

Inside *Out*

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**Nature can be used
as a co-therapist:**
SoulWork in nature

**Where you stumble
there lies your treasure:**
Green prescriptions

**It is in the shelter of each
other that the people live:**
The 'seanchaí' project

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EDITORIAL

“It is spring again. The earth is like a child that knows poems by heart.” So wrote Rainer Maria Rilke. By some synchronicity many of the articles and poems in this issue share the theme of spring, new life and nature as co-therapist.

Tom Gunning, who has written a book on green therapy, writes movingly here about discovering the healing power of nature and building the Parable Garden Education Project in Wexford.

Madeleine Grant recounts a series of 12 monthly workshops which she has developed and which encouraged participants and herself to recognise “the heart’s enduring connection to nature and its cycles” and to get in touch with our ‘feeling’ side rather than our ‘doing’ side.

William Pattengill describes Slí Eile, the residential treatment centre, organic farm and bakery in Co. Cork, whose motto is ‘growing together’ and which enables people with mental health challenges to recover and rebuild their lives.

Poems by John Bourke, Áine Hutchinson and Paul Daly also reflect our relationship with nature.

Apart from this theme we have a number of articles on different aspects of therapy.

We are privileged to be able to include a memoir of her professional journey by the distinguished psychoanalyst and writer Deborah Luepnitz in which she describes the worlds of clinical psychology, family therapy, psychoanalysis, and feminism.

Marking the first anniversary of the war in Ukraine, Yegor Kucherenko and Eva Sanner discuss how psychosynthesis has dealt with the challenges of the ongoing conflict.

Eoin Stephens does therapists a service by providing a hugely helpful introduction to the autistic client, in the process, exploding popular myths about the condition.

Marika Mikulak explores multilingual therapy, the importance of language and the sense of identity.

Colm O’Doherty unpacks the concept of humility in therapy - both of client and therapist - and sees the holding work of the psychotherapist in the larger perspective of an “overarching caring presence”.

Pádraig Cotter and Paul Callery write about combining the spirit of ancient Irish storytelling with learnings from the humanistic and integrative psychotherapies and Process Oriented Psychology.

Paul Hogan investigates how male therapists’ sense of self changes in the course of taking on the role of therapist, looking at the themes of identity, therapy as a role and changing relationships.

In addition, we have Monica Haughey’s review of a workshop on gender dysphoria, Sydney Conroy’s reflections on the film *Wendell & Wild* and Monika Kuiters’ review of Susan Holiday’s book *Hidden Wonders of the Human Heart*.

JOURNAL ETHOS

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

SoulWork in nature

by *Madeleine Grant*



February workshop - Standing in a circle of willow the group lit candles representing the Self and all those in their lives whom they love.

Salt, Sand, Sea,
Taste, Sense, Visual, Auditory
My Senses are alive
Yet I feel quiet,
Rested,
Awake yet distant
Seeking integration
Merging soul with nature,

The touch, the thoughts
Wonderful, yet so vast
Symbolise, Represent
Deeper and deeper
Your mind sinks
Thoughts threaten,
Disappear
What's left?
Unrecognisable, Unexplainable
Mad, True, Honest
Bare

My whole life I have used nature as a place to escape, to heal, to grieve, to nurture both myself and others. According to Knill et al. (2004) we, as humans, have the capacity to be moved by beauty. This aesthetic response can be profound and awaken the soul. Nature has awakened my soul many times.

Therapy is the art of holding one another and holding space for sacred work. Atkins and Snyder (2018) explore how bringing therapy out into nature recognises that our dis-ease as humans often stems from living a life that is disconnected and out of harmony with the natural rhythms instinctive to us as human animals. Hillman's (1996) view that we are moving further away from nature and the realisation of its importance to our lives, resonates powerfully with me. The natural world surrounding us plays an intimate part in the story of our lives. Nature can be used as a co-therapist to approach the existential themes of life, death, change, renewal, loss and new beginnings (Boon, 2020). Nature can be a bridge between the conscious and the unconscious.

Based on the work of Ian Siddons Heginworth (2009) I developed a series of 12, monthly workshops to run over the Celtic Ogham Calendar year – and ran from November 2021 to October 2022. These workshops encourage us to recognise the heart's enduring connection to nature and its cycles and assist us in getting in touch with our 'feeling' side rather than our 'doing' side. Each workshop is based on the changing cycles of nature and uses metaphor and ritual to enable the expression and honouring of ourselves within a natural space. In the woodland space below my therapy room there is everything that is needed to give form and shape and voice to what is felt within. To enter this woodland, it is necessary to descend, so when you are down among the trees there is a sense of being cocooned by nature. Depending on the season the flow of the stream running through it can be gentle or fierce.



The firepit

I created a covered area, with seats placed around an open fire pit. This is where each of the workshops started and ended. The essential archetypal elements of Fire, Earth, Air and Water were all present.

There is a spontaneity to environmental art therapy as nature holds and gives us what we need even if we are unaware of what that is. Nature is a canvas on which we can explore and represent feeling states using symbols and metaphors. Working therapeutically in nature allows for imperfection as the materials being used are natural. Nash (2020) describes how this therapeutic process involves a movement into feeling and into the body. Feeling is held in the body and we need to learn to integrate ordinary sensory experiences so that we can feel

secure and complete in our bodies (Van der Kolk, 2014). Our creative expression begins with the sensory experience of the body and being out in nature creates and enables this. The woodland became that safe space for the group. A space in which to express strong emotions while also having them witnessed.

I was anxious at the start of our first workshop in November 2021 as I was unsure how the six participants would take to this creative therapeutic work in nature. The Celtic year begins in November when everything around is dying, the trees drop their seeds, and the cycle of growth begins. The leaves are also falling so the new is grown in the composting of old.

We started our first workshop with a ritual to our ancestors, ancient ones and those more recently dead, welcoming them to the space and honouring what they represent to us. The group also created dolls to represent their inner child. Each group member could stand at the gateway to the new cycle and be an elder to their child, honouring their fears and committing to carry them safely with them.



Autumn leaves

Despite a feeling of uncertainty, the participants, when asked, lay down on the leaf covered ground and inhaled the scent of autumn. They covered each other with autumn leaves. They were very still and allowed themselves to mould into the damp ground and thus were immersed in autumn in a very sensory, embodied way.

Life, namely Covid 19, threw up its own challenges and we had to have our December session online. Each group member found their own space in nature and joined the session. I lit the firepit and sat in our woodland space. In December's workshop we explored our shadow aspects and the benefits of being still and of letting go. The rowan tree is the tree the Celts associated with December and on the base of its berries there is a pentagram which is an

ancient symbol of protection. Although the group entered a cave to meet their shadow selves they knew there existed this powerful symbol of protection in this place of shadows. December's workshop was also about celebrating the Winter Solstice and recognising that it was a time of change and renewal. Despite being online, group members described how they felt the love and care from the group throughout the workshop and described it as nourishment for the soul.

Grief in my bones

Your name in the wet sand
 Disappearing
 With the ebb and flow of the water
 A faint resonance left
 Nothing clear.
 No metaphor for my grief,
 My grief is
 Clear
 Rock solid
 A part of my way of being forever.

Grief had consumed me over the weeks in December and early January and while I accept it as a natural result of the loss of one of the most precious people in my life 12 months previously, this knowing did not ease the pain. A lesson I have slowly learned from observing nature's rhythms is not to deny it but go with it, feel it, as difficult as this is. These words from Kathleen Dean Moore (2010, p. 6) describe it beautifully:

Sorrow is part of the earth's great cycles, flowing into the night like cool air sinking down a river course. To feel sorrow is to float on the pulse of the earth, the surge from living to dying, from coming into being to ceasing to exist. Maybe this is why the earth has the power over time to wash sorrow into a deeper pool, cold and shadowed. And maybe this is why, even though sorrow never disappears, it can make a deeper connection to the currents of life and so connect, somehow, to sources of wonder and solace.

Through this personal experience of grief it becomes possible to recognise and to touch the grieving parts of others. Self-compassion and the concept of common humanity plays an important part in this. Self-compassion is a way of relating to the ever-changing landscape of who we are with kindness and acceptance especially when we fail or feel inadequate. It requires acknowledging that we share the human condition of imperfection.

Over the months I witnessed the group's bond develop and grow and this group dynamic played a huge role in the feeling of safety, care and compassion felt by each member. As the facilitator I began to trust the process, and to trust that nature would provide what was necessary. With each workshop I learned a lot about myself as co-facilitator to nature, and, I relaxed into the role as I realised I was only a very small part of what was happening.



This bridge crossing the woodland stream is made from the wood of a chestnut tree which uses its own resources to protect itself. It is self-preserving.

Alder is the tree that the Celts associated with the month of January. It is known as the king of the waters as its wood grows stronger in water, so it is used to build bridges. As Heginworth (2009) writes, "crossing the bridge of alder is a recommitment to growth and change" (p. 56). The group built bridges to represent symbolically what was needed to cross from the masculine to the feminine aspects of themselves or from the old year to the new.

Over the months as an observer, I felt a certain reverence and humility in being allowed to witness these creations. As one person became more willing to share how the process of creation was for them, this in turn gave permission to the others in the group to go deeper and speak about their process.

In February I moved our group space to a more secluded part of the woodland beside the stream. It was described by the group as 'magical' and it absolutely felt like the right space to be in for the remainder of our workshops.

In April we honoured the festival of Eostre. It is the honouring of the path through thorns. A time to look upon ourselves with the same gentleness and compassion that we feel for those for whom we care about. In May and June we looked at ways of raising the fire within ourselves and finding our own innate wildness. By comparison July was a time for sitting in silence in nature and writing words down on paper without censoring them. Poetry in itself can be intensely healing, because it can give

us words for the unspeakable. In August we honoured the earth as mother by celebrating the festival of Lughnasadh. Labyrinths were built in September representing the different layers of our lives and the group then created a giant web to represent the feeling self, at the centre of which, the feminine sits. In the final workshop in October the group individually created reed boats into which they placed wishes and affirmations for the cycle to come and these boats were launched with much revelry into the stream.



September workshop - participants created a spiders web out of wool

The workshops progressed and our awareness of the subtle changes in the woodland was heightened as we were immersed in the space each month. In each workshop there were two to three creative exercises. Making spears, masks, creating a large web, a labyrinth, covering their faces with ash, creating a sanctuary, honouring the warrior within, creation of wombs and the honouring of the shadow self were just some of the exercises completed. Exercises which required expression of anger appeared to be difficult for some participants. How often are we told as children not to be angry. Anger is viewed so negatively when really it is the actions rather than the feeling of anger that have the potential to cause harm. Heginworth (2009) explains how we can maintain our gentleness and our compassion in order to rage.

Within nature there are rocks to be thrown, sticks to be smashed, a roar to be carried on the wind. Over time it can become possible through reflection and self-love to begin to sow the seed for a new way of being in and with the world.

The weather played an important role in our sessions. Regardless of heavy rain or bright sunshine participants turned up to progress further on their journey alongside the cycles of nature. Depending on the season the fire gave warmth or protection from midges, and it was also a place for the ritual burning of art creations. Over the 12 months participants descended into their shadow and emerged more aware of their bodies' felt sense in nature. Seeds were planted and harvested and planted again.

We ended each workshop with a shared lunch, everyone bringing something to the table. This time was very important as it was physical nourishment but also a time to ground ourselves before returning to everyday life. The joy of bringing and sharing strengthened the bonds of the group and there was much laughter at these times. I was aware that in the weeks following each workshop the participants would still be processing feelings/emotions that may have been triggered from the creative exercises completed in the workshop. I assured participants that I was available to talk with them if needed.

Rituals

Burning, Shameful

Death Pyre

Honouring

Mournful

Guilt.

Sadness

Deep

Death, Life. Death, Life

Death, Life. Death, Life

Dance of Life

Quickly

Run

Need to arrive

Soft bed

Birth

Potential.

The workshops contained many rituals. According to Weller (2015) ritual offers us containment and release. The woodland became the safe space (container) which enabled the descent down into the layers of sorrow. He describes how there is something about ritual that resonates deep in our bones. According to Turner (1969), the altered state of consciousness achieved within a ritual process is the liminal space. We return from this liminal space with new resources and possibilities which were discovered in the art making. Totton (2011) describes how wild therapy supports, protects and defends this liminality and it celebrates embodiment and welcomes the spontaneous and the unknown.

Nature lends itself to ritual and in its rhythms (the seasons, the tides, the winds etc.) and seasonal changes we are reminded of our own losses and subsequent growth or decay. Fires can be lit, altars created, dens built, we can just walk and reflect on our loss. Having a witness makes the sense of ritual more profound. Rituals and their embodied experience enable people to make meaning from their loss and to honour it. There is a spiritual aspect to the process of ritual and there is healing in that sense of 'doing something'. Within our rituals there was the space for changes to be made in order to make these rituals personal to the group.

There was a sense that each member of the group left a little bit of themselves behind each month in the woodland. Thus, when re-entering the woodland, they had a sense of familiarity and safety and a sense of ritual. They could revisit what they had created previously and acknowledge the changes made by nature, thus recognising the impermanence of all things.

Each session started with a meditation which helped people to arrive in the space and to recognise how their bodies felt within that space. I found myself going barefoot in the woodland as with each month the feeling of oneness with that beautiful place increased. I continued to be amazed at the power of nature to provide what was needed to do some deep therapeutic work.

Poetry was an important part of the workshops. Poetry by John O Donohue, Mary Oliver, L.R. Knost, David Whyte, Adrienne Rich – to name but a few.

There was a sense of loss in the final workshop. As in the first workshop we created an altar to honour our ancestors but this time it was a group one. It is essential to recognise and to acknowledge our elder within and all the wisdom and pain that is carried from generation to generation. We had come to the end of one cycle but the cycles will continue. By aligning ourselves with nature and its cycles we ensure our rhythm of life is more in tune with our soul's needs.

“The seeds we plant will not grow yet. They require a season of stillness, dormancy and descent and so do we” (Heginworth, 2009, p.29).



Group altar to our ancestors

Some of the feedback received from those who attended:

“Immersing myself in nature through the seasons, in the trees and ferns, wildflowers, pebbles, rocks, stream water and earth, to explore what is going on inside myself and my connection to others and the world around me, while being held safely and caringly has been a wondrous and precious experience for me.”

“The woodland setting is so beautiful and it was a joy to see the changes in the woods and in myself through the Celtic year. A unique opportunity to experience something deeply precious.”

“...allowed us to explore deep issues and stories using nature and creativity, which led me to a deeper understanding of self. A real privilege...”

“Almost from the beginning of the course you could feel yourself being opened up... For me I felt almost like being reluctantly prised open, much like an oyster shell but the gentle support of my fellow pilgrims made this opening a gentler process than I could ever have imagined, to reveal the lustrous pearl of my own wisdom and insight to help me deal with long forgotten/hidden inhibitors.”

To attend these workshops for 12 months was a big commitment but the experience for those attending and for myself made it very worthwhile. I hope to run this series of workshops again in the near future. The whole process of preparing the monthly workshops, carrying what was needed down into the depths of the woodland, creating the sacred space, being a witness to others therapeutic process and most importantly seeing how the bond of the group grew was in a way a spiritual experience and definitely food for my soul.



Madeleine Grant, MSc, RGN, Accredited Play/Creative Arts Therapist, Post Grad Diploma in Integrative Counselling and Psychotherapy, Post Grad Certificate in Environmental Arts Therapy. She can be contacted at wicklowcreativeartstherapy@gmail.com

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THE PRACTICE OF BEING PRESENT

DEEPENING THE TWO PILLARS OF RECEPTIVE PRESENCE

with Bonnie Badenoch, PhD, LMFT

COMPREHENSIVE YEAR LONG
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Conversation: Psychosynthesis in wartime, Kyiv, Ukraine.

Yegor Kucherenko in conversation with Eva Sanner.



EVA: Your background as a therapist and how you came about psychosynthesis - what was attractive with psychosynthesis to you?

YEGOR: I came to psychosynthesis through the path of doubts, disappointments and spiritual decline. When I started my career 16 years ago, I was completely immersed in scientific psychology. I taught a course in social and educational psychology and experimental psychology. At the same time, I had a private consulting practice and I was always looking for different approaches and methods in working with adults, teenagers and couples. I used hypnosis, imaginative and behavioral techniques, and meditation, but all of these were only partial reflections of something bigger that I didn't fully understand. I read a lot and accidentally got acquainted with the works of Roberto Assagioli, Piero Ferrucci, Tom Yeomans and Martha Crampton.

Then I quickly realised that psychosynthesis is primarily about me. About the real me. Thus, it was not completely accidental: it was the most valuable gift of fate. At that time, somewhere in 2009, I was going through a professional crisis. Scientific psychology did not explain the full spiritual aspects neither of my own life nor of the lives of my clients. But spiritual questions have always been with me since birth. During my school years I was a musician, wrote poems; during my student years I was a comedian for a while, but I was constantly focused on questions about the meaning of life, about the hereafter and the transcendent. That's why I grew up very quickly. It was a problem and psychology became a salvation for my personality, and psychosynthesis – for my soul. That is why I began not only to study, but also to practice psychosynthesis on myself.

Later-on, I chose psychosynthesis as the main approach in the practice of psychotherapy. When I gained experience of my own changes, experienced my own age and personality crises, I realised that

my clients always lacked exactly what psychosynthesis provides. I learned to be free from my social and professional statuses, from my childhood complexes, from dependence on the opinion of society. My desire for success became the biggest trap that I fell into - a little boy who had a Soviet upbringing, speech problems, was always insecure, but at the same time talented. Thus, what attracted me most to psychosynthesis was that my traumas and my potential abilities were always in conflict. It was a conflict between the lower and the higher unconscious. Between my wounded self and my gifted self. I was caught up in the gifted self and that's why I didn't notice that it was just one of my false identities in which I was dying. Later, I went through a divorce, changed my place of work, and had psychosomatic problems. But I never had any doubt that I had psychosynthesis as a unique tool to overcome any difficulties. Even during the war.

EVA: How are you coping (as a school primarily) during the ongoing war in Ukraine?

YEGOR: As a school, we have dealt with the challenges of war in different ways. Now we are used to war and are in the stage of recovery and building plans for the future. In the first days of the war, my colleagues were sheltered in Kyiv for some time. Then our promoter and researcher of psychosynthesis Serhiy immediately began to update the groups in Telegram so that everyone was aware of verified news, not fake. Ukrainians are a media literate people. My family and I were near Kyiv and the main task was physical safety and working with stress. I know what it's like to run for cover with a baby - instantly, but discreetly, without panic. Psychosynthesis helped me prepare for the start of the war, although we did not believe in such a fear. Now, as specialists, we constantly work with our supervisors and provide such support to other colleagues. We meet together, we constantly mail with colleagues who are abroad. For many of us, family and volunteer activities related to free psychological help have become the greatest resource. Work and music saved me personally when I was without my family and children for a long time. Although my colleagues were always with me.

EVA: So what is "Psychosynthesis in Wartime"? Can you tell me about the project.

YEGOR: This project is aimed at providing free psychological assistance to all victims. In March, we created a Telegram group where, using a chatbot, anyone could describe their request for consultation with our specialists. Privately or publicly. Psychologists, psychotherapists and doctors work in the project. We also provide the author's recommendations for self-help during the war, when the client does not want to ask for help, but really needs it. In the format of videos, texts and audio recordings, we provide psychological support, offering only those psychosynthesis techniques that can be applied independently only under certain conditions. We are contacted by displaced persons, military personnel, and people who have experienced trauma from being in a war zone. Many have lost their homes and relatives, and are experiencing grief. Many have problems with relationships, the meaning of life, the crisis of being abroad, where immigrants do not know the language and do not have a job. There are also typical requests that are not directly related to war. You can support this project financially on our website, the link to which is in the chat.

EVA: What tools of psychosynthesis are most useful when it comes to meeting people who are traumatised by war? What tools are not at all recommendable to use?

YEGOR: Different psychosynthesis techniques are used at different stages of the war. There are a total of four psychological stages of war and each of them has its own problems. At the first stage - severe stress. This is a heroic stage. The power of fear and aggression is so incredible that you are constantly ready for the worst and, above all, for death. Breathing exercises, work with images, as

well as disidentification, primarily with the body and negative emotions, are used here. It is also important to adjust sleep and nutrition depending on living conditions. We offer modified techniques of psychosynthesis, because, for example, in a stressful state, the client cannot carry out successive stages of disidentification. Therefore, it is carried out in a different way - usually instantly.

In March, at night, a rocket hit a house in the area where I live. This technique of disidentification and specific actions helped me. Ukrainians know well how to act consistently during a sudden danger. At the first stage, we learn to breathe, eat, sleep, feel our body and take care of safety for ourselves and loved ones. At this time, one must be constantly alert, and therefore neither specialists nor clients can practice deep meditation, especially during acute stress reactions, rumination, compulsive behavior and anxiety. My psyche is so tense that I was afraid of sound stimuli, such as the noise of a kettle, a car, and of course the sounds of anti-aircraft defense, which are similar to explosions. It is important to practise techniques of shifting attention, naming sensory perceptions, or grounding and identifying with positive thoughts and emotions.

In the second stage, often called the honeymoon stage or the stage of faith and togetherness, we felt optimism. The biggest problem here is that belief in victory overshadows the logic of your daily actions and attitudes. I emphasise daily actions, because it is the techniques of developing the will that help the most during war at all stages. It doesn't matter what you do, just do it. The third stage, which was at the end of spring, turned out to be the most difficult. It is called wear and tear. At this stage, we worked with values, meanings of life, sub-personalities and the development of the will. We are now in the fourth stage, which is called "recovery and planning". Almost all techniques of psychosynthesis are used here. But the client should not plan the future for the long term, because no one knows what may happen tomorrow. This also applies to migrants abroad.

To choose the ideal model of self-realisation, it is worth making sure that the client has access to real resources in the near future and is not in a state of waiting for victory as a condition for self-realisation. That is why our lives often last according to the principle of one day. And here such transpersonal qualities as faith, activity and calm help.

EVA: Describe the difference between working with persons still in Ukraine and persons who have fled to other countries?

YEGOR: There is no fundamental difference. People abroad and in Ukraine, just like in peacetime, have problems with fears, raising children, relationships with relatives, grief. However, the long-term stay of women and children abroad leads to the fact that men remain alone in Ukraine and this often leads to conflicts and divorces. It was also established that the further a person is from the place of hostilities, the lower his level of stress resistance. Someone who survived bombing and shelling is more resilient than someone who saw the ruins of houses and corpses only on the Internet. That is why, when Ukrainians now return to Ukraine, they experience adaptation to the sounds of the air alarm, which is accompanied by stress. Also abroad, the conflict between the desire to stay safe and return home to continue work and personal life is intensifying among refugees. Often, adults who are over forty are convinced that they will find a better life abroad, but this requires an extremely large effort to adapt in another culture, to learn the language, and to achieve a certain social status. Therefore, once again, we are talking about an act of will as a key phenomenon in our present.

EVA: If you would describe the situation you are in yourself, using psychosynthesis terminology, what would you say?

YEGOR: I will say this: the personal will of each of us is part of the will of the entire Ukrainian people. This expresses the synthesis of will and love, about which Assagioli spoke. When I love my people, I become strong-willed for the sake of saving everyone else first, not just myself. That is, it is sacrificial love. Love that prompts to be ready to take active action to help another. This is a vivid example of what is called an act of will in psychosynthesis. This act is always on the border between personal and transpersonal. And this act of will concerns not only Ukrainians, as we are actually fighting against evil in the world in general. If we were to lose now other peoples and countries would inevitably become victims of aggression. Assagioli said that even a small country that professes spiritual values can play the greatest role in the synthesis of nations. Now Ukraine is the unifying center of such a synthesis, if we speak in terms of psychosynthesis. The four letters that make up the word “will” in the Ukrainian language are even encrypted in our state coat of arms. I never knew about it. Now all of you – my colleagues in psychosynthesis – know about this.

EVA: How does psychosynthesis become in itself a support for you in the present situation?

YEGOR: In psychosynthesis, they often talk about presence, about contact with the reality of what is happening. I believe that every minute of my life is an eternity that has not already happened, but is happening right now. You can't go back a moment to change anything about here, can you? Therefore, “here and now” is always about eternity in the present time. I see such a profound meaning in this that the fear of death does not master me. Perhaps that is why the Bible says that “the kingdom of heaven is among us”. Buddhists do not believe in time as such. Assagioli used to say, “I don't know if I'm going to die tonight”. Therefore, he urged to enjoy life, smile and serve people. That's how I do it. I smile, although sometimes I cry. I help others and psychosynthesis is a tool for my help. This is also my support.

EVA: I often think that one important role for a therapist is to hold hope for the client. How is that possible in this situation? For the client and for the therapist? Is it necessary?

YEGOR: Be careful with hope. On the one hand, we all hope for the best. We are waiting not just for the end of the war, but for victory, when all the occupied territories of Ukraine will be liberated. Each part of Ukraine as a separate sub-personality in the structure of the whole country, the whole personality. It is important for both the client and the therapist to have hope, realising what really depends on them and what does not. We are all united more than ever because of the successes of our warriors. We have a very strong army. It is because of this that I am able to speak to you now. The main thing is that hope is not illusory. Even if the client dreams of a happy future, he always complements the feeling of hope with activity and action. Faith rather than hope is of primary importance. Faith plus will. Here is the formula for recovery and life extension.

EVA: In psychosynthesis we often talk about that events and crises are a way of the Self to make us more aware or conscious about who we are. When meeting a challenge like the war, how can we see that as a transpersonal challenge? Does it bring forth qualities in us that we were not aware of – and is that both in the good and bad sense?

YEGOR: Ukrainians say that the war showed the true self of each of us. In fact, we all find ourselves in the abyss between the lower and the higher unconscious. We discover both negative and positive qualities in ourselves. The period of war is not just a crisis, but a state of liminality, which I explore in my doctoral dissertation. We are all on the threshold of deep knowledge, in which we find fear and courage, hatred and love, wisdom and stupidity. For example, the majority found their own addiction

to historical myths imposed on us by Russia. On the one hand, it's a shame for being stupid all the time. On the other hand, it is a readiness for national self-assertion. That is why Ukrainians study history and deeply study their language. Being Ukrainian is not just about being fashionable: it is renewal in a time of crisis, in which the unknown scares the most. The unknown about oneself, one's past, future. This is liminality: you expect victory, and at this time all the secret spiritual wounds and spiritual forces appear at the same time. That is why psychosynthesis helps us to orient ourselves in how to act, which path to choose.

EVA: The people of Ukraine have come together in a very special way during these months. Would you say something more about that from a transpersonal view?

YEGOR: Yes, the phenomenon of unprecedented unity is a Ukrainian phenomenon. I think that above all, faith, calmness and activity help us. We are very hardworking, stable, patient and spiritually rich. We have a spiritually rich history. More than three centuries ago, a prominent Ukrainian philosopher expressed ideas that resonate with the basic ideas of psychosynthesis. This is Hryhoriy Skovoroda. I have an article dedicated to Skovoroda and Assagioli. Assagioli said that spirituality is life, it is not an intellectual process. That is why surviving and living-on are the main tasks that we strengthen in the unity of the personal and the transpersonal. Everyone demonstrates his participation in the approach of victory: by his work. For example, I work in psychological practice and education. This is my contribution to victory. Ukrainians donate huge amounts of their own funds for the needs of the army. Therefore, it is not only about passive compassion in words, but about generosity. By the way, generosity as a transpersonal quality is unique to Ukrainians. I call it active empathy. But I would say that this quality is quite common for us. Today, peace, faith and will are in the first place. All this together is called peace.

EV: Thank you Yegor.



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About "Psychosynthesis in Wartime"

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Green prescriptions: The secret therapy of trees

by *Tom Gunning*



In the spring of 2017 I was experiencing the later stages of chronic fatigue and burnout. In self-care we have a saying, ‘if you don’t listen to the whispers of your body, you’ll eventually hear the screams.’ I had been too busy building the Parable Garden Education Project in Co. Wexford to hear the whispers of chronic stress but I wasn’t too busy to hear the whispers of the woods beside our walled gardens. Many days I would arrive at the site and it felt like my frontal lobes were about to fizzle up and fry or simply explode. Yet something strange happened every time I went to work in the woods. When I returned from my time with the trees I always felt mentally restored and physically renewed. That summer I spent more time than ever digging, sowing, and planting because I had found the thing that fixed me: soil.

The writer Joseph Campbell (1991) wrote, “where you stumble, there lies your treasure.” Through a lack of self-care I had stumbled but when I fell, I landed on the earth. I found my treasure. I spent the following year researching how nature is good for us and I turned our woods into a ‘Healing Forest’ so that others could come and experience the therapy of the trees. Like many others, I had badly damaged my own nervous system which had been on alert for far too long and that’s where the story of the healing effects of nature begins.

As a species, we have spent the vast majority of our time living out in nature. If we go back a couple of million years, our ancestors roamed savannahs and woodlands foraging for food and water. Our genus was about five foot tall and all we carried were some sticks and stone tools. This was our home but it was a threatening and perilous environment and we shared our habitat with giant lions and leopards, sabre-toothed cats and even huge eagles. We survived because we were creative and adaptive, but more importantly, we worked together. We couldn’t hunt on our own or cut up a large animal alone so we wandered around in groups of between 15-25. At night we lit fires to keep the wild animals away and all this time our fight or flight survival mechanisms were being honed and perfected. It is said it takes about 10,000 years for humans to complete an evolutionary change and as we are only half way through the current cycle, we still operate out of the same nervous system responses as our ancient ancestors.

Our survival instincts still programme us to respond to threats. There are no more sabre-toothed cats but our fight or flight responses have now identified a whole new range of threats to our survival. Our cityscapes are filled with a plethora of visual and aural threats and our contemporary lifestyles are providing far more sources of stress for our bodies and brains than there were for our primitive

ancestors. Our central nervous system is unable to cope with the sheer weight and pace of incoming data. An ancestor on the savannah might have had one or two stressors or close calls a day, but it is estimated that we can now experience up to 50 stressors in any given day.



Commutes, long working hours and the data from social media platforms are providing us with a Pandora's box of modern-day stressors but the real problem is that we have insufficient time to de-stress. This is the fascinating finding that is coming out of recent research into the healing benefits of nature; it is nature that tells our systems to de-stress, yet never before in the history of humanity have we had so little access to it. It was the sounds and sights of nature that triggered the brain to switch off the stress chemicals and release the rest and

recover hormones and neurotransmitters. So, after our ancient uncle successfully escaped the claws of the tiger, he then rested up a tree or on a rocky ledge. The shades and patterns of the blues and greens along with the sounds of birds chirping and water softly flowing were the signals to his system to become calm again. The World Health Organisation (2011) now calls stress the epidemic of the 21st century.

Research shows that in urban settings more blood flows to the amygdala, while in natural surroundings blood flows away from it (Shuda et al, 2020). This suggests that the primitive part of our brains is in a heightened state of alert when we are in cities or towns. The reason for this is that the features and stimuli in the city are as far away from the open plains of the savannahs as one could possibly get. Green therapy provides us with the research that shows us exactly why nature is good for us and at its core is the fact that when we are in nature we are actually at home. Our forebears had access to nature to help them to restore their systems to the relaxed state but unfortunately that is limited for us. The crucial point to remember is that our bodies are designed to be in the rest and digest state more often than the fight or flight state. When we continuously throw ourselves off balance, we find ourselves suffering from the multiple effects of chronic or ongoing stress. This is one reason why the study and practice of green therapy is significant because it helps us to mend and heal our bodies from the harmful effects of stressful lifestyles.

It was Rodger Ulrich (1984), architect and professor, who first presented research showing how green therapy actually works. He demonstrated how the sights and sounds of nature activate the healing, balancing and restorative effects of the parasympathetic nervous system. Ulrich is one of the pioneer researchers in this area and his work began back in the early '80s when, as an architect and environmental psychologist, he discovered that patients in hospitals who have a room with a view onto greenery healed quicker and needed less painkillers. Ulrich's first study, titled "View through a window may influence recovery from surgery," studied patients in a hospital in Pennsylvania who were recovering from gall-bladder surgery (Ulrich, 1984). He studied two different groups of patients. One group looked out onto deciduous trees, while the other looked out onto a brick wall. Those who looked out onto the trees had lower levels of stress, had a more positive outlook and were discharged slightly earlier. In his research, nature scenes, images and paintings drew out psychological feelings of affection, friendliness and even playfulness. Nature scenes tended to decrease feelings of anger

and aggression while urban scenes tended to increase them. Urban scenes also increased levels of loneliness and sadness - ironic, considering that we are surrounded by fellow humans in cityscapes.

We can partly associate our mental states with what is going on inside the brain, so Ulrich began to delve deeper into the mechanisms and activity inside our neurology. In particular he began to examine brain waves. When we are at work or really focused on an activity, the dominant brain wave pattern is beta waves. Beta waves are very quick and can operate up to 30 cycles per second. What this means is that if you were to look at the speed of information passing around the brain, along with its own processing, neurons are firing up and connecting very quickly. Think about how your head felt the last time you were really busy, and that's what beta waves feel like. We're answering phone calls, thinking about emails and generally multitasking at a very busy pace. Beta waves are also linked with higher levels of stress. When we are rested and relaxed however an EEG or, electroencephalograph apparatus, which measures brain waves, would show up predominantly alpha wave patterns. Alpha waves can be as slow as four cycles per second and we experience them just before we go to sleep. If we are experiencing slower alpha waves, then most likely, we are not in a stressed state (Selhub et al, 2014).

Ulrich's research showed that people who were immersed in nature settings had a higher rate of alpha brain waves. These are the brain waves that meditators experience and are associated with feelings of calmness and serenity. Serotonin levels also raise when we experience alpha waves and this neurotransmitter is associated with feeling happy. Elderly patients in residential care homes also reported the same effects when shown nature scenes and their stress levels decreased as their alpha brain levels increased. A variety of scenes can stimulate alpha waves, from forests and orchards to rivers, streams and farmland settings. When participants were shown pictures of nature there was a noted preference for scenes that featured water in the form of lakes, rivers or streams. People preferred pictures that had between 33 and 66 percent of water in the composition (Selhub et al, 2014).



In recent years psychotherapists and psychiatrists have begun to embrace the possibilities offered by moving their sessions with patients and clients outdoors. A study published in *Psychiatry Investigation* in 2009, showed how researchers in America studied the effects of moving therapy sessions outdoors to an arboretum with a group of 63 patients. The group was split and some continued their therapy in the hospital setting while others were immersed in the forest setting of an arboretum. The results showed the most

significant reduction in depressive symptoms for the forest group. The odds of a complete remission were also raised by about thirty percent in the outdoors group. This group also showed lower levels of cortisol and a higher heart rate variability, which is a marker for activity in the parasympathetic nervous system. Therapy entails a level of cognitive engagement on the part of the patient but we find it hard to direct our attention to processing information and questions if we are in a stressed state. The fight or flight system doesn't have time for therapy sessions as it's trying to escape from a predator so one possibility is that the arboretum allowed the patients to relax more thus enabling the cognitive processes that therapy entails.



Nature also allows the mind to get out of the cognitive loops caused by anxiety, stress and depression. It induces whole brain activity which allows the patient to become creative and solution oriented. The fight or flight response is solution focused but in a very myopic way, literally trying to figure out whether to run up a tree or jump across a stream. To get ourselves out of depressive or anxious states, the brain has to operate differently and ultimately it has to become creative as we attempt to build a new relationship with the world around us. The safety of the natural world allows the stressed or fear-based brain to relinquish its hold on narrow survival mechanisms in order to engage with new thought patterns.

In 2006 a Dutch health scientist, Dr Peter P. Groenewegen, applied the term “vitamin G” to the medicinal use of green space (Groenewegen et al, 2006). Doctors and therapists are now beginning to actively write prescriptions for vitamin G which directs you to go to a forest, park or seashore instead of a pharmacy. These prescriptions detail specified amounts of exercise and time to spend in nature, along with mindfulness exercises to facilitate a better engagement with plants, animals and trees. Research continually shows that those who are most stressed have the most to gain from being in

nature (Jiang et al, 2014) but they are also the group that find it hardest to get time outdoors, hence the need to be actually given a written prescription from a doctor. The best prescriptions for vitamin G include a range of different but specific activities so that the patient will know that they have 'taken their medication.'

Nature is a therapist and like all good healers, she has many things to teach us. In many Native American creation myths, it is the trees, foxes, otters and ravens that are created first. They are the elders. Then we are created and our first teachers were the birds, beavers, spiders and beetles. We learned how to make hooks from the burdock thistle and learned how to dive from the kingfisher. We fashioned nets to catch fish after we watched spiders weave silken webs. We learned how to collect water from the beetles and lizards and how to store food from the squirrel. The corncrakes tutored us in resilience and the sparrows, goldfinches and blue jays taught us about parenting and fidelity.

In my own journey back from chronic fatigue and burnout I learnt self-care but my best tutors have always been the rooted and unrooted ones in our woods and wild flower meadows. Trees can outlive us by many hundreds of years and one of the reasons for their longevity is their long hibernation during winter months. Trees operate according to cycles of activity and rest, and even though they rest for a long time, they still produce a summer harvest and everything gets done. We too need to embrace rest during our activity-filled days to allow our systems to restore and renew. Rest is not the same as relaxation. Rest means doing nothing. Yet nature helps us to rest because her movements are slow and we naturally slow down when we bathe ourselves in her sights and smells. It takes a tree eight hours to take in breath and an out breath and we too can learn self-care from this more natural pacing.

Some theories suggest that part of the therapeutic properties of nature lies in what it is not (Williams, 2018). Our survival mechanisms fear isolation because our ancestors had to be part of a group to hunt and eat. Yet social media platforms stimulate us to compare ourselves with our peers every time we see their posts. I am aware of the good parts and the bad parts of my life but we only post our successes and achievements. This can lead to continuous self judgement which always acts as a stressor. Now compare screen time to green time. When we look at trees, some are straight, some are crooked, depending on their source of light. Yet we never rebuke or judge them for that. It seems that in nature, we leave our judgement minds behind and instead we just accept the natural world the way is. Nature invites us into a different space where we only have to do the small things, like looking and listening and wondering. And, in doing this, nature bequeaths to us the lesson that we are enough, just the way we are, and that nothing more is needed. Nature offers us the wild untouched spaces as a metaphor for how we can view ourselves. She offers us the wildness and the weeds and the wilderness as a metaphor for our own self-understanding and as a dispensation from the need to be anything more than we already are. In short, she offers us a break from the judging mind.

Our woodlands in Wexford are also the grand metaphor for healing. Between the walled gardens and the beach in Curracloe we have some acres of Nordic Spruce. These evergreens are highly productive but were densely planted. These woods are dark and the sunlight rarely reaches the ground. Yet for safety reasons a stretch of the pines had to be felled beside the old walls some years back. And it was then that I began to witness the secret therapy of trees for the first time.

A halo of light opened up in the evergreen canopy and where there was darkness now there was light. The green shoots of new life sprouted everywhere along the light filled forest floor. For the first time birdsong could be heard where the healing balm of light drenched the soil. Biodiversity blossomed



amidst a wild new growth. Therapists are healers and nature is a healer and we are involved in the same activity, daily mirroring of each other in cycles of light and darkness, healing and renewal. Ultimately, it is the mind, body and soul that will heal itself but therapists too are privileged to be able to open up a halo of light over the dark ground of human desolation, depression or despair. The first man was called Adam or in Hebrew *Adamah*, meaning red soil. So, if we want to understand ourselves, we need to understand soil and, like clay, we too have the endless potential to heal, renew and repair ourselves and in our forests, we have a secret therapist, prescribing stillness and rest, pine scent and birdsong.



Tom Gunning is a writer and teacher. His books include *Nature's Way: A Guide to Green Therapy* and he is also co-author of the Best Self series of books all published by Beehive Publications. He is the co-founder of the Parable Garden Education Project in Co. Wexford.

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Slí eile: A community project enabling mental health recovery. Yes, there is another way

by William Pattengill



Slí Eile (Irish for ‘another way’) in its present incarnation is a residential treatment centre for those living with mental illness, as well as an organic farm and bakery, centred around a venerable former manor house in rural north Co. Cork. It is designed to offer an alternative recovery option for those who might otherwise be spending time in psychiatric care, using a three-fold path of supported community living, real-world social enterprises and person-centred care planning.

Anyone suffering from mental illness can apply for tenancy at Slí Eile; a referral from a medical professional is not necessary, though a report from an applicant’s mental health team is required after initial meetings with staff members to ascertain fitness for residency. Applicants are required to have reasonable physical mobility, as there is some physical labour involved, and are screened for suicidal ideation, self-harm, and active addiction. Previous addiction does not rule out acceptance because there can be a strong correlation between mental health issues and addiction. There are counsellors, social workers, and a psychologist on-site, but tenants keep in contact with their own off-site psychiatrists or mental health team while in residence.

Recovery at Slí Eile is what one might call an immersive experience: it begins with tenants waking early to make breakfast and wash dishes, which is all part of embracing the structured lifestyle encouraged there. Then it’s off to work, either in the bakery or in the fields and plastic tunnels on the farm. Work is a vital part of the programme, fostering teamwork, responsibility, and providing structure for the day. The person-centred approach to recovery means that each tenant has a daily programme tailored to their individual needs once they arrive, and it is only with the safe environment provided that recovery can take root and grow.

As the past century came to a close, Joan Hamilton of Co. Cork, owner and creator of a successful food-processing business, was at her wit’s end. Her daughter was now a young adult and her progress in learning to cope with mental illness was agonisingly slow, if one could even call it progress. She had been in and out of hospital since her teens and found it difficult to maintain her mental health without frequent relapses that required repeated re-admissions; as her mother discovered, this was true of nearly three out of four young adults at the time in the mental health care system. In her exasperation Hamilton thought to herself, “There must be another way....” and thanks to her creativity and many years of effort, there now is just that.

Joan Hamilton’s journey to find her “other way”, like many other pioneering endeavors, did not proceed in a straight line. With no experience in the field of mental health except as a frustrated parent, she first started a network lobby group that evolved into the Cork Advocacy Network (CAN) to explore options for alternative social housing. A conference she organised called “Is There Another Way?” attracted 700 attendees and led to a television interview and further exposure which boosted her fundraising reach. With help from the Irish Council for Social Housing, CAN set up a housing association, and then in 2004 Hamilton founded Slí Eile as a separate venture on her own.

The initial version of Slí Eile was located in Charleville as Villa Maria, with 6 full-time residents, beginning in 2006. Their recovery practice was based on a range of traditions, including William Glasser’s *Reality Therapy* and that of Hopewell Community Farm in Cleveland, Ohio.



Hamilton's background in the food industry guided her to test the feasibility of setting up a bakery which became Cuisine Slí Eile, supplying bread and scones to local businesses, which soon expanded to include the local SuperValu after another televised documentary that received national exposure (McCarthy, 2011). Research undertaken as part of the 2012 HSE Report of the Expert Group on Mental Health Policy, showed that the venture was performing well in tenant progression, as well as overall cost-effectiveness.

Growth continued in 2012 when a lease was taken out on Burton Park manor house with an existing 50-acre organic farm on the property in Churchtown, near Mallow in Co. Cork, and space for 12 tenants (the preferred term for residents, as opposed to "patients/clients"). This became the primary centre for Slí Eile, and the farm was developed as a second social enterprise with the help of a leading horticulturalist, Jim Cronin. The farm project was officially opened in May 2013 by Minister Kathleen Lynch and Jeremy Irons, like Joan Hamilton a resident of West Cork, who was invited to be a patron by Hamilton. He was supportive of her vision and believed the health care system was too reliant on drugs, saying "It has to be about a way of building self-confidence. How can you be self-confident if you're a case number?" (Jennings, 2015). More recently, in his address at the Cork Person of the Year Award presentation to Hamilton, Mr. Irons said:

We can't just put away people who don't fit into our pattern of life. What Joan Hamilton is doing - getting people back into the community where they are self-sufficient, self-reliant and giving them back a life, is tremendously important. (Jennings, 2015)

Joan also sought to develop a working relationship with the village, establishing a weekly farmers' market and occasional seasonal festivals featuring local crafts and other food products. Tenants participate in setting up and helping staff at these events.

In 2017 Hamilton retired from her position as Chief Operating Office, nearly two decades after beginning her search for "another way." In 2018, the HSE, which had supported Slí Eile since the early days with 90% of its funding, conducted a major operations review and recommended enhanced support for an expanded programme of activities. This advanced the two key strategies of their earlier work - supported community living and social enterprise - and added a third in the form of personal progression coaching. Tenants are encouraged to understand what brought them there, how it affects them today, and how to manage their mental health for a better tomorrow. Regular key working as well as individual person-centred care plans improve chances that Slí Eile tenants can learn to manage their mental health and to go on and have that good life. Every week there is a group educational meeting to learn about family dynamics, boundaries, and assertiveness to name but a few of the topics addressed.



Wellness Recovery Action Plan (WRAP) is another recent addition to Slí Eile practice which also prepares tenants for their return to independent living after the standard 18 month stay. The goal of WRAP is more self-awareness of one's own strengths and weaknesses, who and how to ask for help when needed, and how to live well with their diagnosis once back in the community.

People can leave earlier if they feel ready - if there are concerns in such situations staff will offer them but they will not prevent anyone from leaving. Similarly, extenuating circumstances may warrant a longer stay, as the programme understands each person is different and their needs are also different.

The next step upon leaving the main house is a stay in the cottage which is also on the Burton Farm property. Here the tenants are living on their own, without staff present, but still within reach of support if needed. The main risk for people returning to the wider community after a stay in Slí Eile is if they stop taking their medication, sometimes this can come on the back of the confidence and well-being that has been achieved through the programme but it runs the risk of a relapse in their mental health. The last phase of recovery is a short term of residency at the transitional house and garden in Charleville, where tenants put their new-found skills to the final test by beginning activities in the community. After graduating from the programme, post-tenancy support is available for varying lengths of time as needed.

Over the last few years, Joan Hamilton's successors have enriched the Slí Eile recovery process with their own training and experience. In January of 2021 Jess Angland became Chief Operations Officer and has contributed her knowledge of social care, self-care, community development, and most importantly, trauma informed care to the Slí Eile programme. She emphasised that an awareness of the subtle underlying effects of their own trauma should be explored by staff members, and that understanding the legacy of trauma enables staff to better meet the needs of the tenants and increase their understanding of the people they are supporting. Training delivered by Dr Jacqui Dillon in 2021 assisted tenants and staff to identify the link between internalised voices and trauma, and learn how to better cope with them.

Another milestone on Slí Eile's journey was being named winner of the 2022 Royal Dublin Society Rural Social Impact Award (The RDS, 2022). This award celebrates the work of individuals, farm families, and organisations who are enhancing the economic, environmental, and social development of Irish agriculture and rural communities. In addition, they were also honoured at the 2022 Bord Bia National Organic Awards for the commercial success of their farming enterprise which also helps fund mental health work. Their "Other Way" has been an inspiration for at least one other "therapeutic farm" to date: still a work in progress, Kylie Farm in Kildare is to be based on similar principles with the addition of private insurance and a higher level of clinical care on-site. It remains to be seen how far and how fast this alternative to traditional institutional recovery will grow, however the development of their strategic plan over the next five years will see further growth and development. Their mission statement of *Grow together* continues to be very important as tenants, volunteers, staff, and community work together to develop another way to support those with severe mental challenges.

Thanks to Jess Angland C.O.O who was kind enough to be interviewed for this article.



William Pattengill is a member of the editorial board and an occasional contributor to *Inside Out*. After retiring from the home renovation business, he has enjoyed the opportunity to return to his roots as a journalist.

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The faithfulness of spring

by John Bourke

I noticed a bare leaf the other day,
Hanging on a branch for dear life
As December winds cleaved through the branches,
Wrenching the last limp vestiges of life
Into the dark vortex of winter.

I thought too of the harsh words clashing on the news,
The granite of opinion from men who know,
Hardly, the full measure of other men and of all things;
Clinging desperately to their view.

Later, I recalled the faithfulness of Spring,
When light and heat magically coax new buds into flower
And longed that some December Wind
Would come amongst us
And gently cleave the hardened word,
So that we might find that silent mystery beyond
And, maybe, coax in us a kinder kind of power.

Baptized a feminist: On names, belief, and becoming a psychotherapist

by Deborah Luepnitz

What's in a name?

In the fall of 1952, my Italian-American mother walked into the sacristy of her parish in Cleveland, Ohio to register for the baptism of her first baby. The pastor tossed her paperwork on the table. "Why would you name a child 'Deborah'? That's not a Christian name. That's a Hebrew name; it's *Jewish*." It was the same year that a 'colored' family tried to enroll in the school, and he was having none of it. Why couldn't this woman just name her baby "Margaret" or "Catherine"?

There has never been a rule saying Catholic children must have saints' names. My mother, a high school graduate, was intimidated by men in robes, but held her ground, saying she had found my name in the Bible. On the day of the actual baptism, the priest renewed his pique, making my godmother cry. The two women prevailed, however, because my name is Deborah - not after anyone they knew, but after a prophetess in the Book of Judges, chapter 4. I have often wondered if the same scene would have occurred had my tall father with the deep voice been present that day. Like my mother, he was a janitor - that's how we got free rent. He also worked the night shift in a factory for 40 years so there was no time for afternoon meetings at church. And having finished only the 7th grade, he tried to avoid speaking to clergy, in general. One wonders also if an African American baby - even one named Margaret or Mary - would have been christened by that priest at all.

I always believed I became a feminist in high school or college. In my late 30's, however, after telling this story to my analyst, something became obvious: I was *baptized* a feminist. And now, in the retelling, it's clear why my understanding of feminism has always included social class, race, and history - *intersectionality* in today's idiom - for the baptism story makes less sense without it.

As the French analyst, Jacques Lacan, taught in many ways, over the years: Before we speak, we have been spoken about. Our names are stuffed with expectations, hopes, tributes to the dead, appeals to God or fate. A great deal was reflected in that struggle between my mother and the patriarch over female identity. She was orphaned in adolescence and helped care for her nine - mostly older - brothers. It's no surprise that she would name a daughter after a Biblical figure who was no one's servant.

While it's true that we use language, language also uses *us*. Helping patients to explore their own names is intrinsic to the way I work. My advice to young therapists: *Get to know your names*.

I attended Catholic school from 1st to 12th grade; it was the finest education I was to have. Our nuns were not the eraser-throwing kind. Our nuns were true scholars, devoted to teaching and also building our sense of community. They enjoyed doing physical work in the school's garden, but it wasn't the backbreaking work done by my parents, aunts, and uncles. Because we wore uniforms, class differences that show up in mortifying ways in public schools were not visible. You couldn't gang up on a girl for wearing ugly shoes; we all wore the same, ugly shoes. Everyone wanted to be popular, of course, and the way to be popular at Regina High was to be compassionate and helpful, especially to the girls who had trouble studying. It would be decades before I'd meet what are now called "mean girls." The two gifts of high school were: intellectual life and sisterhood.

My best friend, Leone McDermott, taught me the word “feminism” in sophomore year, and she began raising questions in class about women’s rights. Leone was the most brilliant girl I had met. While her well-educated father carefully selected a good college for her, my parents assumed all colleges were alike, varying only in cost. I chose Kent State University because of its cheap tuition.

My college years were unhappy, not because Kent State was low on prestige, but because I made the blunder of majoring in psychology. A young person can be forgiven for assuming that since “psychology” comes from Greek words meaning “study of the mind or psyche” the discipline would explore human desire, madness, love, longing, dreams, illness, and healing. That had been true until after World War II when American psychologists opted to get huge government grants by pretending that psychology was a science, like physics or biology. Instead of reading Freud, Jung, Klein, Winnicott, Horney, Binswanger, we read about experiments in which rats were rewarded at different intervals for finding cheese. I took course after course in my major, waiting for it to get better. It never did. It was all “rats and stats.”

There were wonderful courses at Kent State in other departments and I took as much literature, science, philosophy, French, German, and Italian as possible. Just as important, I was exposed to radical politics at Kent. A few weeks after I registered for the fall of 1970, four students were killed by the Ohio National Guard, on May 4th - a tragedy that fueled the students’ determination to end the criminal war against the people of Vietnam. Some days we had to choose between discussing Shakespeare indoors and sitting outside Rockwell Hall in protest. The best days were when a professor suggested we sit together on the wall outside Rockwell Hall and discuss Shakespeare. (Especially: *Richard II*!)

The boy I loved was one year ahead of me and had helped burn down the ROTC building - a military training department on campus - on May 2nd. Whenever he went to a meeting that fall, I quivered in my room, torn between my anti-war beliefs and the cruelty of my own family members and neighbors defending the Ohio National Guard: “The Guard should have shot them all!” It was also around that time that I feared I was pregnant and had to seek information about an illegal abortion. I was spared that indignity, but the worries that surrounded sex before *Roe v. Wade* are hard for some to imagine. Tragically, we will be living this anew now that *Roe* has been overturned.

On the bright side, I loved discovering new women authors, from Virginia Woolf, Marguerite Duras and Nadine Gordimer to obscure Italian poets of the Renaissance. I longed to major either in theater or literature, but that wasn’t something parents like mine understood as important to this world and letting them down after all they’d sacrificed was out of the question. I could no more major in English than commit arson. I decided to go to graduate school in psychology, and this time I can’t blame anyone but myself. “Fool me twice, shame on *me*” as the saying goes. I was simply unwilling to believe my experience; I was sure that the interesting bits were being jealously kept for those, brave enough to attempt a doctoral degree. Off I went for a Ph.D. in rats and stats - I mean: clinical psychology.

Graduate training

My first grad school interview was at the University of Rochester where a kind, young faculty member praised my application - then asked about my reproductive plans. “The reason I ask is that we put a lot of effort into training our female students, and then they get married and have children.” I was only 20 years old, nervous about the interview, and thrilled to realize that telling the truth was going to win

him over. “Actually, my plan is *not* to marry or have kids.” Awkward silence. Then: “I’m just wondering why a woman who wanted to be a clinical psychologist would *not* want to marry and have children.” It’s still unclear what the correct answer to that question was, and of course, none of the young men had to answer it. Although I was accepted to the program, I left after one year, stifled by an atmosphere that was both paternalistic and philistine.

I transferred to the State University of New York at Buffalo, rumored to be less sexist, and it was there I met the love of my life. He was a graduate student in comparative literature - tender, passionate, brilliant, and a lot of fun. We grew each other up. We explored the world of politics together and ended up forming a Marxist study group that met weekly for a decade. We saved every penny and managed to be two of the few Americans of that era who traveled to Cuba after the revolution. We stayed together for almost 10 years, parting ways because he knew he wanted children and I knew I did not. I remain forever grateful to him, and also proud that he did indeed become a wonderful father.

It was at Buffalo that I discovered psychoanalysis - not in the psychology department where it was reduced to illiterate quips about Freud - but in the Women’s Studies College. Juliet Mitchell had spent a year in residence, and made a deep impression. In her 1974 book *Psychoanalysis and Feminism*, she argued that an avoidance of Freud’s work would be fatal for feminism. Rather than disavow the existence of the unconscious, we needed to learn those ideas and claim them for our purposes.

The English Department at Buffalo had a program - still in existence - called The Center for the Study of Psychoanalysis and Culture, and I began attending lectures there. It produced two students who were to become celebrated clinicians: Christopher Bollas and Stuart Schneiderman. The person at the Center who made a great and lasting impression on me was Professor Murray Schwartz, a Shakespeare scholar whose course on literature and psychoanalysis was surely one of the best I’ve taken in my life. Murray is a learned man, versed in science as well as literature, with a wide-ranging knowledge of psychoanalytic theory, and an intelligence secure enough to welcome many points of view. In other words, Murray had the background Freud (1926) considered ideal for the practicing psychoanalyst.

In 1977, he assigned our class the “mirror stage” paper of first Winnicott (1971) and then Lacan (1949) and discussed the cogency and appeal of each in literature and life. That experience was the beginning of my career-long interest in a conversation between British and French psychoanalysis, culminating in a paper published 30 years later titled: “Thinking in the Space Between Winnicott and Lacan” (Luepnitz, 2009). Murray is also a brilliant writer (e.g. Schwartz, 2018) and eventually became Editor-in-Chief of *American Imago*—the field’s premier journal of psychoanalysis and culture, launched by Freud and Hans Sachs.

Back in the Psychology department, the absence of female professors made books by women authors even more important. Phyllis Chesler’s *Women and Madness* awakened us to the fact that women had been medicated and institutionalized for reasons related to their treatment as women - by abusive fathers, husbands, bosses and clergy. She and Susie Orbach (1978), co-founder of the Women’s Therapy Centre, opened our eyes to another truth still difficult for some to grasp. There is no apolitical theory or therapy. All derive from assumptions about what it means to be healthy, normal - and what it means to be gendered (or not). Having heard Dr. Chesler speak while a grad student, I wrote her a letter one day and was thrilled at her warm response. In fact, years later - in the 1980s - I was to work as her assistant, after moving east. She invited me each year to the feminist Seder, attended by twenty of her friends, including Grace Paley and Gloria Steinem. I’m sure the priest from Cleveland was turning in his grave as I sang “*Dayenu*” and searched for the hidden matzoh.

The world of family therapy

In 1980, I began a post-doctoral fellowship at the Philadelphia Child Guidance Clinic to study with some of the very people who had launched the family therapy movement, including Salvador Minuchin. I was engaged enough by the instruction, and by the opportunity of treating poor West Philadelphia families to stay on staff for five years. But my time at the clinic was also deeply disappointing. In graduate school, the discussion of sexual politics and social change had become part of daily life - with our professors and with our partners. I learned that in the world of family therapy, these topics were not even part of the conversation. In fact, no one was talking about mothers, fathers, sons and daughters, at all, but about “dyads,” “triads” “coalitions” and “executive subsystems” - the language of the corporation. Not only that, but everyone seemed to believe that it was good “strategy” to enter a consulting room *and blame the mother* for whatever was going wrong. Fathers were handled gently, and often thanked for coming. Women who had been told by a male therapist to “back off” “grow up” or even “shut up” sometimes didn’t return for more sessions, yet this work was presented at conferences as effective (Luepnitz, 1988). I had dreamed in graduate school of leaving my little Midwestern pond for the sophisticated East Coast and what I found was a group of people enacting 1950s ideas of father-knows-best. Finally speaking up for feminism was Marianne Walters, who, along with three other brave social workers one generation ahead of mine, founded the “Women’s Project in Family Therapy,” (Walters et al., 1988) offering workshops that challenged outmoded models. The 1980s became a spirited time of discovering other like-minded women - and some men - who shared outrage over what was passing as acceptable treatment and who were keen to create alternatives.

At first it was a love-fest, and after the honeymoon, came some disillusionment. Immersion in the world of family therapy had not extinguished my interest in psychoanalysis. On the contrary, what Freud (1921) called “group psychology” was being enacted every day in our treatment rooms. Somehow, family therapists got the notion that *they* had discovered the fact that symptoms serve a purpose - often keeping marriages and families together - this, despite the fact that Freud had been there a half-century earlier. I resumed my study of psychoanalysis, and my book, *The Family Interpreted* became not only a feminist critique of eight schools of family therapy but also a *psychoanalytic* critique of the field. Some of the older - and younger - therapists who had never read psychoanalysis and confused it with the American perversion of it (Jacoby, 1983) were heartbroken by my choice, and that, in turn, broke my heart. They felt I had sold out to the dead white European men, and I felt their account of family life and individual desire was sadly reductive. My viewpoint was described as “non-systemic” whereas I thought psychoanalysis was *more* systemic since it included not only gender, race, class and historical period but also the most commanding - and elusive - system of all - the unconscious. In general, we agreed to disagree, but not before I had come face to face with my first mean girls.

A beloved almost-mentor

Despite having some good teachers, I did not have an actual mentor, and I longed for one. The closest approximation was Dr. Teresa Bernardez, an Argentine psychiatrist who also practiced psychoanalysis. Scores of her own students looked to her for mentoring, and I did understand why she said she preferred to think of me as a friend, not another protégé. We met at Phyllis Chesler’s house in Brooklyn and bonded over our love of literature, and our readings of Simone de Beauvoir, Dorothy Dinnerstein, Françoise Dolto and Melanie Klein. She was not surprised to hear that I had learned nothing in seven years of graduate psychology, and she helped me mourn. It was Teresa who encouraged me *not* to commit allegiance to any one of the American psychoanalytic institutes, which she viewed as both misogynist and anti-intellectual, but instead to put together my own analytic training program - picking and choosing the best course work, personal analysis, and supervision - wherever these could be found. I did so in Philadelphia, New York, and Paris. Teresa was a consummate clinician. Her feminism suffused

everything she did, but she never confused therapeutic discourse with the rhetoric of the classroom. She understood that women as a class had been ignored, exploited, and raped, but she also understood the power of internalized misogyny and the ways we take over the role of our abusers. She gave me the best supervision on my analytic patients - mostly by phone from Michigan - before phone sessions were considered normal. We presented together at conferences several times, but the only thing we ever wrote together was something Phyllis had cajoled us into doing in her kitchen one evening before Seder. Phyllis had a writing deadline for the book she was working on and announced: "You two are going to have to do the task for tomorrow: *Write a feminist version of the Ten Commandments.*"

"What?! In 24 hours? Why us?"

We griped and laughed and then managed to write down what we called "*The Ten Commitments*" on the back of an old envelope. They were read at Seder the following night to great approval, and - I've been told - are still used at many a feminist Seder today.

Can we please dis-invite the Surgeon General?

With Teresa, and with many other kindred clinicians - including Molly Layton, Kerrie James, Harriet Goldhor Lerner, and Virginia Goldner - I discussed what was feminist about our way of working, and we brought the feminist critique to many conferences. One day in 1987, I opened the mail only to find that the American Association of Marriage and Family Therapists (AAMFT) had chosen as its featured speaker the presiding U.S. Surgeon General, part of whose agenda was to make abortion illegal again. The AAMFT would be giving him its "Distinguished Service to Families" award. Teresa said, "I told you: family therapists don't believe that women are really *members* of families." Marianne Walters was in London for the year, but I phoned her to ask if she thought we should call for a boycott of the conference. "Oh no!" she said. "Why cede our national meeting to the other side?" She told me to call the AAMFT leadership and demand that the Surgeon General be un-invited. "Right!" I said.

Wait - what??

I called the AAMFT and was told by a very sympathetic man that they would be more mindful next time, but that, of course, they couldn't dis-invite President Reagan's Surgeon General. Dr. Koop had taken brave and salutary stands on smoking and AIDS but opposed abortion in all cases. I said that, of course, I understood. We would not boycott or heckle their distinguished guest. However, since we know that anti-choice laws don't eliminate abortion, only *safe* abortion, one hundred of us would stand quietly in the last row, holding coat hangers. He said he would get back to me.

Three days later, he called, offering to *add* something to the already printed program - a panel about women's issues - and even to fly out the President of the National Organization for Women (NOW) as our distinguished guest.

Deal.

We leafleted the conference, inviting people to attend a panel called, "Reproductive Choice: A Critical Issue for Families." NOW President Judy Goldsmith gave an informative and rousing talk. We used that meeting to sign people up for what we called "Family Therapists For Choice" and later marched together in demonstrations in Washington.

Before the internet and e-mail, those national meetings offered the best hope of exchanging ideas with others interested in feminist therapy. We agreed that the techniques of the old guard, such as insulting

mothers, attacking them to “unbalance” the system, and calling them “Mom” instead of their names - could not be part of feminist therapy. Nor was the solution to start attacking fathers. Did feminist therapy mean nothing more than a refusal to insult one’s patients? The older generation had truly set a low bar! Most traditional therapists maintained that we were politicizing the work, whereas theirs was *apolitical*. (I remembered Simone de Beauvoir saying in *The Mandarins* something like: Did you ever notice how people who claim to be “apolitical” turn out to be reactionary?) My position was that we couldn’t simply call this work “good, humanistic treatment” as some suggested. A helpful analogy at the global level came a decade later, when a Chinese dissident denounced the upcoming United Nations Conference on Women for being held in China. No one, he said, should enter China *at all* - unless they were going there to discuss human rights. It took Hillary Clinton - no revolutionary - to show up at that conference and say: “Women’s rights *are* human rights.” To many that was a revelation - although the year was 1995!

New activist waves

The U.N. conference in Beijing was a highlight of my life (Luepnitz, 1996). The American women in attendance were “second-wave” feminists, who came of age in the 1960s and ‘70s. Younger American feminists have grown up in a different world, but their heroes are now heroes to us all: Malala Josefi, Greta Thunberg, Mo’né Davis. Their touchstone books include Kate Bornstein’s, *Gender Outlaw* (2016), Chimimande Adiche’s *We Should All Be Feminists* (2014) and Mikki Kendall’s (2020) *Hood Feminism*. Another writer we admire is Alison Bechdel (2012) who claims she “fell in love” with Winnicott during her own analysis. Her graphic memoir *Are You My Mother?* - which describes coming out as lesbian - brilliantly introduced a generation of young people to psychoanalytic ideas. These days, I never teach Winnicott without Bechdel.

What psychoanalysis has always had over the family therapy movement is the requirement that trainees undergo their own treatment. Some master family therapists actually went to great lengths to insist that one’s own therapy has nothing to do with one’s clinical skills and could be proudly refused. We cannot know what it is like to entrust our emotional life to a therapist if we ourselves have never done so. Whether we identify as gay, lesbian, straight, bisexual, cis-gender, trans, intersex, she-male, two-spirit, non-binary, quesbian, or gender-queer - wherever we are in what I call the sexual diaspora (Luepnitz, 2021) - we must have had the chance to examine both our choices and what we experience as given, if we are to help others explore their embodied subjectivity.

Insight for all

A big part of my self-definition as a feminist these past two decades has been doing low-fee and pro bono work. In 1999, I began volunteering at Philadelphia’s Project HOME - an extremely successful organization for lifting people out of homelessness. Even in simple tasks such as serving food or riding in the outreach van, my psychoanalytic training was useful. In 2005, I asked the director, Sister Mary Scullion, for permission to bring psychoanalytic therapy to Project HOME. When she gave the green light, I began recruiting colleagues for a program we call Insight For All (IFA). To speak of psychoanalysis and homelessness together seems odd to those who believe that introspection is a luxury for the worried well. And didn’t Freud say that a high fee helped the patient feel invested in the treatment? He did say that early on, but it’s clear that he had changed his mind by 1918, and advocated free treatment for the poor. As a result, ten free psychoanalytic clinics sprang up in seven European countries, treating farmers, factory workers, chambermaids and the unemployed. This story is beautifully told in a book by feminist Elizabeth Danto (2005) titled, *Freud’s Free Clinics: Psychoanalysis and Social Justice 1918-1938*. The clinics flourished until the Nazis, who hated Freud’s “Jewish Science” took over the Polyklinik in Berlin in 1936.

IFA has one psychoanalyst - Violet Little - who works with homeless people who are still living on the street. She sees some individuals occasionally, and others, three times per week. The rest of us treat individuals, groups and families who are trying their best to live indoors at Project HOME - which offers permanent - not temporary - housing. At first, the analyst meets the patient onsite, but some graduate to our office - and a few even prefer lying down on the analytic couch. We have conducted sessions in conference rooms, on long walks through the park, and even inside tents during the glorious months known as "Occupy Philly." We rely on the insights of other feminist psychoanalytic thinkers, like Gabrielle Brown (2019) who are committed to serving unhoused adults.

Many members of IFA are associated with the Institute for Relational Psychoanalysis of Philadelphia (IRPP) where I am on the faculty. Relational psychoanalysis is explicitly feminist, realising that feminism and psychoanalysis are needed to bring out the radical potential in each other (e.g. Benjamin, 1988). I trust the feminist sensibility of the IRPP analysts who identify as male, such as Dennis Debiak, as much as that of those who identify as female or non-binary. When I think of how far this is from the therapy world of the 1980s, I am ineffably grateful.

Towards a new independent tradition?

Psychoanalytic ideas that are outside the Relational world continue to influence my thinking and practice, in particular those of Jacques Lacan. In the past few decades, a number of analysts, working independently, have discovered the advantages of learning from both Lacan and Winnicott - enough to fill two edited volumes. (Vanier & Vanier, 2010; Kirshner, 2011). Contributors hold very different ideas about *how* to bring these seemingly incompatible theories into contact, of course. In the 1940s, analysts like Winnicott who learned from both Melanie Klein and Anna Freud, and refused to swear allegiance to one or the other, came to be called the "Independents," or the "Middle Group." It has occurred to me that we might be on our way to a new independent tradition or new Middle Group - this time, between Winnicott and Lacan. The risk involved is diluting one or both streams of thought. However, there are risks also in *not* titrating Lacan with Winnicott, Winnicott with Lacan, as I have described elsewhere (Luepnitz, 2015; 2018).

In conclusion

A colleague invited me to write a paper about my professional journey, just weeks after my mother died. I was tempted to decline out of sheer exhaustion, then realized it might help me navigate a difficult time. Although I never submitted the paper, drafting it did help me reflect not only on professional but also on family vicissitudes.

My mother and I had more than one relationship, and I have needed to grieve each one. There is no question that she helped make me a feminist. She was incredibly smart and funny, loved words, and would have made a brilliant teacher, had she only had the chance. She was a loving listener. When, as a young woman, I told her that I didn't see myself marrying or having children, she remarked that there were many ways to live a happy life. She seemed really happy for me when I told her the church of which I am now a member is Protestant. Her own mother was illiterate and had to make an "X" at the bank because she couldn't even write her own name. In contrast, Doris raised a daughter who loves to read and write books. One of those books, *The Family Interpreted*, is dedicated to my grandmothers. Another - *Schopenhauer's Porcupines* - has been translated into seven languages including my ancestral languages of Italian and German. The freedom - as well as the troubles - that some of us have today would be incomprehensible to earlier generations.

As my mother lay dying, I sang to her, prayed with her, and thanked her for many things, including giving me a beautiful name. *Deborah* in the Bible was: a judge, prophetess, soldier, adviser.

You set the bar high for me, Ma. Way too high. And thanks.



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The ‘seanchaí’ project: Combining the spirit of ancient Irish storytelling with modern psychology in community and personal development

By Pádraig Cotter & Paul Callery

Background

The island of Ireland, the Irish people and the culture of these people have been heavily influenced by a wide range of very significant collective and societal events for hundreds of years. The impact of these is transferred to subsequent generations in both conscious and unconscious ways. This informs the development of a national psychology, different ‘sub-psychologies’ across the many groups of people on the island (and those who leave), as well as impacting the development of each person’s psychology at an individual level. All are interconnected, the individual, their groups, sub-groups and the larger collective that gives rise to a notion of ‘Irishness’ or rather many different conceptions of what it means to be Irish.

In the last thousand years, there have been several major traumatic events on the island of Ireland. Many are connected to our relationship with our near neighbours in Britain. The first Anglo-Norman invasion occurred in 1169. Since then, the people of Ireland have lived through the Plantations (1500 – 1800), rebellions in 1641 and 1798, The Great Hunger or ‘An t-Ocras Mór’ between 1845 and 1852, the War of Independence between 1919 and 1922, the partition of the island that followed, the civil war this partition created, the civil rights movement in the ‘North of Ireland’ in 1964; and the 30 years of war or ‘Troubles’ that began in ‘Northern Ireland’ in the late 1960s. This is to name but a few. Religion and religious institutions have also had a far-reaching impact. This is true in terms of both Catholicism and Protestantism and in a whole myriad of very external and obvious contexts (e.g. Troubles in the North of Ireland) as well as many internal or unseen domains (e.g. internalised attitudes towards sex and sexuality).

Unprocessed, untold and unconsidered trauma that such experiences can lead to is often unconsciously transferred to subsequent generations to be re-enacted in different ways at an individual, group or collective level. For example, the ‘victim-oppressor’ dynamic plays out regularly within people’s own psychology, within parent-child relationships, within romantic relationships, in the classroom, on the sports field, and at a broader level within political arenas. That said, we realise that there is much more than hardship to the many stories of Ireland and Irish people – both past and present – and we do not wish to overlook this. In recent times, the benefits of joining the EU have been many; many parts of the island now experience as much immigration as emigration; and there has been significant progress on social issues such as same-sex marriage and legislation pertaining to abortion.

Several years ago, along with other Irish people, we began processing some of the abovementioned issues at an International Group Process Seminar, hosted by CFOR (Force for Change) in conjunction with Research Society of Process Oriented Psychology United Kingdom (RSPOPUK). It was entitled ‘The World Inside Out’ and focused on the application of Process Oriented Psychology (POP) within

a group setting (Mindell, 1995, 2014). This was the beginning of a further project undertaken with another colleague at a subsequent CFOR/RSPOPUK programme, 'Facilitating Our Future'. This work, on the relationship between Ireland, Northern Ireland and England, was part of a series of workshops facilitated by people from around the world, working in the areas of conflict negotiation, post-conflict rebuilding, peacebuilding, and community development. This work led to the development of *The Seanchaí Project* (Cotter et al., 2022a), which is one of ten projects seeded by the 'Far in Far Out' (FIFO) Jean-Claude Audergon Memorial Project. The purpose of the FIFO project is to support facilitating personal and collective awareness within community-based projects at a range of different levels, including design and practical implementation, as well as within individual facilitators, facilitation teams and the interplay between these and the groups they work with.

Approach to group facilitation

The underlying perspective from which we operate is integrative, interdisciplinary, and pluralistic (Norcross & Goldfried, 2005; Boix Mansilla, 2010; Teo, 2010). We are informed by a range of models and schools of thought, including Person-Centred Therapy (Rogers, 1957), Group Psychotherapy (Yalom & Leszcz, 2005), Compassion Focused Therapy (Gilbert, 2005) and Existential Psychotherapy (Yalom, 1980). However, our biggest source of learning and training has been in Arnold Mindell's Process Oriented Psychology (POP) (Mindell, 1988, 2017).

POP is a very integrative approach itself, incorporating learnings from Jung's analytical psychotherapy, psychodynamic therapy, CBT, client-centred psychotherapy, Gestalt therapy and Systemic and Family Therapy (Cotter, 2021a). Beyond the domain of psychology and psychotherapy, it also introduces concepts and ideas from physics, Shamanism, Buddhism, alchemy, and mythology (Mindell, 1989). An essential underlying viewpoint that pulls all of this together is grounded in the Chinese Philosophy, Daoism (Addiss & Lombardo, 1993). The aim of this work is to follow nature, the 'Dao', the 'way' or the 'process' as it arises in each moment (Mindell, 1989).

In recent years, there has been more and more recognition of the impact of collective traumas on individuals' mental health (Johnstone & Boyle, 2018; Sweeney et al., 2018). Early in the development of POP, Mindell (1989) came to see how there were many advantages to processing collective events and societal issues in larger forums beyond the traditional psychotherapy dyad. This larger scale group-processing has become known as Worldwork. We have had the benefit from learning quite closely from some of Mindell's early students in Ireland (Hollwey & Brierly, 2014), England (Audergon & Audergon, 2017) and Spain (Instituto Trabajo de Procesos). Two of our most influential mentors, Arlene and Jean-Claude Audergon, along with their colleagues, have used this approach in other parts of the world that have been heavily affected by war and conflict. These have included Rwanda and the Balkans (Audegon, 2004, 2005, 2006, 2008; Audergon & Ayre, 2005).

In an effort to incorporate aspects of human psychology and consciousness that have become less prominent in modern Western thinking, Mindell and colleagues have reached out to indigenous cultures and long-standing schools of meditation in the East (Mindell, 2000). These perspectives often inform the use of what are called 'Metaskills' (Mindell, 1994). These are the feeling attitudes, values and beliefs that inform the facilitator's overarching engagement and guide how they do what they do (e.g. following nature, beginner's mind, eldership (Diamond & Jones, 2004)). Over time the development of our own Metaskills has been informed by an ancient Irish tradition, the *Seanchaí*. This way of being has a range of resemblances and some more direct overlap to other indigenous cultures that Mindell has learned from and studied with in other parts of the world.

A *seanchaí* (pronounced shan-a-key) was a traditional Irish *storyteller* (O'Suilleabháin, 1969). In a literal sense, the word means 'bearer of old lore.' The *seanchaithe* (plural) were custodians of history and culture on the island of Ireland for many centuries (Mercier, 1964). Historically, they were highly valued by their local Chieftain and had a wide range of roles that involved dealing with legal issues, literature and genealogy. Following the English conquests of Ireland - from the 1500s onwards - the work of the seanchaithe became more and more centred on storytelling and passing on Irish folklore, myth and legend (Kiberd, 1979). This rich and ancient way of being, that has its roots in pre-anglicised Ireland, has become an important background spirit or metaskill and starting point for this work.

The work to date has involved facilitating group-based, community dialogue interventions. These have had a broad initial starting point of 'the experience of being Irish in 2022 or different relationships with, or to, Irishness in today's world' (Cotter et al., 2022a). From here, we follow the group's process and facilitate the exchanges and interactions that emerge. This involves using a range of POP-oriented facilitation skills and perspectives. (For a more complete overview see Audergon, 2004). An overarching metaperspective is Mindell's (1995) concept of 'Deep Democracy', whereby all views, voices and forms of emotion are welcomed, valued and listened to. Mapping and following the different roles that may emerge within the process is key. A role can be described as a particular cultural rank, position or viewpoint (e.g. boss, employee, helper, victim, perpetrator) that often operates 'in the background', shaping how content is discussed 'in the foreground'. Where we identify roles, they can be brought into awareness, taken on and filled out by different people over the course of a group process. We often conceptualise roles as emerging in pairs, even if sometimes only one of the roles is apparent. This helps to look for what might be the missing role or the 'ghostrole' (e.g. the activist role is very prominent and taking up a lot of airtime while those who are silenced is a ghostrole that is less obvious). Working with 'hotspots' is also central (Mindell, 2017). These are particular types of interactions within a dynamic where conflicts can cycle and escalate. Slowing down and bringing awareness to what is occurring at hotspots can lead to change. Similarly, bringing awareness to momentary resolutions or 'cool spots' is essential. Bringing awareness to issues of rank (contextual, social, psychological and spiritual), power and privilege is also important within this work (Mindell, 2014). Working on these issues within oneself - known as innerwork - is a further key part of facilitating groups in this way.

Potential ways forward

We have many hopes for this project and the nature of the work it represents. We hope to host a range of further events across the islands of Ireland and Britain as well as online. The latter, as well as increasing accessibility, allows us to facilitate discussions on being Irish in a way that brings people together from different parts of these islands and from different corners of the world. Already we have seen the value of this and the interconnectedness it engenders.

We wish to host 'open' groups where anyone with a relationship to Irishness can join, as well as 'closed' sessions for groups of people who share a particular connection. This can be especially relevant to people who have been minoritised or marginalised within mainstream society. This may be due to gender, race, sexual orientation, disability, socioeconomic status or the many other ways that people are discriminated against. One group within Irish society that is deserving of special mention in this regard is the Travelling Community, which experiences the greatest degree of disadvantage "by far" among minority groups (McGinnity & Watson, 2021). Using a closed group model where appropriate may support integration in the longer term as it can support people from minoritised groups to later attend open groups. Closed groups may also be useful for groups of people with a common interest or shared goal. This might include writers, documentary makers, sportspeople, politicians, students,

and what may be of particular interest to the current readership, psychotherapists, psychologists and counsellors. We believe these types of group-based interventions can support such people in their own lives as well as with the work that they do.

Supporting people with different viewpoints and perspectives to come together is an important part of this work. One somewhat ubiquitous example of this is bridging ‘the generational divide’, in the context of differing experiences in a period of accelerated change. This may involve working with younger people and older people in closed groups initially and then bringing them together to share each other’s stories and perspectives. Or potentially even more important, is when these dynamics arise organically within open groups. Other examples might include Catholics-Protestants, Northern Ireland-Republic of Ireland and Urban-Rural.

To realise the above propositions – and extend the project beyond the initial pilot phase - we will need to secure sufficient funding and associated resources. This is something we are currently exploring.

Conclusion

There is a *seanfhocail* (old Irish saying) *Ar scáth a chéile a mhaireann na daoine* or ‘under each other’s shadow is how people survive’ (Magan, 2020, p. 126). We do not mean to overlook how many people have suffered and continue to suffer within individual and collective relationships. Rather, we also believe that growth and healing can emerge from within this so called ‘shadow’, especially when the ‘right’ conditions are cultivated and nourished. This *seanfhocail* can also be understood as ‘it is in the shelter of each other that the people live’ (O’Tuama, 2015, p. 5), recognising further how we are part of each other’s stories.

Much of modern Western thinking is grounded in a particular way of viewing the world. This is reflected in perspectives such as positivism, capitalism, and the scientific method (Cotter et al., 2020, 2021b, 2022b, 2022c). While there have been many benefits to these ways of being, their dominance has created many problems in today’s world. The individualistic, objectivist and reductionist stances they promote have contributed to eroding much of the interconnectedness between human beings – and between humans and other animals and the natural world more broadly. This is an underlying factor in many of today’s major issues (e.g. climate change, rise of fascism, treatment of immigrants, lack of humanity in modern healthcare).

Within Europe, former colonial ‘powers’ may find it especially difficult to ‘correct’ this imbalance because they have taken it on, and benefitted from it, most wholly. Ireland’s somewhat different history may mean that there is a little more space for a change in direction. We believe that combining the spirit of the *seanchaí* with learnings from the humanistic and integrative psychotherapies, in particular POP, can play an important role in supporting modern Ireland in becoming a more equitable place; in developing a different relationship between Irishness and Britishness, and in evolving the concept of Irishness on a more global level.



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‘Through the opening of the mouth, we bring out sounds from the mountain beneath the soul.’ - Does our language matter?

by Marika Mikulak



As a multilingual therapist I work with people in English, Polish and Spanish. For many people I see, English is not their primary language, as it is not mine, but it is the language we communicate in. This experience has made me wonder about the role of language in therapy. With the changing fabric of Irish society, I imagine many of the readers are also seeing non-native speakers or bi/multilingual speakers. Statistics from 2017 show that approximately 13% of the population in Ireland now regularly speak a language other than English or Irish at home, with the most commonly spoken languages being Polish, French, Romanian and Lithuanian (Central Statistics Office, 2017). It will be interesting to see if the 2022 Census results due to be published in April 2023 will show much of a difference here.

Therapy was once based solely on the verbal with Freud’s classical psychoanalysis referred to as ‘the talking cure’. The father of psychoanalysis sat behind a person lying down on the couch not looking at them at all. I thought its purpose was to reinforce the analyst’s role as a blank screen not interrupting the free association. It was not until my visit to the Freud museum in London when I learnt that he placed himself out of the patient’s sight because he apparently could not stand looking at one person after another for eight hours a day.

Throughout the 20th and what we have lived through so far of the 21st century, the focus of therapy has been extended to include the non-verbal with the attention also placed on the body, with the famous book title *The Body Keeps the Score* (van der Kolk, 2014) or often repeated words ‘the body never lies’. McGilchrist (2009) also emphasises how the body and its connection to the right hemisphere should really be the master and the language associated with the left hemisphere would do better as the master’s emissary.

However, language is still important. It is used to build the therapeutic alliance, rapport and to understand the inner landscape of our clients. It is intertwined with culture and Burck (2004, p. 315) considers language as “culture soaked”. From a systemic perspective, Hall (1996) sees language as a

tool that allows us to notice the suture between an individual's subjective viewpoint and the social and cultural context. Fairclough (1989) connects language to power and unequal relationships within societies and stresses how language contributes to the domination of some people over others. And O'Donohue (1997) sees language as an art of creation of the world around us and bringing the invisible into the visible:

Each day, our tribe of language holds what we call the world together. Yet the uttering of the word reveals how each of us relentlessly creates. Everyone is an artist. Each person brings sound out of silence and coaxes the invisible to become visible. (p. xv)

That creation can have different meanings for each one of us since the words we use, says Miller (1951), "signify only what we have learned that they signify" (p. 5), hence in therapy we often ask for clarifications, e.g. What do you exactly mean when you say this? Finally, we cannot deny the fact that language is a vital part of human connection whether in those I-It moments in a shop or a post office to those I-Thou moments of true meeting when we share our deepest stories with another.

My focus here is mostly on the role and impact of language for therapists and clients who are bi/multilingual. Do we change if we speak another language? What do different languages mean to us? My own experience of a friend who I spoke Spanish with and who presented herself as a different person in her native language as compared to when she communicated in English is very vivid in my mind. I found it really fascinating how a confident, strong voice in Spanish can become a shy, quiet presence in English. Greenson (1950) refers to this with his concept of different self-representations depending on the language spoken, he quotes one of his clients stating, "in German I am a scared, dirty child; in English I am a nervous, refined woman" (p. 18). This validated the experience of my Spanish friend. Furthermore, Burck (2004) in her article "Living in Several Languages: Implications for Therapy" provides a vast literature review on the subject with interesting points such as: we may present different values and affective content depending on the language used, events may be recalled differently in various languages or even that a person can appear psychotic in one language while coherent in another.

Interestingly, the role of language came up in a session with a Portuguese person I work with. She stated that once she feels very comfortable with someone, often without thinking she starts speaking to them in her native language, or when she misses her country, she switches on the national TV on the internet just to find comfort, familiarity and to reconnect. Burck (2004) confirms this when she writes, "first languages mostly connoted as the language for intimacy, both signifying and engendering closeness" (p. 320) and further on the following page, she says, "the ease in a first language, in which individuals are positioned unselfconsciously, in comparison to a struggle in a subsequent language, could provide a sense of 'being at home' in it. A first language could engender a sense of belonging and a sense of authenticity" (p. 321). This is not surprising, since this is the language we are likely to hear when we are in the womb and from our primary caregivers. The significant milestone in our development of starting to speak is also associated with our first language. Hence, as therapists in crucial moments of the therapeutic process we sometimes ask our bilingual clients to say a word or a phrase in their own language and it is not for us to understand it, rather it is for them to truly feel how these words reverberate in them.

Surely, language heard or spoken can also be a source of discomfort depending on our experiences. I remember my grandmother, Jadwiga, who as a 15 year old girl was taken by the Nazis to build trenches. She often spoke about hearing German words and the negative sensations that it evoked in her.

This brings me to another fascinating point, namely how second languages can create distance. It is the other side of the coin really; whilst native languages can offer closeness, second languages provide distance. Here, I am talking about the distance within oneself, between experiencing self and expressing self. For me, swear words in English do not sound as harsh as in Polish and similarly, words of affection sound deeper in the latter. This point got confirmed in a recent session with a Romanian client whose inner critic spoke to him in English. I enquired if there would have been an affective difference if that voice had used his native tongue and he confirmed immediately and added that then he would have perceived it as harsher. Burck (2004) stresses that the distance can also remove some limitations and thus offer individuals an opportunity to construct themselves anew. One of her research participants, Saskia, said, "It was one of the attractions at the time – speaking a different language and living in a different country allows you to be a different person" (Burck, 2004, p. 322). The emotional distancing connected to the use of the second language has been called the detachment effect and it can have disadvantages, such as difficulties in integrating emotions and experiences, as well as advantages, such as verbalising highly charged material since the language offers some detachment and thus protection (Marcos, 1976). Saskia's words also point to the contribution of language to the formation of our identity. Dewaele and Costa (2013) quote Imberti who suggests that creating a new self for every language that one speaks is a way of coping, "We need to become new selves to speak a language that does not come from our core self, a language that does not reflect our inner-connectedness with the culture it represents" (p. 35).

Bager-Charleson et al. (2017) in their article on multilingualism and therapy state clearly that: "Therapists are often unprepared to deal with their clients' use of other languages" (p.1). They also raise the points that many practitioners do not see it as being that significant in their therapeutic work and that, in fact, work with multilingual clients can push therapists out of their comfort zone. In light of this, Bager-Charleson et al. (2017) suggest that "training about multilingualism as a means of understanding multilingual clients' different and sometimes conflicting 'narrative knowing' and sense of self be integrated in core psychotherapy courses" (p. 17). Do you know any psychotherapy trainings that include modules on multilingualism and therapy? I do not, so it appears that they have identified a real gap.

Multilingual therapists' accounts show that while their language abilities increase the ability to attune, connect and empathise with their multilingual clients, they might also be more prone to collusion which monolingual therapists may encounter less (Bager-Charleson et al., 2017). I can certainly agree that multilingualism makes me more attuned to clients' use of various languages. I know from my own experience that many expressions are not translatable and that there are phrases in some languages that capture particular experiences more fully. Am I more likely to collude with Polish clients? This is an interesting question to ponder.

Some researchers on the topic of multiculturalism and therapy suggest that our clients' relationship with the languages they speak should be a part of the initial assessment. For instance, Foster (1998) encourages therapists to ask questions about why and when the languages were learnt, in what context, and from whom. She also highlights the importance of enquiring about the current use of those languages: to whom they are spoken, and what language fantasies, self-talk and dreams are in.

In fact, 'What language do you dream in?' was the question I was asked during my first training in psychotherapy. I have to admit that still, nearly ten years later, it remains without a conclusive answer. If you, my dear reader, can answer it, I would love to hear about it. Interestingly, this precise query was at the centre of the controversy in the psychoanalytic circles from the 1930s on. One camp claimed

that the unconscious took place in a specific language, while the other argued the opposite, namely the unconscious was language-less (Amati-Mehler et al., 1990). If I had to choose a side, I would opt for the language-lessness of the unconscious.

In conclusion, language can offer comfort or distance and it contributes to who we feel we are. If you only inhabit one language you could challenge yourself to venture out of your comfort zone and be curious about other languages and maybe next time you are sitting in front of a multilingual person in your therapy room, you could be more sensitive to your client's worlds in different languages and an opportunity may even present itself to explore them. O'Donohue (1997) says that, "Through the opening of the mouth, we bring out sounds from the mountain beneath the soul" (p. xv). That is a deep and rich place and how we communicate about it is a world to discover and explore.



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Deers swam with me today

by Áine Hutchinson

In the cold warm waters of autumn.
And I did not know they were with me all along
Here in the belly of Ireland.
A Lough Derg of bog and heart where time sits deep
I did not know; and then saw the knowing afloat eye to eye:
I tried to grasp the awe; and it looked deeper into my soul
then became meadowsweet; honeysuckle; oak:
Lucretius knew the knowing that we would live on acorns alone:
Grasp it; gone; then in my breath again.

Swim, deers, with me.



The pressing need for therapists to be autism-informed

by Eoin Stephens

“Autism has just been in flux for the past 70 years and it certainly hasn’t settled down yet.” (Hacking, 2013)



Introduction

In 2023, 10 years after philosopher Ian Hacking’s pronouncement above, autism (or strictly speaking, our understanding of autistic people) is fast looking to become one of the significant cultural phenomena of this decade. I’ll say more below about what we might mean when we talk about “autism”, but for now let’s just say that some people, right through their lifetimes, experience and show important neurological differences in *sensing*, in *processing information*, and in *processing social information*.

The estimated prevalence of autism in children worldwide has been steadily growing, and at present varies between 1 in 100 and 1 in 40. Current research largely points away from any actual increase in prevalence as an explanation for this, and instead seems to suggest that improved provision of assessment services is the main relevant factor (Autism Speaks, 2018; Zeidan et al., 2022).

This would imply that prevalence in the adult population should be little different from the figures above. Where then are all the unidentified autistic adults, and why are we just becoming aware of them now? The first thing to understand here is that autistic people come from autistic families. By this I don’t mean a family in which everyone would meet the formal criteria for autism spectrum disorder. I mean a family through which the genes for autism run, so that some may be autistic, and others may experience some of the relevant traits (the relevant genes are not found in all families, so the notion that “we are all a little bit on the spectrum” is not tenable). These days one of the common triggers for an adult to explore whether they might be autistic is discovering that one of their children is autistic, given our current awareness of the largely genetic basis of autism.

Secondly, it was long assumed that autism was vastly more common in males than in females. This became something of a self-fulfilling assumption, as girls were then rarely given an assessment. The current growing realisation that autism is nearly as common in girls/women as in boys/men (perhaps even equally as common), is one of the most striking aspects of the extraordinary phenomenon we are exploring here (Flegg, 2021).

Thirdly, many autistic adults received diagnoses that hid the fact they were autistic. Common examples of these misdiagnoses (and/or comorbid problems), as far as we can tell, have been intellectual disability, obsessive compulsive disorder, anorexia nervosa, and borderline personality

disorder (Fusar-Poli et al., 2022).

Finally, as we will see below, many autistic people learn to use what is often called “masking” to hide their differences from a largely unaccepting world. This is a survival/coping strategy which helps somewhat in the short-term, but which has many kinds of negative fallout, including the fact that it successfully hides their autistic nature from discovery.

As our awareness grows beyond the notion that autism is something to be associated mostly with children and with the male gender, many adults (of all genders) are realising that they may be autistic. This realisation can then be used to make a lot of sense of their life experiences and struggles, but many may need informed professional help to do so. Autistic people (especially those growing up without knowledge of being autistic) are even more vulnerable than the general population to conditions such as social anxiety disorder, generalised anxiety disorder, depression and eating disorders, and the suicide rate among autistic people is much higher than in the general population (O’Loughlin, 2020).

When they seek therapy, allowance needs to be made for their autistic personality and perspective. In other words, therapy needs to be autism-informed, in the same way as there has been growing awareness of the extent that it needs to be trauma-informed and culturally-informed (Koenig & Levine, 2011).

Autism – Current thinking and terminology

An autism-informed therapist needs to be accurately informed about autism. At a minimum, they need to be up-to-date as to what is myth and what is current thinking, as well as showing sensitivity to a client’s preferences with regard to language and terminology.

Established, official terminology in psychiatry and in clinical and educational psychology still clusters around such concepts as deficit, disorder and disability. Some use of the framework of disability is often acceptable to autistic people, with the proviso that improvements in societal acceptance and environmental accommodations would greatly lessen the experience of being disabled, a view that is known as the social model of disability (Woods, 2017).

The most widely held view among autistic people nowadays is that being autistic should primarily be seen as a *difference*, as a minority way of experiencing and processing the world that can have both strengths and weaknesses depending on the context.

This view connects with a broader shift in thinking in relation to psychological/neurological difference, i.e. the neurodiversity paradigm. This is a term coined in the 1990s by sociologist Judy Singer, and also by the writer Harvey Blume (Silberman, 2015). Singer, as the mother of an autistic daughter, discovered that she was autistic herself, and by participating in pioneering online discussion forums about her own and other people’s emerging experience, she proposed the term to describe conditions like autism, ADHD, dyslexia, and others, with a view to try and shift the discourse away from terms like disorder and deficit.

Neurodiversity can be defined as:

“...an approach to learning and disability that argues diverse neurological conditions are a result of normal variations in the human genome... [which] ...should be recognized & respected...on a par with gender, ethnicity, sexual orientation, or disability status.”

(Disabled World, 2022).

As it has developed, the word neurodiversity can refer to a few different but connected ideas:

- an evolutionary fact (psychological/cognitive diversity is underpinned by neurological diversity, which is in turn underpinned by genetic diversity plus diversity of learning environments)
- a paradigm/framework/viewpoint (autism and ADHD, along with other “conditions” are seen primarily as atypical, “neurodivergent” examples of human neurodiversity)
- a minority rights movement/programme (part of the broader diversity movement, including gender/relationship/sexual diversity, cultural diversity, and racial/ethnic diversity.)

As well as neurodiversity, there are some other key terms that it is important for therapists to have an up-to-date awareness of. First of all, some terms that were/are well-established, but have become controversial:

- **Asperger’s syndrome (AS)** used to be a common diagnosis, and was seen as a particular subset of autism spectrum disorder (ASD). However, as time went by many professionals in the field could see less and less reason for a distinct separate category, and in the 5th edition of the American Psychiatric Association’s Diagnostic & Statistical Manual of Mental Disorders the category was dropped. This move was controversial for some, who feared that the loss of their AS diagnosis would deprive them of necessary supports, but in fact AS was redefined as ASD Level 1. Others were glad of the change, because they viewed AS as a kind of “elitist” version of autism. Of course, the term can still be used outside of formal psychiatric/psychological contexts, but in fact it’s decreased use has been hastened by the publication of documents suggesting that Hans Asperger had collaborated with the Nazi regime in relation to medical experiments (Czech, 2018).
- **Person-first language**
In the world of disability in general, it has been the practice for a number of decades now to use and recommend the term “person with a disability” instead of “disabled person”. This usage has been transferred to the world of autism, and many professionals use and recommend the term “person with autism”. In fact, many autistic people (what proportion is unclear) prefer “autistic person”. Some of the stated reasons for this preference are, firstly, that an autistic person’s “autism” shouldn’t be talked of as if it was somehow separate from the autistic person (like saying “a woman with lesbianism” rather than “a lesbian woman”), and secondly that person-first language seems overly careful and delicate, whereas there shouldn’t be any need for caution unless unnecessary negative associations are seen to be attached to being autistic. It’s a good idea for therapists to be alert to possible client preferences in relation to this issue.
- **High-functioning/low-functioning**
Autistic people often find themselves being described as high-functioning or low-functioning. While this categorisation may be well-meant, it is often unwelcome to autistic people, especially adults. The reasons that are given for this are first of all that “functioning” varies for autistic people (just like it does for everyone) with time (of the day, week, year), with age, with health, with context; secondly, that functioning in this sense is often defined by ability to work in a standard employment context; thirdly that being categorised as high-functioning may lead to being seen as not in need of much support, while being categorised as low-functioning may lead to being seen as unlikely to benefit from much support; and finally, operating in a “high-functioning” way is likely to take a lot of extra effort for an autistic person, as they probably have to “mask” to such an extent that can lead to “autistic burnout” (both terms are discussed below).

Some important terms have only relatively recently (perhaps in the last decade or so) become widespread within the autistic community, so therapists might not be up to date on them even if they have studied the area of autism before:

- **Masking**

The term “masking” refers to a much deeper and more damaging process than merely putting a metaphorical mask on and off as necessary. For an autistic person to survive, self-protect and belong (at least to some extent) requires an enormous amount of over-adapting, self-censoring, repressing, over-compensating, camouflaging, mimicking, impression management, double consciousness, false self, self-denying, self-forgetting, self-diminishing, and other coping strategies. Ongoing, severe masking often leads to low self-esteem, negative self-view, self-criticism, self-hatred and shame. The ongoing effort of masking takes enormous energy, which frequently leads in turn to:

- **Autistic Burnout**

The burnout that autistic people experience is not fundamentally different in nature from the burnout experienced by anyone else – the difference lies in the fact that the causes can be much more mysterious than in a typical case of burnout, because the autistic person will be seen (by themselves and others) as not necessarily under any more stress than many people around them. As discussed above, this is of course a crucial error, and can unfortunately lead to an autistic person pushing themselves even harder, and blaming themselves, rather than realising what is really happening and taking appropriate steps where possible (Rose, 2018).

- **Autistic Meltdown**

Often, before full burnout (or without ever actually quite reaching burnout), many autistic people will experience one or more “meltdowns” under pressure (often sensory or social pressure). The term is somewhat self-explanatory, and includes a sense of mental and emotional overload, inability to cope with the current situation, a need to escape/collapse. In children (and sometimes in adults) it may be mistaken for a tantrum, but tantrums are strategic and can be snapped out of easily if their object is achieved.

- **Stimming (self-stimulatory behaviours)**

Stimming can take many forms, for example nail biting, hair twirling, cracking of knuckles/joints, drumming fingers on a desk, jiggling foot, pencil tapping, playing a song on repeat, pacing, arm flapping, head banging, spinning, rocking, patterned noises/words, patterned thoughts/images/imagined sounds.

The most well-known function of stimming behaviours is to manage stress and anxiety but for autistic people stimming has many other possible functions, e.g. for enjoyment, to manage sensory input, to express/communicate emotions, and/or to help with information-processing.

Myths and Definitions

There are still many widespread myths and misunderstandings with regard to autistic people, so before we proceed to definitions and criteria, let’s just put paid to a few of them:

- One myth that we have already met is the notion that autistic girls and women are an incredibly rare phenomenon. This has clearly been discovered to be false and we need to catch up on this fact as quickly as possible.

- Another common set of myths (sometimes still perpetuated by the media) is that autistic people are unemotional, unsociable, and unempathic. Again, these “facts” have been found to be false once they were closely and properly examined (e.g. Gernsbacher & Yergeau, 2019). What is true is that autistic people often have different emotional reactions, different social needs/preferences, and different ways of expressing empathy. The autistic British psychologist Damian Milton has proposed a theory of the “Double Empathy Problem”, in which he suggests that the difficulty with empathy some people experience is “cross-cultural”, in other words, autistic people and non-autistic people can often *mutually* find each other difficult to understand and empathise with (Milton, 2018).
- Another myth that doesn’t seem to have quite gone away yet is the idea that the goal of therapy is to heal/reduce the client’s autism. Within most of the adult autism community this idea is treated with the same contempt that any right-minded person has for gay conversion “therapy”.

So how is being autistic defined these days? What sort of criteria are we looking at? Well, the main characteristics of autistic neurodivergence are still under discussion, partly because of the attempt to leave behind the old deficit-based definitions, and partly because much new information has emerged in recent decades about the lived experience of autistic people.

First, let’s look at a very summarised version of a criteria set that is definitely disorder-focused, the DSM 5 (American Psychiatric Association, 2013) Criteria for **autism spectrum disorder**:

- Persistent deficits in social communication and social interaction, i.e. in: Social-emotional reciprocity; nonverbal behaviours used for social interaction; developing, maintaining, and understanding relationships.
- Restricted, repetitive patterns of behaviour, interests, or activities, i.e. Stereotyped or repetitive motor movements; insistence on sameness; highly restricted, fixated interests; hyper/hyporeactivity to sensory input.

As mentioned above, the DSM further divides the diagnostic possibilities into three levels:

Level 1: Requiring support (*equivalent to Asperger’s syndrome*)

Level 2: Requiring substantial support

Level 3: Requiring very substantial support

From the neurodiversity viewpoint, the areas focused on in the DSM criteria list are not under major question with regard to accuracy, but the language used is very controversial, at least outside of the psychiatric profession.

Differences/difficulties in social communication and social interaction generally are very much a core part of the experience of being autistic, and the specific areas of social-emotional reciprocity, communication via nonverbal behaviours, and the development and maintenance of relationships can definitely give rise to a sense in autistic people that “everyone else got a copy of the instruction manual except me”. But, within the neurodiversity paradigm, these would all be seen as differences, not “deficits”. Similarly, intense interests, sensory sensitivity, preference for a strong element of routine and planning, and of course a possible need to stim, are again an accurate take on some of the less socially-focused aspects of being autistic, but language such as “highly restricted”, “insistence”, and “stereotyped” are felt by many autistic people to be nothing short of insulting.

Next, here is another (again highly summarised) list, this time with a deliberate positive emphasis, for balance:

- A. Advantage in social interaction manifested by:
 - 1. relationships characterised by absolute loyalty
 - 2. free of sexist/ageist/culturalist biases
 - 3. speaking one's mind irrespective of social context
- B. Language characterised by:
 - 1. a determination to seek the truth
 - 2. conversation free of hidden meaning or agenda
- C. Cognitive skills characterised by:
 - 1. strong preference for detail over gestalt
 - 2. *original* perspective in problem solving
- D. Additional possible features:
 - 1. acute sensitivity to specific sensory experiences.

(Attwood & Gray, 2013/2021)

Of course, in practice not everyone welcomes “a determination to seek the truth” or “speaking one’s mind irrespective of social context” (some of the reactions that Greta Thunberg has experienced come to mind), but at least officially they are virtues! It’s interesting also to note that sensory sensitivity is included on a “positive” list. Many people only associate *negatives* with this aspect of being autistic (e.g. difficulty with bright lights, noise, clothing labels), but sensory sensitivity can be a valuable asset to an artist or a chef, or can simply enhance our experience of beauty in nature and elsewhere.

And lastly here’s my own current draft (attempting to be relatively neutral), covering differences in *sensing*, differences in *processing information*, differences in *processing social information*:

- Intensity of experience, often characterised by extremes of sensory sensitivity.
- Possible use of stimming behaviours for self-regulation, self-expression, emotional processing and communication.
- Heightened awareness of aspects of the environment (especially non-social aspects), and intense interest in exploring and discussing some of these aspects.
- Independent learning, with detailed memory for areas of interest, and strong systemising and pattern-seeking abilities.
- Preference for communication as accurate transfer of useful information (e.g. less interested in small talk).
- Higher value placed on truth, consistency, fairness and rules that make sense, than on social conformity for its own sake.
- Preference for authenticity and quality in friendships, rather than quantity.

Autism-Informed Therapy

Autism-informed therapy (AIT) is simply therapy that takes autistic neurodivergence into account, and adapts to the particular ways autistic people process the world. It is part of the larger context of neurodivergence-informed/affirming therapy, but my main focus in this article is on the autistic type of neurodivergence.

AIT also takes into account the reality, for many adult autistic clients, of some kind of *autistic over-adaptation* (discussed above as “masking”), in the sense that they have had to learn to adjust, often

in unhealthy ways, to a largely unaccepting world. Some autistic people have developed “internalised ableism”, a kind of internalised “autistophobia” analogous to the internalised homophobia experienced by some gay/lesbian people, because of the stigmatisation and oppression they have experienced. Helping the client to “unmask” is therefore usually one important focus of therapy, along with whatever other presenting issues they bring.

Autistic clients of course need to be met and appreciated as the individuals they are, with their unique goals, strengths, and history. Therefore, as with any client, AIT needs at least to be:

- Person-Centred in order to convey proper appreciation of the client’s individual perspective.
- Motivation-Focused in order to ensure that therapy tracks the personal values and life goals of the client, which often diverge from those considered “typical”.
- Strengths-Focused to counteract the invalidation and disempowerment experienced by many autistic people.
- Trauma-Informed given that many adult autistic clients have had multiple traumatic experiences as they tried to survive in a largely unaccepting world.

There is no reason, so far at any rate, to see any one therapeutic approach as more suitable than others for autistic clients. However, in my own clinical work I have found that elements of approaches such as cognitive behavioural therapy, dialectical behaviour therapy, acceptance and commitment therapy, or solution-focused therapy can often be useful and welcome, as these approaches tend to be:

- issue-focused, skill-focused, and outcome-focused
- structured, educational, and experimental
- explicit in their rationale for any therapeutic work that is suggested.

All of the above points assume that both client and therapist know that the client is autistic (either through their own discovery process or via formal assessment). What if autism has never been mentioned, but the therapist begins to wonder, as they get to know the client, whether it might possibly be relevant? Should the therapist raise the possibility at some point? This is of course a matter for each therapist to decide, based on their theoretical orientation, therapeutic style and working context.

If it is something a therapist might be open to taking the lead on (and many clients have benefited greatly from this happening, from my own experience, and from what I have been told), then I offer the following tentative suggestions:

- Wait until therapy is reasonably advanced before considering such an intervention (both to establish a strong therapy relationship, and to ensure that your knowledge of the client is fairly extensive).
- Gather your “evidence” for your hypothesis and discuss this with your supervisor.
- Discuss also your fears/hopes for what might happen if you raise the possibility with your client.
- If you then decide it is worth proceeding, wait until you and your client are discussing a relevant issue/problem/mystery, for example, why they struggle with relationships or small talk, or why they have always felt so different from other people.
- Use this as a “hook” to mention how much more common it is nowadays for people to talk about the idea of “neurodiversity”, and to wonder about possibilities such as ADHD and autism when trying to understand themselves.
- After that, it depends on their reaction. They may not pick up the suggestion at all, or they may be curious as to your thoughts on it. Or (surprisingly often in my experience) they may say “actually, I’ve often wondered about that”, or “friends often tell me I’m a bit autistic”, or “I have a brother/nephew who is autistic, but I always thought I was too different from him”.

- If the client then wants to explore it further, it is of course not our job to formally assess in any way, but we can suggest reading/videos/inventories, provide a list of psychological services that provide assessments if wanted, and explore the client's childhood, extended family and relationships, with this new idea in mind. Many clients just want to engage in their own discovery process, with a bit of support and assistance, and have no desire/need to get a formal assessment. There are a number of reputable inventories/questionnaires available for further exploration (e.g. Embrace Autism, 2018-2022).

A useful and practical way to draw an overview like this to a close is to take a look at some possible implications for the therapy setting. Given that therapy is a social/interpersonal setting, particular attention should be paid to non-typical ways in which an autistic client may process and interact with the social world. Clients may have a greater than average need to clarify the context, boundaries, "rules" of the therapeutic social/interpersonal setting. Different therapeutic approaches have their own assumptions and norms (both explicit and implicit) about interpersonal interaction, which might not be helpful to autistic clients.

Therapists may also need to make allowances, up to a point, for different preferences with regard to practical communications outside of sessions e.g. setting up or cancelling appointments. Sensory aspects of the therapy setting should also be given consideration and discussed, as sensory sensitivity is an issue for many autistic people.

And finally, some further points that may be useful:

- Clients may be unusual in their use of verbal language and/or body language – need for stimming, less need for eye contact, atypical facial expression or need to "infodump".
- Clients may make less use of communication to manage relationship (e.g. "small talk")
- Clients may initiate discussion less than is usual.
- Concrete language is often welcome, though metaphors can be used (despite the myths to the contrary).
- Therapists may need to do some "cross-cultural translation", psychoeducation about "neurotypical" ways of thinking, feeling, behaving.

Conclusion

So, in conclusion, this is a growing area of need for clients and of opportunity for therapists (and therefore for supervisors). A lot more training is needed over the next number of years, both at CPD level and at earlier stages of counselling/psychotherapy training. There are potentially exciting times ahead, but as with any area of therapeutic need there will be ignorance and misunderstanding, minimisation of the problems, battles over insufficient funding, and other all-too-common obstacles to greater awareness and appropriate support for a growing marginalised population.



Eoin Stephens

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Eoin's website is: www.autisminformedtherapy.com

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Down and dirty

by Colm O' Doherty

I don't think I have ever heard the word in my 47 years of training and working in psychotherapy (having closed my practice in December, 2022). Nor do I remember ever reading the word in any of the many books and articles I have read during that time.

HUMILITY

The client

I have heard and used words like "sacred" or "special" or "privileged to be doing this work." These words may carry a hint or a whiff of the H word, but there is a kind of glow to them about which "humility" knows nothing. In relationship to the work of psychotherapy I have clients to thank for introducing me, not just to this word, but to the disposition and felt experience of humility, firstly and primarily on their part, and out of that, on my part.

So, what does this word, "humility" mean? The dictionary tells us that it means "meek" or "modest" (like "meek and humble of heart"). It can evoke the image, if not the memory, of knowing your place and keeping the head down, of not getting above your station. But a definition is not my starting point. I am choosing to write about the experience, and it is the experience in long-term psychotherapeutic work, with the therapeutic relationship having been well established. So rather than start with a definition, I hope we can come to an understanding of the meaning of the word humility in the context of the work of psychotherapy.

Psychotherapy can be understood as a seeking out of, or a journey towards, truth. The clients' journey will almost inevitably have started long before the first meeting with the psychotherapist. The decision to make an initial appointment is a landmark moment in such a journey. The acknowledgement of needing help and a realisation of not being able to make it alone is a vital and courageous step towards facing their disturbing truth. There are usually many twists and turns along the way during the course of the therapy, with each challenge revealing yet another bloody mountain to be scaled or valley to be crawled down into, each more exhausting than the previous one. Sometimes the clients will make this journey while sitting on their chair, as they struggle emotionally, and often physically, towards another layer of feared truth. At times this struggle may bring them to their knees; they may drop onto the ground (in Latin: humus), down and dirty, 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 can be a physical, visceral, body-mind-soul breakthrough into the deepest dark recesses of their being, as they try to bare and bear the "unbareable" and unbearable, because it is 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. This may happen within a single session or may well take a number of sessions over a period of time. Whatever was unknown has to become known, whatever was secret has to be seen, whatever was unbearable has to be borne, has to be survived. To go to such a place in themselves can be excruciating, and to do so in the presence of this other, this witness, brings with it even further risk and cost for the clients: the possibility of unspeakable shame, of it being just far too much, of not wanting to be seen or met, of utter and devastating aloneness.

To choose to engage in a journey of such cost and risk requires that the clients put truth before any other value. It entails loss of dignity, forever tussling with the fear of being judged and rejected, being seen in

utter physical and emotional vulnerability, no matter how disgusting this may appear to them or to the other, doubting the wisdom and worth of having started out on this journey, and the terror of getting lost in hopelessness and despair. To enter into and open themselves up to such a process, to get down and dirty in letting go and dropping onto the ground, as they dare approach these darkest of places in themselves, in both memory and experience, is humility embodied, incarnated, and lived, not just defined. It is a humility that is able to face and fight the awful terror of utter humiliation. And I think that it is only humility that can fuel the courage that is called upon as the client continues to meet all that could obstruct or divert that journey towards truth as it becomes the truth for the first time.

The psychotherapist

But let me not finish here. This humility on the part of the client can engender and require a humility in the psychotherapist. As I have noted at the beginning, “the privilege of doing this work” has a whiff of humility about it, but the humility I have been referring to does not deal in whiffs!

What about the truth of the psychotherapist in meeting, and in responding to, the truth of the clients? Clients will go to places that they may not want to go to, and that I, as their psychotherapist, may also not want them to go. It may be too frightening; there is the danger and fear of retraumatizing, or the clients’ pain may be too much for me to witness or bear. What may such pain “bare” in me? The quality of holding that this work can call on may require courage on my part, courage to allow myself to be brought into territory without any clear, or even unclear, path or track. Dare I allow myself to become lost and unknowing, or grope into despair toward finding a way through? Can I let myself not know, and maybe even risk saying: “I do not know; I do not know what to say; I do not know what to do” – and do this, not as an admission of hopelessness but in a spirit of truth, believing that the way ahead is not simply up to me, that waiting with the client in unknowing, and trusting the truth of being lost, can help firm up the ground between us. This has nothing to do with pretending or letting on, nor is it any sort of clever tactic. Rather this entails a letting go that springs from a deep trust in the creative and courageous nature of the therapeutic journey already travelled with the client, and draws on a courage that is founded on humility on the part of the psychotherapist.

Wider perspective

Up to this point I have been looking at the disposition of humility in the context of the dynamic between client and psychotherapist. Before finishing I wish to refer briefly to two aspects of the disposition of humility not specifically engendered within the immediate psychotherapeutic relationship, but that may well inform that experience.

Firstly, there is my place within the wider community in which the clients are living, being one person among many who may be in regular contact with them. I do bring to my work whatever skills and understanding I have been taught and have learned over the years from trainers, trainees and clients; I bring my desire and commitment to being caring, attentive and loving towards my clients. And I also bring an awareness that there have been, and often continues to be, many more people devoted to their well-being – people who have been keeping them company, possibly over many years, through times and troubles about which I may never get to hear. So, while not an insignificant one, I am, nevertheless, one. I do have my place and it is alongside others with their caring, love and support, offering my contribution together with theirs.

And secondly, there may yet 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 – a World Spirit or Anima Mundi, a Life Force or Energy, a Providence or God. Such a presence can be thought of in terms

of offering a holding to all that happens, not just within the human context but in all of the universe. 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. This in no way can be allowed to compromise the obligation on the psychotherapist to work to the highest professional standards, and to take responsibility for the quality of holding offered to the client. But to see the holding work of the psychotherapist within this greater horizon, to entrust it to such a presence, and to trust that it actually belongs within such a perspective, can be a most humbling experience.



Colm O'Doherty started his training in 1974, he began his full-time psychotherapy practice as Director of Dundalk Counselling Centre in 1992, and moved to the Creative Counselling Centre, Dun Laoghaire, (later to become The Institute of Creative Counselling and Psychotherapy), 1996 to 2011. He worked in private practice in Ballina, Co. Tipperary since then, until retiring in 2021.

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Bringing Places to Life

An IPA study investigating a man's sense of self having taken on the role of therapist

by *Paul Hogan*

The aim of my thesis was to explore if a sample of men's sense of self changed since becoming a therapist. I explored their lived experience and their sense of self having taken on this new role. I decided on this research topic as I too was at the time transitioning to the role of therapist having not long qualified. Two other factors brought me to this research topic; in my training and professional environment male therapists were in the minority. It seemed to be that female trainees had a wide group of other female peers to share their experience of becoming a therapist. For me this was somewhat limited as there were far less male trainees. Secondly, I was interested in how others in society (and in my own life) might perceive men differently as they become therapists. Previously, I had conducted research for my psychology BA on men's experience of becoming fathers for the first time so this theme of males transitioning to new roles was nascent for me. In both cases my interest was in men's experience of their changing contexts and what meaning they made from it.

The methodology I used was Interpretative Phenomenological Analysis (IPA). According to Harper and Thompson (2011) IPA is suited to research questions where the research matters to the participant, where they have an understanding of the area and where this understanding is experiential. To put it in the authors' words, "the intent [of IPA] is exploratory rather than explanatory" (Harper and Thompson 2011, p.103).

The epistemology of the IPA perspective sees the individual's unique experience of his or her own existence as creating knowledge. The ontological position sees the individual as coming into being through their actions in the world and the intersubjective experience with others (Hollway, 2007). In this way how an individual sees their own experience, or phenomenon, is uniquely theirs and is not the same for someone else.

Analogous to psychotherapy, the researcher is as much part of the process as is the participant in this type of research. In this context my own reflexivity is very important, being attentive to my influence on the research process. During the interviews I put aside any preconceived ideas as to how the participants might answer the questions differently to how I would answer them; I tried to keep the questions open and non-leading. I found this aspect challenging. I was aware going into the interviews how my own sense of self as a man and as a therapist has changed since becoming a therapist. I tried to bracket this off as much as possible. This reflexivity was also important in writing up the research - I was conscious of letting the data speak for itself and not adding my own meaning to it.

The research question posed was "Has your sense of self changed since taking on the role of therapist?" So, what did I find?

I interviewed five practicing psychotherapists, four were quite new to the roles, like me, whereas one had been practicing for nearly 20 years. Their ages ranged from their 30s to their 50s. Their modalities of working were a mix of integrative and systemic.

Through the use of the IPA process many themes emerged from the analysis of the interviews. As per the process, these were ordered under higher order themes which capture the meanings. There were sub themes under each one but space does not allow the discussion of them all. An overview of the

higher order themes will be given. These higher order themes are: “Identity”, “Therapy as a role” and “Changing relationships”. Let’s look at each theme in turn.

Theme 1 – Identity

Some participants spoke about how they moved away from previous groups or “tribes” or came into the adult role during the process of becoming a therapist. These changes could be viewed as what Byock termed the *quarter life crisis* (Byock, 2015, p.408). In the same volume Arnett talked about the *emerging adulthood* (Arnett, 2000, as cited in Byock, 2015, p. 412). Both could be applied to these participants looking at this part of their lives as the search for a truer self.

Farber (1983) in his study, but with both male and female therapists, found therapists to be more self-aware and more self-assured since beginning to work as therapists. The same can be said of the participants in this study; for example one participant said that awareness for him is intrinsic in the process of becoming a therapist. This awareness in turn brought about the participants’ own acceptance of themselves.

Trotta (2014) in her thesis concerning initiation and becoming a therapist discussed how the initiation affected both the personal and professional identity of the therapists concerned; in that study all the participants were female. Trotta found that it was the emergence of their authentic selves that was most significant as their experience of becoming therapists. In the context of initiation it could be argued that in the study here initiation of the participants has taken place or is currently an ongoing process. It is perhaps looking at this emergent theme and the narrative of the participants that the term initiation can be used to understand the transition into the role of four of the five participants. As Smaller (2017) discussed there is a lack of male initiation in contemporary society. This aspect could be a research topic in its own right.

This aspect of how the participants’ sense of their own maleness and how they understand it emerged as a prominent theme. They do not see working in what most termed a female dominated field as a challenge to their masculinity or ‘maleness’. This is contrary to what was found in the study of a group of men doing non-traditional jobs. The men either attempted to maintain a traditional masculinity by distancing themselves from female colleagues or partially reconstructing a different masculinity by identifying with the non-traditional occupation (Cross and Bagilhole, 2002). This was not found in this study; participants kept their own definition of masculinity and what it means to each to be a man. There was an obvious identification with the role of therapist; for the participants they are men working as therapists but only in one of many roles (see later for a discussion of the therapy as a role). A participant said he did not consider if he has changed his view of himself as a man that is a therapist, in fact he never considered the question of how it may have changed how he views himself as a man that is a therapist. Another participant rejected the construction of what he perceived as other men establishing for him what it is like to be a male therapist, instead he was constructing his own. Hollway (1996, as cited in Cross and Bagilhole, 2002, pp.32-33) talks about *clashing masculinities* whereby a male dominated occupation giving men their traditional constructed masculinity is transferred to the non-traditional occupation by constructing a masculine culture within it. This clashing masculinities is what could be seen here as being rejected by the latter participant.

The participants did not see themselves as being different in any way to other males even though they are working in what can be defined as a non-traditional job for a male. In a study on men who were stay at home fathers, men experienced negative responses from other men owing to this role but the overall response was positive and these felt secure in their role (Robertson and Verschelden, 1993, as cited in Heppner and Heppner, 2009, p.58). This conclusion did not emerge in this study. Whereas

the participants felt confident and sure of themselves as individuals and as male therapists they were silent on the actual responses from other people with only one participant saying he experienced positive feedback from others.

Taking all this together, how others view a man as a therapist and how they view themselves as therapist, it could be suggested that what is emerging here is a different view on what it is to be a man; how possibly less rigid in their role men are expected to be.

Theme 2 – Therapy as a role

Orlinsky and Rønnestad (2005) researched psychotherapists and their development around how they came to choose psychotherapy as a career, how they have changed over time and how they experience their lives (Orlinsky and Rønnestad, 2005, as cited in Saltzman, 2010, pp. 469-472). The authors say “for most psychotherapists, doing therapy is not only a job but also a calling, a vocation” (Orlinsky and Rønnestad, 2005, quoted in Saltzman, 2010, p. 470). What the findings show in this study is that the majority of participants see the role of therapist as just that - a role that is stepped in to when with clients and out of when not. Four participants are quite clear about this distinction; one sees himself as neither in a role or out of a role; but just as himself.

As therapists move from the novice stage and become more experienced there is an integration of the professional and the personal selves (Rønnestad and Skovholt, 2001, as cited in Bhola et al., 2012, p. 10). In the context of the study here, there was a clear delineation of the personal and professional selves or roles. Four of the participants were clear about stepping into the role of therapist when with a client and that being a therapist is just a “hat” that is worn when in “the role”. One participant did not opine as such, with this participant being the longest practicing therapist while the remaining four were practicing for a much shorter time. In the context of initiation, as discussed already, it could be argued that this initiation process could still be unfolding with the four participants still in the process, the fifth having completed the initiation of becoming a therapist.

To the majority of participants being a therapist is a job but yet unlike a job in the usual sense of the meaning. For most it is a vocation, a calling or as a “worm in my ear” as one participant named it. It could also be argued that in this way he and other participants in this study are “actualising a vocational choice”, to borrow the phrase cited by Trotta in her research on females initiated into the role of therapist (Trotta, 2014, p.94).

Farber quotes Terkel (1972) that “there are cases where the job possesses the man”(Farber, 1983, p. 180), concluding that psychotherapy is one such job. He goes on to suggest how by the nature of the training, the inherent skills therapists may already possess, and from being immersed in the therapeutic world for periods of time, they adopt the style of psychodynamic theory in the construction of both themselves and others (Farber, 1983). He adds that the ability to switch in and out of role is difficult to do. For the participants in this study they can step in and out of the role of therapist, yet they feel that being a therapist is a vocation. Inconsistently with what Farber (1983) found, some participants here can activate “the on-off switch” despite feeling that being a therapist is vocational to the majority of them.

However, despite seeing it as a role to step in and out of, there is also the sense from the participants that it does permeate their lives, or for one participant how it could “seep” into the rest of his life. Dryden and Spurling (1989) discuss psychotherapy as a calling and how those in the study see it as no ordinary occupation. This is consistent with how the participants in the study here feel about it: a job but no ordinary job.

Theme 3 – Changing relationships

Boyanowsky (1984), as cited in Allen and van de Vliert (1984, p.10), discussed the effects on relations to both self and others when changing career to a significantly different one. Connection to others and a greater awareness of self, and the impact of self on others emerged as a theme from the interviews. Marston found that the desire for intense and intimate relationships was the overriding motivating factor in becoming a therapist (Marston 1984, as cited in Owen, 1993, p.11). Trotta (2014) in her research on initiation found that participants' awareness towards others and the relational quality of "being present" increased through the initiation process.

Participants spoke about not wanting to be like a therapist outside the therapy room. Boundaries, other than those traditionally associated with the therapist-client relationship, suggests that participants are aware of how they are as therapists with clients might also "seep" into their personal lives. This is what Farber (1983) describes as therapists becoming stuck in the psychotherapeutic mode of thinking (Farber, 1983, as cited in Lyman 2014, p.734). The result can be distancing or overwhelming to those around them outside the therapeutic setting, what Henry et al. (1973) called a *distancing aura*, as cited in Farber (1983, p. 181). Farber (1983) goes on to talk about how the exposure to psychodynamic training and work can result in therapists bringing these aspects out of the therapy room and inform how they view themselves and others.

Conclusion

The research question posed was "Has your sense of self changed since taking on the role of therapist?" Men working as therapists in the early part of their career see the role of therapist as a role to step in to and out of; yet feel that being a therapist is a vocation. It seeps into other aspects of their lives but they do not want to be like a therapist outside the therapy room. There was only one participant who was working as a therapist for a relatively long period of time and what emerged for him was an integration of these roles where there are no distinctions between them. To use the participant's own words "I see myself as just me". Participants looked at this part of their lives as the search for a truer self.

Three of the five participants were changing from careers that were different to that of being a therapist. This did not impact their sense of identity as a man working as a therapist in what has been described here as a non-traditional career. They kept their own definition of masculinity and what it means to each to be a man and received positive affirmations from others for being a therapist. They did not see themselves as being different in any way to other males even though they are working in non-traditional job for a male.

As with any study with a small sample size and a study of a qualitative nature, it is unsafe to generalise the results to other male therapists. Another limitation involves collecting data of this nature from participants who are peers of the researcher. It is possible that they felt less comfortable disclosing certain aspects because of the connections. Nevertheless I felt that the participants were as open and forthright as they could be given the context and did not indicate any reluctance to participate fully.

The research could be built upon by repeating the process with different subgroups of male therapists; those recently graduated, those working more than, for example 10 years, and those working more than 20 years. This would expand the participant base from the cohort used in this research and may identify similar responses as in this study. Also, a longitudinal approach could be taken; for example repeating this same study with the same participants in a number of years.

So, what did it mean for me as a male transitioning to becoming a psychotherapist? Hearing the participants talk about their experiences gave me reassurance that other men felt some of the same

experiences as I did, going through a similar journey. Particularly relevant for me was how participants kept their own definition of masculinity and what it means to each of them to be a man as a therapist. This was something I was working through as I had just given up one career to take on what I saw as a non-traditional male role. How this might be viewed by others was never far from my mind. My own becoming a therapist was very much about an expression of a part of my evolving identity at that time. The idea of therapist as a role gave me a new perspective that ‘therapist’ could sit alongside and coexist with other roles.



Paul Hogan (MIAHIP) is an accredited psychotherapist and holds an MA in humanistic and integrative psychotherapy, the thesis of which forms the basis of this article. He works in private practice in Dublin, and can be contacted on www.paulhoganththerapy.ie.

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Unhealed trauma, the school to prison pipeline, and how community steps in when systems fail: A reflection on the film *Wendell & Wild*

by Sydney Conroy

“One scream and my parents were gone. Figured I’d just hate myself for the rest of my life” opens Kat, the main character as we know her at 13 in *Wendell & Wild* (2022). The fatal car crash of both of her parents when she was eight years old becomes the basis of the story she created about herself that she carries into the present. We see this impact in small moments, like when she tells her current classmate, “I don’t do friends Raúl. Bad things happen to people I’m close to”. I recognised this experience immediately as a child therapist, as echoed from children I saw in play therapy, who believed an action of theirs alone caused their parents to divorce or children who believe themselves to be intrinsically bad following a mistake. I thought maybe, with that opening scene, I’d write another analysis about trauma depictions in film (Conroy, 2022), but as I continued watching, Selick and Peele, the two screenwriters, brought to life an even more pressing picture to engage with: the connection between unhealed trauma in youth, the systems this brings them into contact with, and who steps in to support them.

The film immediately introduces us to two systems that Kat has interacted with since the death of her parents: the foster system and the juvenile punishment system (term modified from abolitionist Mariame Kaba’s language of criminal punishment system rather than the criminal justice system (Kaba, 2021)). Five years following the traumatic event, Kat is having panic attacks and self-proclaims herself as a consistent troublemaker. Depicted in this film, and a common reality off screen, we witness both systems fail to support Kat in her healing. The foster care system and the juvenile punishment system did not support her in developing an ability to check in with her emotions and sensations in her body as evidenced by a panic attack she did not recognise having. They also do not provide her with a consistent and trustworthy support system to get the rest of her needs met in a healthy way so we witness her do what has become familiar to her to receive connection: get in trouble.

The failings of these two systems, which should be supporting her, bring her to yet another system: an alternative school. Specifically, a religious school with a Break the Cycle programme, reminiscent of many programmes we see across the globe for hurting children with unhealed trauma. Here we see Kat being reduced to a file in the eyes of the school; labelled as damaged by the adults in power around her. At this school the viewer is explicitly introduced to the school-to-prison pipeline; the legal punishment that comes into youths’ lives when they are not given the support and healing opportunities they need in order to progress in their lives. A company running privatised prisons near the school in the film explicitly states, “That’s our business model. Bus them into your school, then we make it impossible for them to succeed there. And when they fail, our new prison will be waiting with open arms”. Insidious, yet when no one is supporting meaningful trauma healing, this is the reality.

It could be possible for some to write off where these systems fail and prison is waiting to punish,

to say, “well if only Kat had a therapist”. To that I say, therapy should not and cannot be the only resource for youth to rely on to have a space in which to process grief, to heal trauma. A therapy session typically happens for one hour once a week, leaving 167 other hours each week where children and youth are inside systems that are reducing them, ignoring them, and problematising them as shown in *Wendell & Wild* (2022). When non-judgmental space, safe and trusting relationships with an adult, and emotional awareness skills are siloed into therapy or mental health spaces only, it limits and fails our youth. As therapists, waiting for youth to be referred to us once they have been deemed inconvenient for the adults in their lives, we can only react – we are not involved in prevention, lest we forget the documented harm our own mental health industrial complex has across psychiatric hospitals, pathologising diagnoses, rehabs, and our connection to punishment enforcement with police/military/court systems (Burstow, 2003).

The conclusion of Selick and Peele’s film centres on an important truth: when systems fail, communities step in. It is mentors and friends that supported Kat, not school systems or the mental health care system or juvenile punishment centres. In a time of collective distress like the Covid-19 pandemic, when mental health providers are overwhelmed and healthcare is privatising or at capacity all over the globe, it is time to consider the ways in which we as therapists can show up outside of the therapy hour and therapy room. We publish within the ivory tower, we train each other in workshops, attend expensive specialised conferences, many of us missing engaging with teachers and activists and coaches and parents in our own communities. When children are unable to get themselves into therapy services, we are relying on schools and parents and legal action to connect with youth. *Wendell & Wild* (2022) is an important reminder that our jobs are political and interact with systems that are failing youth across the globe. Trauma healing, grief processing, meaning making, and modelling safe relationships can and must exist in community spaces and community relationships, outside of therapy rooms. It is time for therapists to be a more intentional, proactive, and part of systemic, holistic, and sustainable change.



Sydney Conroy is a PhD Candidate at the University of Cambridge at the Centre for Research on Play in Education, Development, and Learning (PEDAL). She previously received her Master's in Psychology at Seattle University. Sydney has also worked as a therapist with children, young people, and families in both a community agency setting and private group practice.

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Silence

(For Trisha)

by Paul Daly

You liked the silence.
The blare of the radio
Or the din of too much music
Disturbed your soul
And robbed you of your peace.

Where other people distracted themselves
From hearing their inner voice
You listened.

You grazed on the silence
Like a sheep on grass
While quietly doing your work.

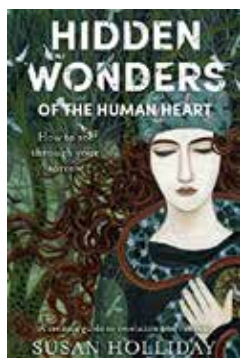
It was out of this silence
That you could surprise
With a wise word
Or a witty observation.
Always something gentle
Never cutting.

There was something mysterious
Going on.
Something hidden.

Beneath the serenity of the swan
Gliding along the lake
There was activity.

God was feeding your spirit.
You were like a baby at the breast
Contentedly sucking goodness
Out of the moment.





Hidden wonders of the human heart: How to see through your sorrow

by Sue Susan Holiday

ISBN 978-1-80046-463-6

Reviewed by Monika Kuiter

At first, I was a little surprised to see so much more than what had been reported by prospective clients: the many quotes and references from literature and other sources, and the etymology of certain words all interwoven in a slim book.

I was awed by the richness of the author's vocabulary. I was reintroduced to words like "bereft", which I had not seen written, let alone heard, since my readings of Dante's *Inferno* at Indiana University in the US. "Bereft" – a word that I started to feel turning around in my mouth; it was palpable. So valuable a word to describe a feeling of loss in a very differentiated way. I began to gain a sense of it in much more than a mental grasping.

Slowly, I found my way into the book and was ever more fascinated by all the above, and by how the author (Susan) weaves a net of widely varying aspects of her being (work, life, interests, passions, knowledge and so much more) into the book. It took me on a journey that brought tears to my eyes and I learned that this is valuable and in what way, or where a deep joy settles in the revelations that rise within.

With *Hidden Wonders*: how Susan thinks and feels about and has experienced the word "wonder" is wondrous in itself. When reading her thoughts about it, there is a deep feeling of "Here, we are – together" in the willingness to what I see and to take in what I see. I am open to the vulnerability of what this encompasses. Susan writes: 'wonder' shares its root with the German *Wunde*, meaning 'wound'. A wonder having its origin in a wound? "I am still wondering about this."

What she writes in "Hidden Wonders" about the duality of negative and positive as seen in Escher's "Sky and Water of the Fish", is reflected in her personal works as a photographer or, dare I say a seer, a capturer of things unseen and an author inviting us and reminding us of what we willingly overlook all too often inside – stuff that is discarded and unseen. Susan has the gift to see what is buried and the courage and the will to open up for the unseen and is reminding us, that we do have this gift, too.

Most thankful I am for the precise, deep, and honest descriptions of what was going on within Susan as a therapist, person, and soul when meeting with a client and how she handles the perceptions through her antennae, channels, field... and how she acts on them. This to me, is an unbelievably courageous act, or, as is said, a need. I am deeply thankful for her sharing it. Without wanting to compare myself with Susan, I feel seen.

Thank you, Susan for "Hidden Wonders". Yours is a book that I will certainly read again and again and

can wholeheartedly recommend to the psychosynthesis community, to all related professions and also to those from any walk of life, having a heart and soul interest in developing and growing.



Monika Antonia Kuiter, M.A. is a Psychosynthesis counsellor, group facilitator and welcomes community building across language and cultural borders. She is a translator of Italian, English, and German who lives in Germany. She has translated books by Roberto Assagioli and Tom Yeomans. Monika has authored several articles about psychosynthesis, creativity, translating and energetic aspects. Connect with Monika through email, Monikakuiter@web.de

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Obituary: Patrick (Pat) Colgan

by *Terry Kelleher*



The news came in a text that announced, “Pat has died”, a short statement of fact giving rise to so many memories and images and all of them good. One is admonished to say nothing ill of the dead, an instruction that in Pat’s case is impossible not to follow for there truly was no ill to be found other than his leaving us.

Pat was clever, Pat was knowledgeable, Pat was witty, Pat was kind, Pat was gentle, Pat was compassionate, Pat was patient.

Pat was inspirational, a teacher of remarkable ability. A psychotherapist of deep insightful caring. A man who loved his wife and stayed in love with her all the days of his life. A man who raised his children to be their own person and delighted in the differences. A man who adored his grandchildren and celebrated the continuity of life on down through this rising generation, he made sure to spend time with them, albeit in the far away places where they were to be found.

A man who knew the challenges of life but who also knew how to negotiate those same challenges with great good humour. A man who communicated a profound belief that “all will be well in all manner of being”. Those around him drew from that trust and so were enabled to be the best that they could be. They carried that fundamental trust with them into the professions for which as teacher, mentor and ultimately as director, he prepared them.

Pat knew that for as long as one was alive one was learning. To be open to learning required not a ruthless interrogation of mistakes but the compassionate realisation of a limit, an invitation in the words of Beckett (beloved of Pat) to “fail again ...fail better”. To be supported while doing this by a person of wit and wisdom was to be much blessed and that is what Pat gave to us in the Loreto Centre in Crumlin where he spent a long number of years as the Clinical Director of Psychotherapy.

Prior to his time in Loreto, Pat was a very valued member of the team in Eckhart House Institute of Psychosynthesis and Transpersonal theory. His training as a psychotherapist was completed there. He contributed greatly to the teaching, practice and the building of a strong community in Eckhart House from its beginnings in the early 80s until its closure in 2008. He is sadly missed by his colleagues there.

Pat’s passing has left us in deep sorrow that in this time of living we will not perceive his face again, but it has also left us profoundly grateful that we were the lucky ones to have known him. We witnessed the living embodiment of the values he brought to his work and personal relationships. Ours is this great legacy but so too ours is the responsibility to re-member the example Pat has left to us, not to copy for that would be impossible, but to re-imagine it in our time so that nothing of Pat is lost to us as we go forward.

To his beloved wife, children and grandchildren we offer our sincere sympathies at their inestimable loss.

Ar dheis Dé go raibh a anam dílis.

Working with gender dysphoria in young people. A workshop by Stella O' Malley, Cork, November 2022

by Monica Haughey



I have largely kept my head in the sand around the transgender issue and how it might arise in our work with clients, and so, wishing to educate myself on the topic and with an open mind, I went along to the workshop on the subject in Cork on 26th November 2022 which was given by psychotherapist Stella O'Malley. Whilst it was a well delivered and clear talk, I quickly realised we were hearing just one side of what is now a debate. Stella held the view that whilst gender dysphoria is a complex issue and one that therapists need to look at holistically, she was clearly not in favour of medical transitioning for young people.

It was helpful that Stella was encouraging of therapists to acquaint themselves with the language and terms around sexual orientation and gender identity. She defined *trans* as an umbrella term to describe people whose gender is not the same as or does not sit comfortably with their biological sex. A related and important, and perhaps obvious point, was that sexual orientation is not the same as gender identity and she defined gender dysphoria as a clinical condition referring to the psychological distress resulting from a discomfort between one's sex and gender. She emphasised that coming out as trans is different from coming out as gay.

She explained that it's really important that those with gender dysphoria have a safe space to explore what is really going on. She referred to literature which points to factors such as early trauma, neurodiversity and confusion around sexual orientation as often presenting with the person

questioning their gender identity. She highlighted that as therapists we also need to address the other factors that may co-exist with the unease and distress of the person identifying as transgender.

However, on reflection I felt that, whilst there will most likely be other factors affecting the person's discomfort and distress with their gender identity, it is important that these factors are not a way to explain away the issue, and that the person "will grow out of it". She quoted research that 80% of children who attended specialist clinics for gender dysphoria "grow out of it". This is obviously a controversial claim and the language perhaps suggests a lack of appreciation of the deeply felt nature of the distress associated with the condition.

She warned against single-minded support for a young person's desire to transition and that we need to allow them time and space to fully explore the experience and distress they are having. She expressed significant reservations about medical transitioning and asserted that often this may not satisfy the issue and the distress.

Stella also spoke a lot about her own experience and how she herself identified with being a boy whilst growing up. She spoke about being glad that she is now clear about being a female and that she did not transition.

My main criticism of the day was that we didn't hear of research where people did medically transition successfully and for whom it was a good outcome. Clearly, she has concerns about transitioning and how difficult it is to reverse. However, I was left feeling I would like to hear more from those who are satisfied with transitioning, in order to give balance.

But most importantly there is a vital role for therapists in getting involved in this field of work. She wisely suggested that we should inform ourselves, learn the language and listen to our young people. These issues are not going away and we need to get involved as our young people need good psychotherapists to support them to explore their gender identity and they need a place where they can bring their distress and at times extreme unease in their bodies.



Monica Haughey is an experienced and established psychotherapist, supervisor and trainer who works with individuals and groups. She has been in practice for over 20 years and runs groups for creative entrepreneurs and those seeking to take more agency of their lives and for psychotherapists on the possibilities open to the profession. See www.monicahaughey.ie



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The Space...

A conversation

'Come again,
Be kind,
Be rude,
Be angry
Or be bored,
But be there.

Come naked,
Come blind
Or at least blindfolded.
Do come with all your senses
Untouched;
It might help our conversation along.'

I say.

'Don't be suspicious,
Nothing is hiding under the heavy curtains of my
mind
And if I'm thoughtful
Do not place your blue assumptions on my table.
If you do, I will not be considering them.'

You say.

'I might come down as selfish,
But I need...do I need to hurt you?
I simply won't
Allow destructive silence of the wistful kind
To fill my glass half full.'

'You are absurd
I feel you are absurd,
erratically and brazenly
stoning my concrete wall.
Give up your hope
You won't be coming in.
And that is how I feel.'

'But that is not a feeling,
I am enraged.
There, a feeling.
Please let me come on top
Of all of this
So I can be the better one,
The better of the two.

Hold on, hold out,
Be patient and be kind,
I need to feel my soul...
It's chilly there and cold.'

In this artwork Kingstown Harbour
Can be seen in the background.
So your boat is safe.
Just pull it closer to our shore
Once more.

Safe shore of all our limitations;
Why would you want to risk so much?
Shaking the boat was dangerous
To pull from under us
Much of the common ground
We stand.

Integrity, you tell me,
Has got the better of you.
Go on, you be integrous,
Have not an expectation
That I will follow suit.
For my one has me ridiculed.
I'm holding tight
To sadism
For now.

Simona Tudor is an IAHIP accredited psychotherapist, with a passion for studying couples' dynamics, who works as an integrative psychotherapist.

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