knowing what's going on in the body, mind, feelings … (I like the way this has been described by Wilber) …The Moveable Boundary- (referring to) stages of development…

Supervision, including internal supervision, personal therapy and the commitment to same seem very important resources in terms of the therapist's own presencing. Nora commented: "Supervision is hugely supportive- to the therapist as person… Continuing personal therapy- the clearer I am about my own processes the better…"

Various comments made by Ian seem to speak into this theme: "We didn't mention the word 'soul' and actually who I am and what my soul is yearning for- being touched in certain ways…"

Interpersonal Presencing- Co Presencing

Nora spoke about a particular client and how she, as a therapist, saw her task in terms of co-presence:

(I was very much) Holding the presence of that young girl…The challenge of meeting resistance to change… I bring all of me into the therapy room… my self- consciousness in the room, the capacity to discern (what's yours/what's mine/what's ours?) …

These are the terms that Helen used, in this regard:

How can I help people become more conscious in this time of change… (they are) looking to steady themselves … Essence is an open-mindedness to resources to inputs … the size of the container, to contain things in a way that is meaningful l… I can feel you feeling me…that is the essence that creates the container for change…

Finally, David alluded to both interpersonal 'presencing' and intrapersonal 'presencing':

the more present I am- the more I pick up… my capacity to meet them is resourced by me being able to experience what's happening for me in the present moment with them, present experience of the therapeutic relationship…

Discussion

Equilibration

From an intrapersonal perspective, it is the process of 'equilibration' that appears to be key as the practitioner makes career and developmental choices, taking account of the inputs from clinical experience, supervision and their own personal therapy. As Helen noted: "Clinical experience makes you look for what you don't know…"

This process appears to be central in relation to integration- again quoting Helen: "I have chosen CPD to broaden out…I have gone seeking it…that's the integrative bit…"

These processes also seem to be important as the practitioner adjusts and develops their practice. In this regard Alan said: "At the beginning (I was told) I was too Rogerian… I had to rethink… now I am constantly developing, constantly growing in the role in work."

These findings seem to find an echo in the literature as Jennings and Skovholt (1999, p.6) noted that

one of the central characteristics of these master therapists is that they "value cognitive complexity and the ambiguity of the human condition". Wilber (2000b) synthesises many of these developmental theories, referring to them as 'structure stages' indicating different ways of making sense of the world. Forman (2010, p.83) underlines the particular strengths of the multiperspectival/integrated structure stage for integrative psychotherapists.

Equally, in the interpersonal space- the therapeutic relationship- these processes are also evident helping the client make sense of their world. Similarly, it was Helen who noted:

The systemic thing is very important – whole families/communities/nature…making sense of that… there is so much burnout and distress…clients not tuned into the wider system… climate change… so without, so within …

It would appear that these metacognitive processes of equilibration are key dynamics fueling the adaptation that is such a hallmark of the practice model of the integrative psychotherapist.

Presencing

The second theme that has emerged in practice dynamics is that of 'presencing'. Skovholt (2012, p.125) emphasises the important role of metacognitive skills that underpin the therapist's capacity not only for 'empathetic presence' with the client, but also for 'empathetic presence' with their own self. Within the Gestalt tradition, for example, 'presence' is recognised as an important aspect of being a Gestalt practitioner (Joyce & Sills, 2018).

However, there appears to be less psychotherapy literature relating to the processes of 'presencing'. Based on the philosophical assumptions of field theory and phenomenology, Scharmer (2016, p. 7/8) defines 'presencing' as "the process of sensing, tuning in and acting from one's highest future potential- the future that depends on us to bring it into being". These processes and sensitivities are seen as pertaining to particular realms or states of consciousness (Wilber K. , 2019, p. 612).

Scharmer's definition also appears to assume realities that are less static and more 'a process of coming into being' (p. 104). From this perspective, the definitional elements of 'sensing and tuning in' capture an important dynamic supporting the process of becoming an integrative psychotherapist. As with the processes of 'equilibration', 'presencing' is operational in both the intrapersonal and interpersonal domains. For the therapist themselves, for example, Nora states:

(I need to) get a handle on me and my own process and my contact with my environment … (I need) a knowledge of my own process.

Supervision, including internal supervision, and a commitment to personal therapy seem to be important resources in terms of the therapist's own 'presencing'. These same factors appear to support the processes of 'presencing' as proceeding in the interpersonal domain.

The final part of Scharmer's definition of 'presencing', however, "…acting from one's highest future potential- the future that depends on us to bring it into being…" points to a transpersonal quality in the processes of 'presencing'. While this quality does appear to be included in the Psychosynthesis approach to psychotherapy, it is unclear as to whether this meaning finds an echo in the humanistic-Existential, Gestalt or Psychodynamic traditions.

There is another aspect of the processes of 'presencing' that deserves mention. Scharmer (2016) alludes to 'presencing' as enabling a conscious relationship with the 'deeper source level' from which practitioners act. This helps them notice the invisible roots of dysfunctional social patterns and systems, to acknowledge and relinquish them and to co-create new pathways and structures that may aid transformation (Bockler, 2021). May (1994, p. 55).

Finally, there is a complementarity between the process of 'equilibration' and of 'presencing'. We have mentioned earlier that equilibration has to do with the 'structure-stages' or different levels of perspectives of the integrative practitioners. 'Presencing', on the other hand, refers to 'states' of consciousness. Wilber (2019, p. 121) combines these two aspects of consciousness in the Wilber-Combs Lattice. The ongoing work of equilibration by the therapist, focused not only on the client but also on themselves, points to the ongoing development 'structure stage' work. This work allows for a different sense to be made of the world, of relationships and of pathology. The ongoing work of 'presencing' is focused on different states of being. As such the attainment of states of being as facilitated by 'presencing' allows for different ways of feeling and being in the world.

Conclusion
The findings of this study then point to two key complementary processes underpinning the ongoing process of becoming an integrative psychotherapist - 'equilibration' and 'presencing' - and there is a complementarity between these processes.

Equilibration has to do with the 'structure- stages' or different levels of perspectives of the integrative practitioners. The ongoing work of equilibration by the therapist, focused not only on the client but also on themselves, points to the ongoing development 'structure stage' work. This work allows for a different sense to be made of the world, of relationships and of pathology.

'Presencing', on the other hand, refers to 'states' of consciousness. The ongoing work of 'presencing' is focused on different states of being, and as such the attainment of states of being as facilitated by 'presencing' allows for different ways of feeling and being in the world. In particular, given that its definition includes a transpersonal element, the concept of 'presencing' may provide a useful focus for future research in this regard.

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Appreciation of the Article "Down and Dirty" by Colm O'Doherty

Inside Out 99 Spring 2023

by Maria Moran

Colm, in his exploration of psychotherapy "as a seeking out of, or a journey towards, truth", suggests the word 'humility' is missing from the psychotherapeutic vocabulary. In a very eloquent and stark manner he describes the passage of the client into the depths of his/her being, should the quality of the holding by the psychotherapist be sufficient. This can only be developed over time. He describes the descent of the client as follows:

> ....as they wrestle with the excruciating pain of revealing to themselves a truth, that they know that they have never known, and have never wanted to know. This is not just about remembering, about the mind going back to some half-forgotten memory of awfulness. This deepest dark recesses of their being, as they try to bare and bear the "unbareable" and unbearable, because it is truth, their truth. These clients, whether on a chair or on the floor, have chosen to do this in front of another human being because somehow or other they know that this has to be witnessed.
>
> (O'Doherty, 2023, p. 57)

Colm is speaking about his experience with some clients in long-term psychotherapeutic work, where the relationship is well established. This can provide the possibility of a window of deep humility to open between both parties out of which an experience of this nature occurs.

An article written by Berks & Hoffman (2020) speaks to the importance of *Authentic Relational Moments* (ARMs) in the psychotherapeutic process. I believe this to be the same arena of experience that Colm is highlighting for us. According to Berks and Hoffman (2020), this way of relating…

> …occurs during episodes when the connection is especially strong and genuine between patient and therapist, allowing the dyad to arrive at a symbolic relational space where they connect deeply and authentically, more as humans, rather than professional and patient. We argue that ARMs are a fundamental part of the relational learning process during therapy; in them the patient experientially learns new ways of being with another person. The relational learning in such moments …. can be hypothesised to be a core mechanism for change.

The paper goes on to explore the core aspects of ARMs such as authenticity, understanding and witnessing. The third of these three aspects is described as follows: "…moments of witnessing, in which the therapist genuinely shares the patient's experience of an exceptionally difficult emotional episode from the past as if the therapist had been present there with the patient."

Key words that stand out for me as I read (and re-read) Colm's article are the words *humility* and *witnessing.*

Humility engendered through seeking out the truth, I suggest, demands of us that we discard our ego; or perhaps, exercising humility opens the gate to truth and sidesteps the ego. Whatever the case, it feels to me that how Colm puts aside the polite language of words sometimes used by us psychotherapists, such as "sacred", "special" or "privileged" to describe the experience of the psychotherapist in this deep healing process, is refreshing. Colm, with courage, does not sanitise the depth of the experience and the pain it involves but says it as it is, in a very grounded and shocking way that makes us think again.

> At times this struggle may bring them to their knees; they may drop onto the ground (in Latin: humus), down and dirty……This can be a physical, visceral, body-mind-soul break through into the deeper dark recesses of their being…. Whatever was unknown has to become known, whatever the secret has to be seen, whatever was unbearable has to be bourne, has to be survived.
>
> (O'Doherty, 2023, p.57)

This is what the gift of humility opens to those who dare to enter this dynamic. When two people can simultaneously enter this place of deep humility, a truly magnificent transformation can result, bringing deep healing. This is something that cannot be prescribed, prearranged, or contrived but, I believe it to be an integral constitute that comes through the quality and disposition of the relationship.

The second word that I would like to endorse that Colm uses, is witness: the necessity of having a witness present for the client. As human beings, no matter how independent we pretend to be, we do not do well without companionship. It is part of who we are and how we thrive or not, depending on the company we keep! We all know how this works in our own lives; but when we meet another person whom we trust, in this case, the psychotherapist, who can meet us in humility when we need to unburden ourselves and find our truth, I believe what happens is bigger than whoever is in the room and we enter into a universal consciousness or spiritual dimension of the work.

I want to thank you Colm, for the richness of this article and for the humility in which you present it. It is indeed inspiring. If I may, I will finish with your closing and engaging thoughts for us to ponder.

> There may be a wider context. Depending on the personal belief system and spirituality of the psychotherapist, there may be an entrusting of my work to a holding of a different and greater order. Many spiritual traditions refer to some nature of an overarching caring presence…. So, the holding that is offered by the psychotherapist can be considered as participating in a way in this all-embracing holding, making present a tiny moment of this dynamic. And moreover, the holding that can at times test the courage and ability of the psychotherapist, can itself be thought of as being held within an all-enfolding supportive holding by this greater presence.
>
> (O'Doherty 2023, p.58).

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A tribute to Anne Kavanagh
by Sarah Kay

Anne was a long-standing member of IAHIP, a trusted and respected therapist and supervisor, and involved in setting up the Irish Gestalt Centre. She died on June 21st, the summer solstice. Her funeral on Saturday June 24th, was on a hot sunny day and was a moving celebration of her life with a large attendance of family and particularly of young people. The service, designed by Anne, was zoomed so that colleagues and friends in Ireland and across the world could share in the occasion.

The book of condolence attests to how much people loved Anne. Words appear such as decency, kindness, compassion, groundedness, integrity, warmth and loyalty, all qualities we would not just look for in a good therapist but also in a sincere and lovely human being. Anne was a great therapist and a wonderful person.

Anne grew up in Cabra and just recently self-published a book about her family entitled *Who do they think they are?* It is a fascinating read about family life in Dublin and how Anne became shaped by her childhood experiences.

From an early age Anne was aware of the inequalities in society in relation to women and this led her to join the *Soroptomists*, a global voluntary group of professional people working to improve the education and lives of women and girls, where she became the National President in 1985. She was also chairwoman for the Council for the Status of Women 1977-1980 when she had the opportunity to visit Russia and Ukraine in 1979.

Anne organised workshops for women in the 1980s and it was out of these that she encouraged Joan O'Leary to come to Ireland and set up psychotherapy training in Gestalt therapy. Anne said that psychotherapy changed her life. It was on that first residential Gestalt personal development course in 1990 that I met Anne. Throughout her five-year training, not only was she a trainee and working full-time at Wiggins Teape, but she also assisted in the administration of the programme along with her sister, the late May Grills.

Gestalt provided Anne with her grounding, but she fully took to her wings following her training with Bert Hellinger, the founder of Family Constellations and healing family patterns became her life's passion. Anne's compassion and wisdom for healing families also spread to colleagues, clients, supervisees and supporting the bereaved through her parish funeral team.

Anne was also great fun; she became addicted to playing bridge, loved going on cruises and meeting people, dressing up, acting and having a good laugh.

A profound moment at Anne's funeral service was when her coffin was wheeled slowly down the aisle of the church, not raised by men, but surrounded by women with their hands gently pushing their sister towards her final journey.

Anne, you will be missed by so many of us. I'm sure I speak for many when I say how privileged and happy we were to have known you.
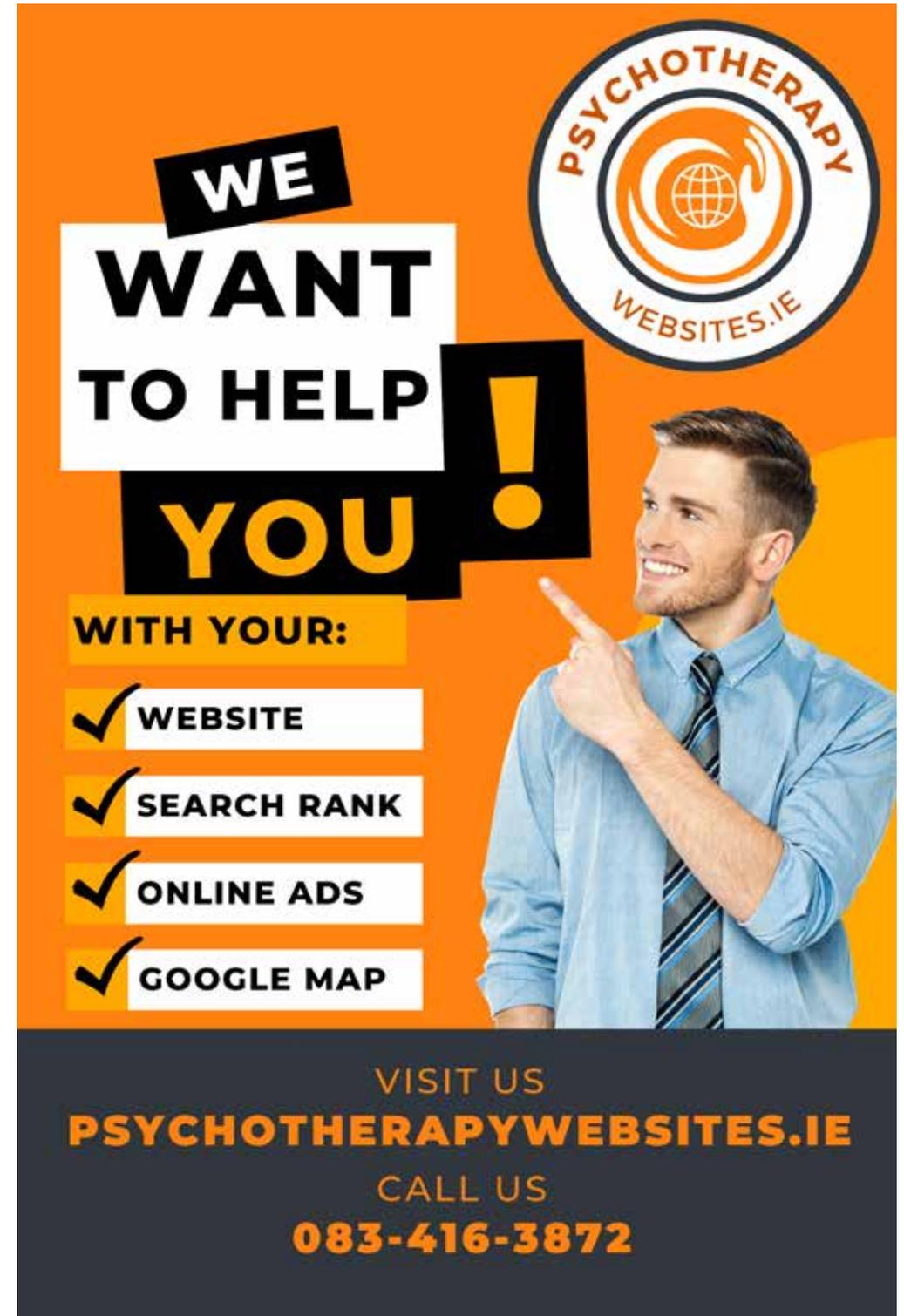
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The Space...

Oneness

The path was laden with truths
I had arrived at light eons before
Yet which were hidden just beneath the surface
Of an ever-transforming consciousness.

The vast sea was serene,
Nakedness surrounding the different shades
Of a luminous sky
Which stood still.

The stillness, in turn, surrounded my soul,
And feasted on emptiness;
A void filled with sacredness
In a body of love.

Pregnant with humanity,
Through the portal of space and of time,
The gods were delivering me
Into the field of the unspoken,
Unknowingly breathing the love of Creation.

I started gazing into the eyes of another,
Hoping to discover my divine essence;
My divine essence smiled back at me,
Then turned me toward the gooeyness of existence.

Your eyes contained *your* pain,
Your fears and your hopes,
And your energy was touched by the sparkle of solitude.

My eyes contained *your* pain.

Your eyes contained *my* pain,
My fears and my hopes,
And in the energy between us

Our senses opened for togetherness.

by Simona Tudor

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