Éisteach

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Where did that 'Summer' go? The Olympics are over. It is time for back to school, college, work and routine. This edition is devoted to aspects of self care, so if you have not had the opportunity over the summer to recharge the batteries, repair the body and nurture the soul I urge you to set aside some time to read, learn and practice some of the valuable insights contained herein. I hope you find this edition not just a fascinating exploration of the dangers of working in this field, but also full of practical suggestions for maintaining your own health and professional safe practice.

When you were in training did you hear about the dangers of burnout or vicarious traumatisation (yours, not the clients)? How much time was spent discussing management of physical and emotional health? Did anyone mention the the ethical imperative of self-care? And if they did, did you heed them! Burnout, illness and trauma happens to other people, but it also happens to us. As therapists we are obliged to 'self-care'. We need to be aware of the impact our work is having on our bodies, psyche and soul. While we may accept the theory behind this ethical obligation what about the practice?

Dr Andy Harkin asks us to remember "our emapthic response is both explicit and implicit." We are affected by both story (explicitly) and storyteller (implicitly). "Either way the stimulation of our defensive responses over and over, minute by minute, hour by hour means we are prone to developing VT symptoms."

Maureen Raymond Mckay's article 'Self-Care – Surviving the Dangers of Empathy', challenges us to see ourselves not just as helpers but also as persons who need help. "Counsellors can too readily forget that they are wounded healers and that the problem arises not from the woundedness but from its denial".

In 'But A River Doesn't Flow In Pieces' Ance McMahon's sharing of her recovery from burnout and lessons learned is an act of great generousity, beauty and food for the soul. "To act in every situation in ways that honour the soul" is a worthy challenge.

Padraig O'Morain, does us a great service. As a psychotherapist, supervisor and facilitator he is aware of the stresses of this 'occupation' . His practical article will be invaluable to all of us. He offers many suggestions as to how we could use the practice of mindfulness in our own self care. He also challenges us to adopt mindfulness not just as a practice, but also as an attitude in our lives and our practice.

Ironically while putting this edition together I was recuperating from surgery that probably could have been avoided if I had listened to my body. Actually, I did hear it telling me to slow down, but I just needed to finish the next project, and the next.....and the next. I am going to keep this edition close to hand so that I can dip into it to remind me "to walk slowly in this world, and bow often."

Ger Byrne

Apology/Correction
The editorial board wishes to apologise to Siobhan Maher for misspelling her name as Siobhan Mahon on her article Spirituality and Therapy in the Spring 2012 issue of *Éisteach*.

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Regulars

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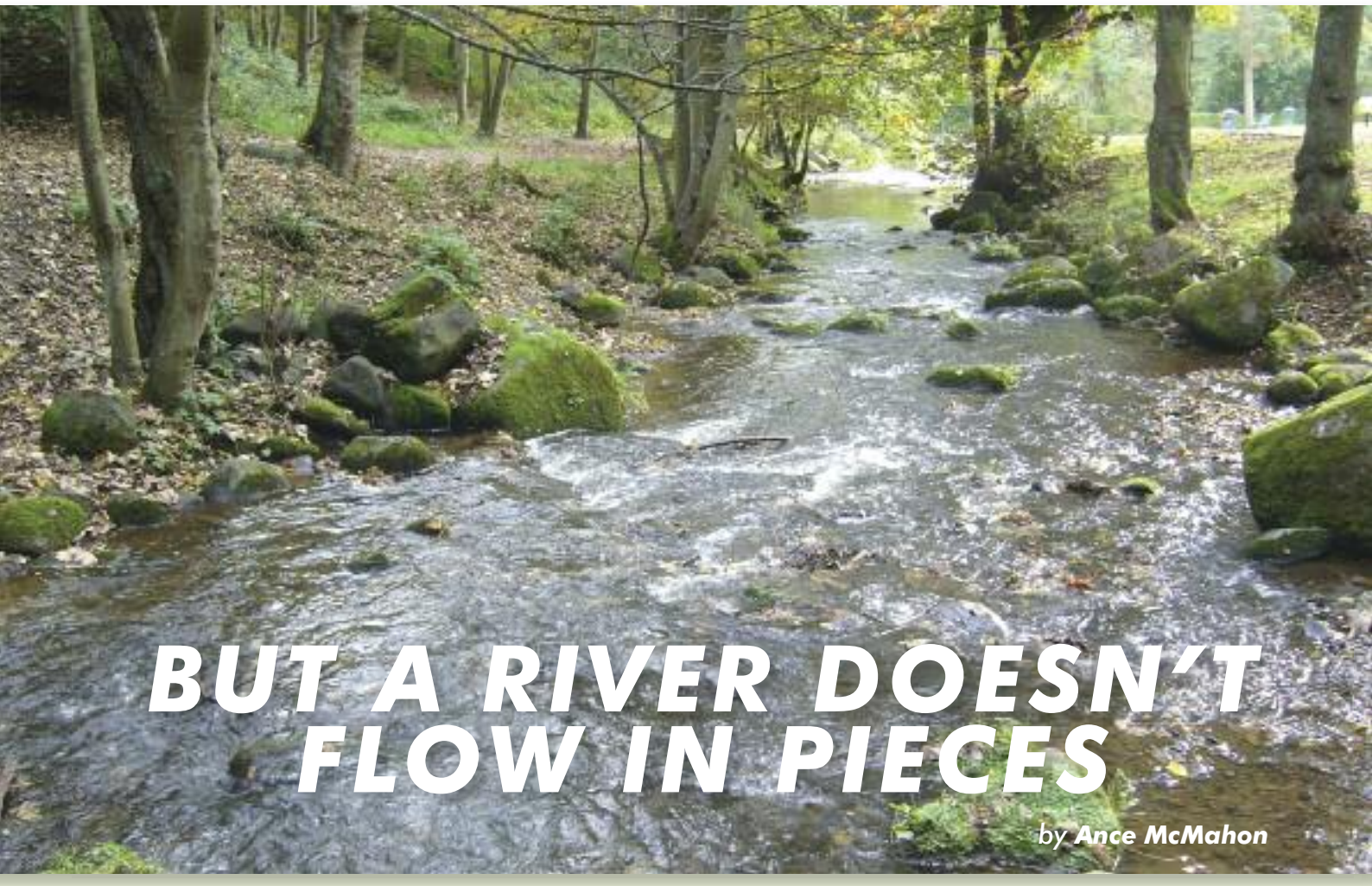

BUT A RIVER DOESN'T FLOW IN PIECES

by **Ance McMahon**

ABSTRACT

In or out, on or off, action or contemplation? We oscillate between the either /or until we deliberately, or as forced by circumstances, take up the challenge to enter the paradox of both / and. In the tension generated by the opposites we are changed and transformed, opened to a 'third way' of thinking and acting. The tension is thus creative.

To pause and linger in the suspension, rather than rush into fight, or escape into flight, runs counter to the prevailing culture of appearance and speed. It takes resolve to stand in 'the tragic gap,' between what is and what can be, where the old certitudes and ego-securities will be shed. But awakened to the truths, as revealed in the deep listening the gap makes possible, we become filled out and widened, become available as contemplative activists in a wounded, divided culture and world.

The photo on the wall in my study shows a cottage set in a meadow on the side of a mountain. It's small, painted red, with white window frames. Leading down from the veranda there are wooden steps, on which one can sit and look out over the landscape. There is a cool scent of dew, the sound of birdsong, and wind. And there are trees, their stems luminous in the morning light, vibrant, alive, as if breathing.

And this also includes me looking at the photograph. Faced with the image I'm finding my breath again. Oh joy and glorious prospect. I'll be in that cottage, on that meadow, on those steps, in four weeks time, again.

Until then there are deadlines to meet and projects to consider. Better look at that photo again, often, in order to remember to breathe.

But is there a way I could breathe all the time?

The trap of the either / or:

Parker Palmer (1999) speaks about the trap of the either/or world; the division, separation, of action and contemplation. We either 'do,' or 'don't do,' as we take refuge in the form of a holiday or break some kind., where we draw breath, and start to repair, recover and regenerate what was lost during the dynamic action. And then we rev up again in order to return to the, so called, 'real world'.

Action *or* contemplation. Action versus non-action. We alternate, 'caught on the horns of the fight-or-flight'. . . (Palmer, 2004, p.177).

For some of us this seesaw helps us to stay up-and-running, but for some it might one day stop working. As we reach the long-yearned-for time off, the body-mind fails to respond and deliver; we cant' switch off. The body protests, we get sick and end up spending our time-off in bed. The 'vacation approach' to general maintenance collapses.

Palmer (1999) suggests that we place a hyphen between the two opposites, (making it 'action-and-contemplation'). And thus put an end to the separation, so that we can 'break through' into the paradox of both / and (p.15).

So how do we do that, in practical terms?

The paradox of both / and:

Palmer (1999) proposes that we either be really 'wise', (and take deliberate, conscious steps towards it, I hear), or we can wait for the day when we will be forced into it, by necessity. Be forced to abandon all attempts to manage and control, forced to abandon will, and thus, in Palmer's words, 'fall' into paradox (p.16).

I belong to the latter category; I had to 'fall.' I wasn't at all wise, in spite of having had glaring warning signs, having been sick for three consecutive Christmas holidays!

The 'tragic gap:'

I didn't 'fall' gracefully; I collapsed. And ended up spending close to a decade, in what Palmer (2004) calls the 'tragic gap,' the void between what is, (the reality of the moment), and what can be, (the potential of something else, something better, emerging)(pp.174-175).

The onset of the burnout, that was my 'fall,' was sparked off in the middle of a group meditation I was leading. I had to interrupt the session mid-stream, and find a way to get back home and close the door behind me. I had to retire, literally and metaphorically, to recoup, which turned out to be a process far more complex and all embracing than I could possibly foresee at the time. Because in it I had to let go of everything, of who I was, or rather, who and what I thought I was; and I had to let go of control, of plans and aspirations. And I had to let go of my will, which was the last to loosen its grip. Hell-bent on refusal to slacken the reins, it kept me down and under for a long time.

In the gap during that time I learnt, and unlearnt, a whole world and more, some of what is described in a previous article: *Meandering Through The Field Of The Unexpected* (McMahon, 2010). But there were core moments. I don't think I would be sitting here today had it not been for that day in hospital, where I was undergoing tests. I was on my own with time to spend, all the blood-samples taken for that day. I had brought some cassette tapes along and was listening to one of them, selected a random. The speaker, who I did not have a clue as to who she was, was talking about the 'dark night', and the ingredients of it, as she saw it. And something was said, and I can honestly not recall exactly what, but in one clean swoop I recognized myself. In that instant I knew where I was and why. The penny dropped. Which meant that I from then on had meaning and purpose, a framework for my experience, an archetypal perspective. Thus the rest of the journey, which turned out to be considerable in terms of both time and process, became bearable and do-able. I was no longer afraid. 'Death', which most definitely is a hallmark of burnout, was not just ok, but even encouraged; I could go with it rather than resist.

Sustenance and fuel in the gap:

In other words, the view I took of my circumstances, and finding meaning and purpose within them, came to be the key-and-core ingredients that ended up carrying me all the way, from then on, to recovery. It gave me a rationale, and the ground to stand on. And the power of will, which until then had been an obstacle, could be re-harnessed. Aligned and in rhythm with my new understanding it was put to service by keeping me to the necessary discipline of self-care and -maintenance: like getting out of bed, eating wisely, and making sure to get fresh air and sunlight.

For the onlooker it must have appeared as if I was on a permanent holiday. But the world I was in was the gap, in which I had to learn how to – sit,

patiently and openly, without scrambling for an ultimate fix or solution, or withdrawing into denial. I had to – sit. And I never worked harder!

So I 'fell' into paradox, into the both/and world by getting ill and burning out. And burning, as in 'dying,' is a major component of the gap.

The gap as 'liminal' stage, and threshold:

Richard Rohr (2003), prolific writer and speaker, founding director of the Center for Action and Contemplation (!), speaks about the 'liminal' space, the name taken from the Latin *Limen,* meaning 'threshold (p.47).' In his numerous retreats for men, emphasis is placed on the rite of passage, the initiation, as portal to manhood / adulthood. He describes it as a process of voluntary displacement, and a necessary prerequisite for change and transformation. We need to be shocked, he says, in order to take the leap out of the normal and habitual (p.48). The induced crisis is meant to both rattle and blast the windows open. And this process, we need to go through often.

In other words, the gap, the liminal space, is meant to wake us up from sleep walking, and open the door to growth and expansion. It is meant to serve.

As counsellors and therapists we know the gap and we know the space. But we need frequent reminders as to how to best sustain and hold ourselves in it, as we in turn hold and provide sustenance for others in theirs. Because the gap, the void, the stress point, the crisis, induced or thrust upon us, requires oomph and stamina, and a steady ground on which to stand.

Care of self within the gap, and the 'system:'

When in crisis, when under pressure, the awareness of energy, the supply or lack of it, becomes heightened, and even acute. Hence the need to mind and tend whatever level there is, becomes essential. I was reminded of what I was taught in this regard, by the circumstances of the burnout, as I listened to a lecture about 'compassionate caring', by Frank Ostaseski, co-founder of the first Buddhist Hospice in the U.S. He was on call 24 hours a day, seven days a week, for twenty years. In terms of compassionate caring, he, in his own words, has been 'at this for some time' (Ostaseski, 2008)).

He attributes the ability to be available, mentally, physically, emotionally, spiritually, to a number of principles, which he lists : The ability to welcome *everything*, without pushing anything away. To see everything as meaningful and of equal importance. To bring every bit of yourself to the experience, which means that you don't compartmentalize. And that you don't wait for something to happen, as you then miss out on what is right in front of you; that you instead let everything be a continuous flow of experience. And that you, in that very flow, find a place to rest, even in the midst of chaos. And finally, that you let go, of expectations, of agendas and plans. And enjoy being a beginner, being open and curious, having a sense of wonder.

But hey, what about the 'real world?' What about the 'the system?' How can this be implemented, given what many of us face on a day-to-day to basis, given the framework of 'officialdom'?

By way of responding Ostaseski gives the example of a hospital orderly, who manages to create his own universe within the gap between what is, and what can be. Before he starts to clean up the dead body on the operating table, after everyone else has left the theatre, he addresses the dead person. And then continues to talk as he goes along, respectfully explaining what he is doing and why, while carrying out his prescribed duties.

As I listen, I hear how his perception, the view he takes of who he is and what he does and why, changes everything. He manages to bring meaning and will into alignment and manifestation, in and through action, and thus 'reality' transforms into 'I & Thou,' holy chamber and sacred space.

Contemplative activism:

There are those who manage to achieve great things in the midst of the sharp corners and hard surfaces of their circumstances. I am thinking of Rachel Carson who one day received a letter from a friend, describing how the aerial spraying of DDT, aimed at insects, had left a trail of dead birds behind (McKie, 2012). Carson, a biologist and science writer, was thus moved to look at the impact of pesticides on the natural world. This resulted in *Silent Spring*, published in 1962, which described how the fragile and intricate relationship between living organisms is disturbed and disrupted by the indiscriminate use. She also pointed out that chemicals accumulate in the food chain, and thus pose serious risks to human health. We are part of nature, she said, we are interrelated and interdependent.

It was a brave thing to do. Attempts were made by the petrochemical conglomerate to sue both her and her publisher, and The New Yorker, where Silent Spring had been serialized. She was written off as 'hysterical' and 'unscientific,' and the question was raised 'why a spinster with no children

was so interested in genetics'! But *Silent Spring* sold in millions. And her work gave birth to organizations such as Greenpeace, Friends of the Earth, and the Environmental Protection Agencies. The use of DDT was eventually banned, and the Clean Air Act, the Safe Drinking Water Act, and the federal Environmental Pesticide Control Act were introduced.

Carson was a prophet and fearless messenger, who shook the cobwebs out of the laissez-faire; in terms of the way we trust the 'experts,' and the way we are in relation to planet earth – on and of, which we live. In the face of fierce counterattacks *Silent Spring* brought the environment, and thus also our health, to the table. To this day it 'remains one of the most effective denunciations of industrial malpractice ever written . . . (McKie, 2012).'

There are those who, just like Carson, have managed to bring action and contemplation together by becoming contemplative activists: Martin Luther King, Nelson Mandela, Mahatma Gandhi, Rosa Parks, Dorothy Day, Bishop Romero, the Dalai Lama, Vaclav Havel, Aung San Suu Kuy... The list is long and incredibly beautiful. And they have all spent long periods of their lives in the gap, having had to endure considerable suffering and hardship as a consequence. But they have been passionate, not just for social justice, but also for non-violence and for democratic change.

They could have chosen an easier life. They could have gone into the either / or; met violence with violence, reacted by rushing into action, or resigned themselves, settling for cynicism and 'make-do.' But they didn't. They found a 'third way.'

The 'third way':

So what is the 'third way?' Palmer (2004) describes it is '*a commitment to act in every situation in ways that honor the soul*' (p.170). Rohr (2003) sees it as a contemplative stance, a way of wisdom, which emerges when we hold the tension of opposites – '*until it transforms us*' (p.171).

And how do we know that we are 'transformed?' We know that we are when 'our ego stops getting hooked' (Rohr, 2003), when it is not all about us, when it is not just about our own private agenda. In other words, when we can make ourselves available, 'usable', come what may (pp.171-172). But it is a lonely and strenous path to walk, which requires great determination, courage and stamina.

Contemplative activism and the 'third way':

Barbara Kingsolver, whose words gave this essay its title, would know all about it. In the aftermath of 9/11 she was asked to write a number of articles in response to the attack. As she did she encouraged her fellow Americans to reflect and contemplate *a considered* response to the attack, rather than with the knee jerk reaction of more of the same, as in violence. And for this she was hounded. 'There was a monstrously angry response,' she says, and a 'dark, dark winter' ensued (Cochrane, 2010). But she remained steadfast, refusing to acquiesce to the pressure of maelstrom groupthink.

She decided to save the hate mail she received and make something beautiful of it. The result was the 500 page long *The Lacuna*, which deals with the witch hunts of the 40's and 50'. And for which she was awarded the literary Orange Prize in 2010.

Rachel Carson, Barbara Kingsolver, and all the men and women who have stood tall, when they could have acquiesced and crumbled, know that 'violence of every shape and form has its roots in the divided life. . . (Palmer, 2004, p.174)'; that 'the divided life is a wounded life, and that the soul keeps calling us to heal the wound (Palmer, 2004, p. 20).'

Because 'as I stand in the tragic gap between reality and possibility, this small tight fist of a thing called my heart can break open into greater capacity to hold more of my own and the world's suffering and joy, despair and hope' (Palmer, 2004, p.178). The personal breaks into the societal and global. The self is widened.

Our hearts and minds are pulled open 'to a third way of thinking and of acting' (Palmer, 2004, p.174). And the importance of that was made clear by Albert Einstein, when he said that no problem is solved by the same consciousness that caused it. We need that tension to tear us open!

How to define 'action' and 'contemplation?'

Action and contemplation. What do these concepts mean, exactly? Action is any way that we co-create, and externally manifest inner power, Palmer says (1999, p.17). And contemplation has nothing to do with chanting or lotus positions, he says. It's about the unveiling of our illusions; it is about revealing the reality behind the masks. Simply put, it's about waking up to what is real and true.

This takes time and requires space; and thus it runs contrary to today's culture of high-tech speed and rationalized slimmed-down efficiency. It runs counter to the 'decisive' performance, and the get-up-and-go success. We need to be able to – sit.

Conclusion:

There will always be a gap, – and choices within it. We can pick up the kaleidoscope and turn it around and around, until the coloured fragments fall into a formation, which somehow resonates with us at a deep level. We then have a new picture, and a new way.

This is the sublimation, as just demonstrated by Kingsolver, in the way she found use for her hate mail. This is the harvest, the creation, or rather, the co-creation. And today, looking at the world where the old power structures and paradigms are crumbling and falling, exposing society, or the lack of it, nothing could be more important.

And just as we find our selves in a very tragic gap, so does planet earth; what Rachel Carson once saw in terms of toxic damage on land, is now seen in our seas and oceans. And then there is the global warming, ozone depletion, deforestation... And all of it, once written off as something 'out there', we now find in our own backyards. And this is, of course, precisely where so many of the answers lie. So if ever there was an urgent call for an informed, insightful, deep and wise engagement, it is now. The contemplative activist, the wide self is needed.

This is not just for the 'spectacular' few; this is for you and me. And so, the gap, the in-between place, the liminal stage of threshold, the incubation chamber and cauldron – may we not waste it.

"The miracle is not to walk on water." says contemplative activist Thich Nhat Hanh (1992, p.1), who thus challenges us not to shy away from mindful action, with the excuse of improbability. "The miracle is to walk on the green Earth in the present moment, to appreciate the peace and beauty that are available now." And on the advice of Mary Oliver (2006, p. 4), whose active contemplations always help us to look and see, we 'never hurry through the world / but walk slowly, and bow often.'

To never hurry, but to walk slowly, and bow often. To be a living breathing part of the path, where 'opposites collide and unite, and everything belongs' (Rohr, 2003. p.159). To listen to the song of the river, as we let it run, unimpeded. And heeding the words of Seamus Heaney, whose words imbue our veins with earth and soul: 'What looks the strongest has outlived its term. The future lies with what's affirmed from under.'

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She would welcome thoughts and reflections on the subject of the essay and can be contacted at: info@ancemcmahon.com.

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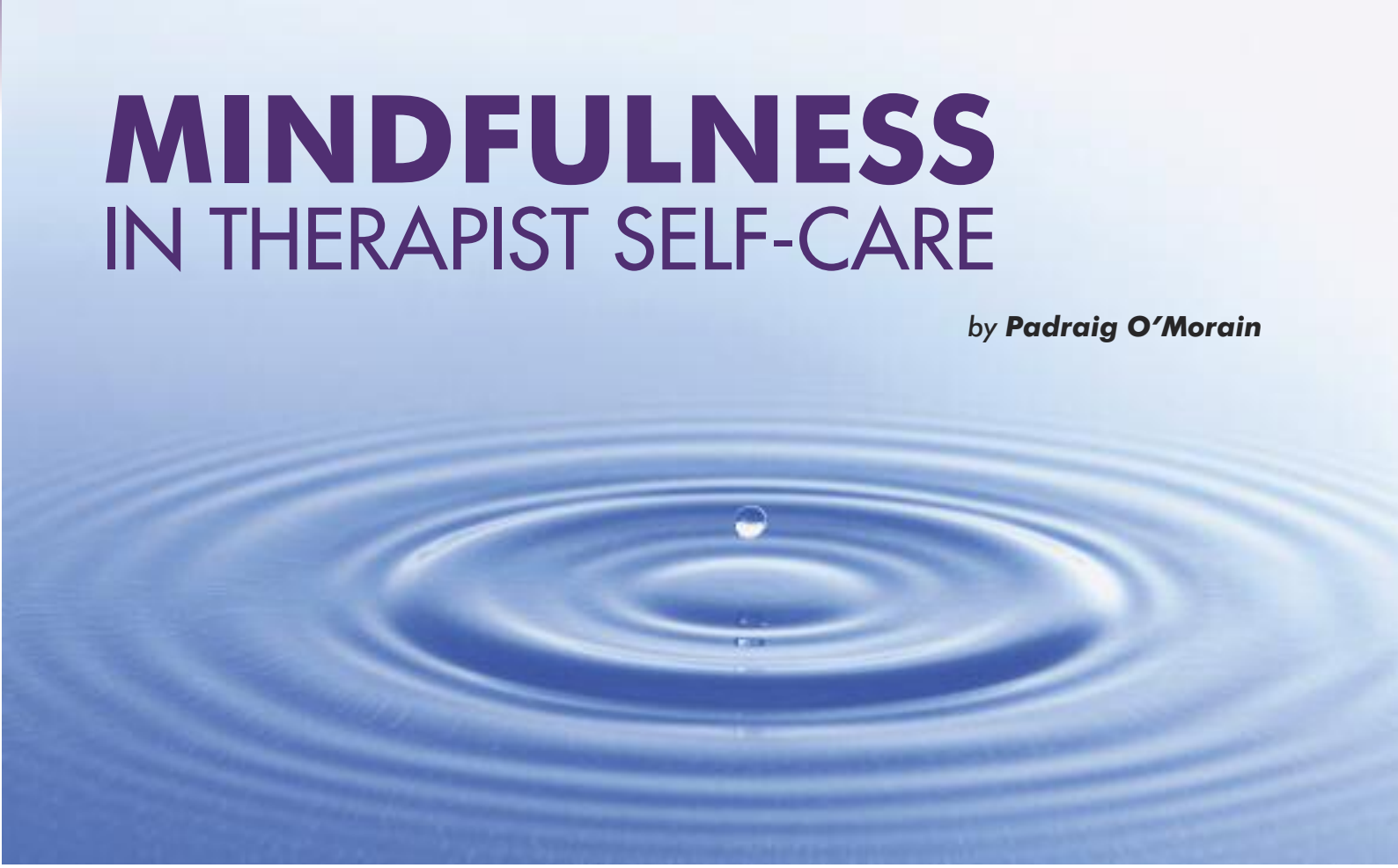
The five precepts presented by Frank Ostaseski can also be viewed at: http:/www2.hawaii.edu/~davink/FivePrecepts.pdf.

MINDFULNESS IN THERAPIST SELF-CARE

by **Padraig O'Morain**



This article aims to help you, as a therapist, to use the practice of mindfulness in your own self care. I give a definition of mindfulness followed by a series of mindfulness practices.

Two key introductory points: First, the practice of mindfulness will usually help you to deal with stress and with difficult emotions but this is not always a pleasant experience: the practice requires you to turn towards your emotions and not to distract yourself from them. This however, is a valuable aspect of mindfulness too - I do not need to argue this in a publication for therapists - and the overall benefit of mindfulness practice, I find, is to provide a valuable tool for facing life's challenges.

Second, mindfulness is an attitude as well as a practice. The attitude associated with mindfulness will become clear in the definition which follows. Therefore, the definition is worth reading later even if you skip forward to the practices (I call them practices because mindfulness doesn't just happen: you have to practice it).

What is mindfulness?

My working definition is that mindfulness involves deliberately connecting with my flow of experience with acceptance and without attachment.

Deliberate connection: We are all aware of something most of the time. Even when we are "lost in thought" the mention of our own name will usually get a response. If your awareness has been captured by memories of an unpleasant interaction with a client or supervisor or of a disturbing story told you by a client, you are aware of that memory though perhaps of little else; or perhaps you are giving your awareness to thoughts of your own inadequacies as a therapist. All this can be done without any conscious decision on your own part.

In mindfulness practice, however, we make a decision, a deliberate choice, to be aware of our experiences. That act of making a deliberate choice seems to give us some distance in relation to our own experience. So as well as being aware of conducting an angry exchange with someone in my imagination, I might also choose to give my attention to the sensation of walking, to the person sitting in front of me right now, to washing my hands and so on. That fantasy exchange is now occupying part of my awareness but only part.

Acceptance: Acceptance is at the heart of mindfulness practice. But what does it mean? In this context it simply means that we do not fight with the fact that reality is the way it is. This does not mean that we would not change reality if we could. Nor does it mean that we have to like the reality that we experience. But we do not waste effort and energy fighting the fact that something is the way it is. The angry client who dismissed you as

incompetent or uncaring is, perhaps, entirely wrong. Right or wrong, you were hurt and upset. But you do not have to spend your time having mental arguments with yourself about the fact that your client has said these things. You notice the hurt and you move on. In doing so, you preserve energy for working out what to do next.

Similarly, acceptance of some dreadful memory or event that the client has told you about does not in any sense mean condoning what happened to the client. It means that you can allow yourself to feel the emotional hurt or pain of the memory without having to construct scenes and scenarios about it.

Attachment: Attachment, as I use the word here, means clinging onto something. I may have formed the belief that I am an extremely good therapist, quite capable of handling anybody who may come my way. If I insist on clinging to that view of myself, then the client who is angry with me can upset me very easily indeed. The point here is not whether my client is right or wrong: it is that if I see my view that I am a therapist who can handle anything and everything as essential to my happiness, then I am attached to that view. The irrational beliefs identified by Albert Ellis in Rational Emotive Behaviour Therapy could be seen as a list of ideas to which one can become unhealthily attached.

So, my client thinks that I'm a waste of time, that I am interested only in money and that I am not very good at what I do. When I practice mindfulness , I am still aware of this but I am also aware of my breathing or my walking or my feet against the floor or what the person I am with is saying to me. I accept that this is my client's view, that it is hurtful and that I need to work out what to do about it but as a mindfulness practitioner I am not filling my head up with little dramas in which I confront the client and win the day. Hopefully this wider focus will help me to let go of any attachment I have to the idea that I must be so impressive that all my clients will love me all the time.

I said that mindfulness is an attitude as well as a practice. However, it is my experience that my chances of adopting a mindful attitude when I need it are boosted if I practice mindfulness when I don't need it.

The rest of the article will describe a number of practices and I hope that, among them, you will find a few you can adopt for yourself.

MINDFULNESS PRACTICES

A basic awareness practice:

Pause for a few moments and notice your breathing. Do this for a while.Whenever you notice your mind has drifted away, bring it back to what you are doing.
Notice your posture, that you are sitting, standing, walking or lying down.
Notice the points of contact between your body and the chair, your feet and the floor.
Notice your clothes touching your body.
Notice sounds in the room; sounds outside the room; the furthest away sound you can hear. Just notice the sounds without judging them.
Now back to noticing your breathing again. Whenever you notice your mind has drifted away, bring it back to what you are doing.

This practice incorporates many elements of mindfulness. First, you are using your senses to connect you with current experience. "Staying in the now," to take a phrase often applied to mindfulness, is a somewhat abstract concept. Tuning into what your senses are bringing you right now is a physical experience, and this is true of most mindfulness practices. Second, you are using awareness of breathing at the start and end of the practice. The breath is a valuable object of attention for mindfulness practice and I include a number of breath-based practices below. I have more to say on this later. Third, you are accepting that your mind will drift off into thoughts and that you will need to bring your attention back many times to what you are doing. This drifting is often seen as an imperfection in mindfulness practice - on the contrary, developing your ability to observe a thought without reacting to it, and then to return calmy to your breathing is a valuable benefit of mindfulness and should be cultivated rather than spurned. Fourth, you notice sounds without judging them - this is acceptance which I have described above.

You can use this basic practice as you go about your business or even in bed at night where it is a great deal more calming than recounting your worries to yourself and may even lull you to sleep.

The body scan:

Lie down or sit comfortably. Bring your awareness to successive parts of your body, spending no more than five to ten seconds on each, for example:
Your toes
The soles of your feet
Your ankles
Your calves
Your knees
Your thighs
Your hips .....

all the way to the top of your head (not forgetting your chest, tummy and arms).

When you have done this, imagine that, as you breathe in, the breath is filling every cell of your body. Try to get a sense of your whole body breathing.

Then, when you are ready, open your eyes.

If you experience pain, discomfort or tension in any part of your body, just imagine you are breathing into it and softening it. Notice the area around the pain and discomfort and breathe into that too to soften it. Also notice the parts of your body that are not in pain or discomfort. Then move on in the next five to ten seconds.

You can find free audio clips of body scans of differing lengths at http://www.freemindfulness.org

Do the body scan for 10 to 20 minutes at a time. Doing the body scan for long periods, such as 45 minutes or an hour, can bring up repressed memories and emotions.

The body scan is an excellent mindfulness practice and is central to Jon Kabat-Zinn's Mindfulness Based Stress Reduction programme at the University of Massachusetts Medical Center (Kabat-Zinn, 1991).

The body scan will help you to understand, in an experiential way, that your stress or discomfort is not your whole experience but only part of it. In Bruno Cayoun's Mindfulness-Integrated CBT (*Mindfulness-Integrated CBT*, 2011) our processing of experiences, whether originating outside or inside ourselves, ultimately - though quickly - produces a bodily sensation which may or may not come into awareness but which influences our behaviour. Becoming aware of these sensations in a non-reactive way brings us a broader range choices and possibilities and the body scan is also central to his approach.

Befriending anxiety:

Begin by noticing your breathing. Then bring to mind a source of anxiety. For about three to five minutes, observe its physical effects in your body with curiosity, as if this feeling was new to you. Avoid getting caught up in the story behind the anxiety. Also avoid rejecting it or trying to change it. All you want to do is observe the physical manifestation of anxiety.
2nd 3-5 mins: Move to observing how the anxiety affects your breathing. As you do this, attempt to maintain an attitude of welcome towards the sensations.
3rd 3-5 mins: Now observe the effects on your body and on your breathing together. Continue to take a friendly attitude towards the physical sensations.

The above practice is based on Christopher Germer's observation that "Since anxiety is unavoidable, it is fruitless and often counterproductive to try to eliminate it." (*Mindfulness and Psychotherapy,* 2005)

The practice is also based on the hypothesis that sometimes what we are really avoiding is the physical sensation of anxiety (or another unpleasant emotion). Being mindful of the physical sensation and observing it in a friendly way can interrupt our conditioned reactions and can make it possible for us to choose a response.

With a little practice, you can learn to switch your attention to the physical aspect of strong emotions rather than prolonging them through thinking about them, as you go through your day and without having to go through the procedure above..

Walking:

If one is too agitated to use any other kind of mindfulness practice, then mindfulness of walking can gradually help to bring a sense of calm. This is a matter of walking somewhat slowly and keeping your attention by the act of walking, perhaps coordinating breathing and walking, and not on the agitation in the person's head.

Mindfulness of walking is a traditional mindfulness practice and when used in the traditional way the walking should be extremely slow with a separate awareness of raising the foot moving it forward and putting it down again. This sort of walking however is hardly practical for most of us most of the time. That is why walking "somewhat slowly" is recommended above.

FIVE BREATHING PRACTICES

One breath in, one breath out:

Every now and then pause. Breathe in and out once in awareness. You may be sitting at your desk, working in the kitchen, stalled in traffic - all these situations and many others provide an opportunity to do this simple exercise.

Ten per cent:

Can you give ten per cent of your attention to your breathing as you carry out tasks or walk, read or watch TV? Of course at times you need to give 100 per cent of your attention to what you are doing but when you can give that ten per cent it will anchor you to the moment.

Checking in with the breath:

Checking in with your breathing provides a quick and useful way to get in touch with your present-moment experience. The method couldn't be simpler. *As you go through your day, notice your breathing from time to time. All you need to do is notice: you don't have to breathe in any special way.*

Four stage Mindfulness of Breathing:

1. For a few minutes focus on your out-breath. Notice how the breath seems to go down through your body to the floor. Notice the movements in your tummy as you breathe out.

2. Now notice the tiny pause between the end of the out-breath and the start of the in-breath. You don't have to make it happen - just notice it. For a few minutes notice this pause at the end of every out-breath.
3. Now for a few minutes notice the in-breath and how your body feels as you breathe in.
4. Now notice the tiny pause between the end of the in-breath and the start of the out-breath. You don't have to make it happen - just notice it. For a few minutes notice this pause at the end of every in-breath.

ACCEPTANCE AND COMMITMENT THERAPY

Acceptance and Commitment Therapy is an attractive application of mindfulness, explained in a most accessible way in Russ Harris's book, *The Happiness Trap* (2008).Two ideas in particular from the ACT approach are useful from a self-care perspective. The first is "defusion" and the second is the distinction between the "thinking mind" and the "observing mind."

Defusion:

One of the great benefits of mindfulness practice lies in helping us to "separate out" from distressing forms of thinking. This is not the same as disassociating or splitting: it is a chosen attitude, made easier to implement by the practice of mindfulness. We "fuse" with our thoughts when we cannot gain any distance from them, when we give them more credence than they deserve and when we are, in effect, driven by them. Think of how this could happen following a session with an angry client or a session in which the story told by the client was deeply disturbing.

Mindfulness practice leads to the understanding that our thoughts are not the be-all and end-all of everything. ACT-based approaches aim to bring about a "de-fusion" of our whole selves from our thoughts. For instance if you spot the thought "I want my clients to stop making demands on me" (burnout might produce such a thought) you are encouraged to put "I notice I am having the thought that" in front of it. Then you get: "I notice I am having the thought that I want my clients to stop making demands on me." I find the use of this phrase ("I notice I am having the thought that") gives me a distance from the negative judgements I make about myself

This is not a question of making the disturbing thoughts go away. Rather it is a matter of allowing them to take their place in the totality of your experience - as part of one's experience but not all of it.

This approach, and mindfulness approaches in general, sees thoughts as fleeting constructions which lack permanence and solidity.

Thinking Mind vs Observing Mind:

Try to observe your breath or the scene in front of you for a few minutes without commenting mentally on what you're doing. Just observe. Notice how mental activities inevitably begin to generate themselves. These may be images, memories, pieces of dialogue, or judgements. When you notice this happening, return to observing.

For the purposes of this practice we think of ourselves as having two minds. We may or may not have two minds but in an operational sense the distinction is helpful for our purposes. The observing mind notes our experiences without comment. The thinking mind is the one that generates opinions, memories and so on . (In ACT memories are not seen as thoughts but the distinction is not crucial for our purposes).

Very often the thinking mind is acting out of old patterns, some of which don't serve us particularly well. Practising mindfulness involves switching into "observing mind" mode. Thoughts still come and go in the background because the thinking mind never really goes silent for a very long. But deliberately cultivating the observing mind will give a sense of spaciousness, will almost always reduce stress and in my experience allows new, creative ideas to come through - ideas which could otherwise get lost in the chatter of the thinking mind.

Should any readers have questions about their practice of mindfulness, or should they wish to join the mailing list for my monthly mindfulness newsletter, they need only email me at pomorain@ireland.com

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SELF CARE
— Surviving the dangers of empathy

by ***Maureen Raymond McKay***

Simon Thomas was a great physician of his time. I remember that I met him one day at the house of a rich old consumptive, and whilst talking with his patient about the method of treatment, he told him that one way was to give him the pleasure of my company, and that so by fixing his eyes on the freshness of my face, and his thought on the overflowing liveliness and vigour of my youth, and filling all his senses with my flourishing youthfulness, his condition might be improved. But he forgot to say that at the same time mine might get worse.

Michel De Montaigne

What that renowned essayist Montaigne recognised, 400 years before their discovery by scientists in 1996 is the existences of 'mirror neurons' or 'empathy neurons', neurons that fire in the brain when we watch another person performing an action or undergoing an experience. It now seems we have the biological basis of empathy. In other words we have schema or templates laid down in the neuronal pathways of the brain which we refer to in interactions with other people. When we see someone touched in a painful way our own pain areas are activated. Thus therapists can use their own mirror system to understand a client's problems and to generate empathy, and they can help clients understand that many of their experiences stem from what people have said or done to them in the past.

Dr Giacomo Rizzolatti, a neuroscientist at the University of Parma observed mirror neurons in action in monkeys. These mirror neurons fired when the monkey watched humans or other monkeys bring peanuts to their mouths and when the monkey itself brought peanuts to its mouth. These mirror neurons were later observed in action in humans. In an interview with Sandra Blakeslee of the New York Times published on the 10th January 2006 Dr Rizzolatti stated that "we are exquisitely social creatures, our survival depends on understanding the actions, intentions and emotions of others".

In the same article Blakeslee quotes Dr. Marco Iacoboni a neuroscientist at UCLA "mirror neurons" allow us to grasp the minds of others not through conceptual reasoning but through direct simulation – by *feeling* not by *thinking*" (my italics). He cites the following example 'if you see me choke up, in emotional distress from striking out at home base, mirror neurons in your brain simulate my distress'.

Don't we counsellors deem ourselves to rank highly on the empathy scale? If we did not our clients would find us out very quickly. But what are the dangers of high grade empathy for the health of the counsellor?

Over a hundred years after Montaigne wrote the words cited at the top of this article Melanie Klein 1882-1960 one of the early proponents of Object Relations the British-based development of classic Freudian theory, pre-empted these later scientists with her recognition of the phenomenon of *projective identification (P.I.)* a form of nonverbal communication in which one person picks up feelings or experiences from another. In a counselling relationship the client can project into the counsellor feelings/emotions which are usually out of the conscious awareness of the client. In other words if the client's anxiety is particularly intense s/he rids herself or himself of that part of themselves that feels painful and unmanageable.

The client may effectively force into the therapist feelings which would otherwise eat away at him such as anger, hatred including self-hatred and despair. On the plus side the client may project into the therapist feelings of a powerful saviour. Although as we shall see later this has its inherent dangers for the therapist. A mild and benign form of P.I. enables one to put oneself across to others and empathise with them. When I was doing my initial training in psychotherapy and the concept of P.I. was discussed I remember thinking to myself "what a load of mumbo jumbo". I had previously been trained in the rigours of scientific method and I needed evidence. But it would not be too long before I realised how naive I was. Thankfully I had a supervisor who believed fully in the phenomenon. As already stated evidence was to come through the discovery by scientists of 'mirror neurons' believed to be the neural basis of empathy, the ability to share the emotions of others.

Projective identification has been taken up as a particularly useful concept by many schools of psychotherapy. It can work both ways i.e. it can be negative or positive. Gomez (1998) tells us: that it is when the therapist is pressured to take on the unbearable feelings of the client that the therapist is in trouble. She states that:

> *"It is this kind of situation that normally competent and well-bounded practitioners can find themselves giving way, extending the time, disclosing too much personal information or spending inordinate time between sessions worrying about the client: all signs of malignant regression". P180*

I will put my hands up, I have done all of the above. How did it come about that I became lax about minding my own health? The obvious answer might be that I was overtired and therefore not mindful of my own process. But William Grosch and David C. Olsen authors of the book, *When Helping Starts to Hurt*, tells us that counsellors can too readily forget that they are the wounded healers and this in their view is what may lead to lack of self care and ultimately to burnout.

> *Grosch reminds us of the myth of Asclepius, the son of the god Apollo and the mortal woman Koronis who was wounded before birth. While Koronis was on her funeral pyre, Apollo snatched his son Asclepius from her womb, saved him from the flames, and gave him to the healer Chiron to raise and instruct in the art of healing. The myth describes Asclepius's entry into the world as a miraculous birth in death. Chiron to whom Asclepius was entrusted was half human and half divine, and inflicted with an incurable wound by the poisoned arrows of Hercules. Thus, Chiron , a healer who needed healing himself, passed on to Asclepius the art of healing, the capacity to be at home in the darkness of suffering and there to find seeds of light and recover (p151)*

So the healer heals and at the same time remains wounded. Carl Jung in interpreting the myth of the wounded healer emphasised that only the wounded doctor can heal whether that doctor be physician or priest (Guggenbuhl-Craig, C.A 1971). Cushway (1996:177) supports the concept of the wounded healer. She states 'An important determinant for becoming a therapist may be a conscious or unconscious wish to make good the unresolved difficulties of early childhood'. Guy (1987) also writes about the hidden motives of psychotherapists being a source of stress. The problems arise not from the motive themselves but from their denial.

The important message to be gleaned from this for those of us in the healing and helping professions is that we see ourselves not only as helpers but as persons who need to be helped. The counsellor is not separated from the patient, for the counsellor too is in search of healing. By reminding ourselves of this and accepting and integrating our woundedness we are much less likely to hold onto elaborate grandiose defences (Grosch, 1994:152). I manage a smile as I mull over that last sentence. If you have like me been the object of a hospital consultant's gaze you will most likely, not have seen any evidence of the wounded healer. Grandiosity? Yes in bucketfuls!

To sum up, what Grosch; Cushway; Guy and others are warning us about is the dangers of forgetting that we are the wounded healers and as a consequence stray to its polar opposite-omnipotence. By so doing we are then much less likely to make an early diagnosis of burnout. Pines & Maslack quoted in Dryden (1995:23) defined burnout as "physical and emotional exhaustion, involving the development of negative self-concept, negative job attitude and loss of concern and feeling for clients".

Faber (1990) refers to a study conducted by Wood et al (1995) in which psychotherapists estimated that 26% of their colleagues were suffering from symptoms related to burnout and depression, while 32% of those that responded admitted experiencing burnout and depression to a degree serious enough to interfere with their work. I became cognisant of these very worrying statistics

while reading research undertaken by Susan (O'Dwyer) Keating (1999) as part of her master's degree in counselling psychology at Dublin University Trinity College.

However it is important to bear in mind, as hopefully we do in the case of our clients that the problems are not always located in the individual and there are circumstantial factors at play. For example the culture of an organisation wherein the counsellors work or train may have a detrimental effect on an employee's or trainee's health.

Environmental stressors will vary depending on whether the counsellor is working for an organisation or is self employed. For example Carroll (1996) concluded that counsellors in organisational settings had a number of characteristics different from counsellors who are self-employed. His research was carried out on counsellors who were employed to counsel other employees. He found that all interviewees reported that they considered themselves to have multiple roles within their organisations. They were "consultants, trainers, agents of change, welfare officers" (Carroll 1996 p119). It emerged very strongly that the counsellor often took on the role of mediator between the organisation and the individual client. How simple or difficult this task is will depend to a great extent on the culture of the organisation in which the counsellor works in particular its philosophy of counselling.

Feltrim, Colin (1995) writing on the stresses of counsellors who work in private practice tells us that counsellors who fall into this category can be particularly at risk. He refers us to Guy (1987), who holds that isolation is one of the main sources of stress for private practitioners. The higher the caseload the longer you spend shut away with one person at a time. Also in choosing to work in private practice our incomes are no longer predictable and therefore the temptation is to overstretch ourselves by taking on too many clients and seeing them back-to-back. The minimum period between sessions in my view should be no less than 15 minutes. From a financial perspective this might seem like poor time management but I have learned the hard way that it is a key function of good stress management. Whilst I am in private practice I work alongside other health care practitioners. I do at times have feelings of professional isolation but not so much as I did when for a very short time I worked from home. It is amazing how therapeutic it can be to be able to drop down to the tea room if only for a few minutes between sessions and have a chat about the weather and the other evils of the day!

There seems to be general agreement in the literature that trainees experience the highest levels of stress. Having managed to survive my own training, and now in the happy position of being a supervisor/peer consultant it is not surprising to me that the vast majority of those who complete their initial training do not go on to seek accreditation. There are lots of reasons of course why this occurs but I suspect that many of the students are burned out before they get off the starting blocks. Cushway 1996:29 posits the following:

> "*On the one hand, trainees are expected to become more self aware and to expose their frailties as a step towards greater client sensitivity. On the other hand, they are selected because of their personal as well as academic qualities and they therefore have to live up to this training and display no weakness*"

When the pressure is on with assignments etc. the first thing to slip is supervision and this in my view is because the trainees are not aware of the benefits of supervision to themselves in addition to their clients. Supervision is not therapy but it can be very therapeutic.

I said earlier that projective identification used interchangeably with counsellor counter-transference, has been taken up by many schools of psychotherapy as a useful concept. However in my experience as a supervisor many newly trained counsellors and some not so new to the profession have very little knowledge of how it impinges on them. As a rule of thumb I find that there is a negative correlation between perceived levels of stress and the understanding of the mechanisms of counter-transference or projective identification. However more controlled research is needed to be carried out on this.

So knowing about the dangers of empathy and the other stressors inherent in the role why do we therapists bother doing what we do? Keating (1999:8) quotes Thorne (1989) in Dryden (1995) who doesn't beat about the bush when he says the counsellor who denies that counselling is difficult and demanding is "mendacious and deluded and incompetent". On the other hand he goes on to say that the therapist that claims not to have personally gained from this work is also likely to be "mendacious deluded and incompetent".

So how do we maintain our equilibrium? There are innumerable suggestions and opinions as to what we can do to attenuate our stress levels. I agree with Guy (1987), that good and regular supervision is one of the most helpful ways of ensuring that job satisfaction scores higher than our stress levels. Good supervision apart from being a protection for the client helps us monitor our own overall stress levels and coping resources. It is often when we are most in need of supervision i.e. when we are training, that we avoid it, often due to financial restraints. Unfortunately there is research evidence that one of the most frequently cited sources of stress for trainee psychologists is poor supervision (Cushway, 1996). She goes on to say:

> *"It is possible to say with relative confidence that the coping strategy which is cited by therapists as most effective for them is talking to a partner or friend or a colleague at work… thus the most frequently reported coping methods are active behavioural including talking to loved ones colleagues or friends, or engaging in sporting, social, or leisure activities" (1995:181).*

For me any activity that takes me out of my head and into my body such as dancing and playing a music instrument, are the sine qua non of stress attenuators.

As well as using supervision as a way of monitoring both our stress levels and job satisfaction, in my view counsellors would benefit from a self-evaluation instrument to measure their levels of job satisfaction and stress on an ongoing basis. One such instrument which I came across on my research for this article is the Professional Quality of Life Scale: Compassion Satisfaction and Fatigue (ProQOL) Version 5. The ProQOL is a measure of the negative and positive effects of helping others who experience suffering and trauma. This can be downloaded for personal use subject to some straightforward conditions at (www.proqol.org/ProQol_Test.html)

To sum up, the discovery of "mirror neurons" - the biological basis for empathy - in humans by scientists in the 1990's is an exciting finding for counsellors and psychotherapists in so far as the phenomena of transference and counter-transference are concerned. These neurons, it seems, allow us to grasp the minds of others by *feeling* not by *thinking*. The downside of course is that those who score highly on the empathy scale, such as counsellors or psychotherapists are in danger of emotional depletion which may lead to burnout. Counsellors are not immune to life's tragedies and the stresses of the job may combine with difficult life events to fuel their distress. Trainees experience the highest levels of stress, and age and experience as well as lighter case loads attenuate stress.

Some of the most important strategies cited as being helpful in coping with the stresses of counselling are active behavioural e.g. good and regular supervision, talking to a partner, colleague or good friend or engaging in sporting, social or leisure activities.

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BURNOUT, VICARIOUS TRAUMATISATION AND SELF CARE

by ***Dr Andy Harkin***

'Resources consist of whatever allows one to put a gap between environmental stress and personal distress ... When demands significantly outweigh resources over any extended period, burnout occurs'

Bessel Van Der Kolk

An overtaxed stress response lies at the heart of burnout leading to a wide range of both physical and psychological symptoms. An imbalance in the autonomic nervous system (ANS) lies at the heart of this overtaxed stress response.

Stephen Porges's (1) work clearly demonstrates that taking the traditional view of the ANS as having two main branches is a limited one. Nevertheless for purposes of simplicity this article will stick with a limited view.

In response to stress the sympathetic nervous system, through noradrenaline, contracts and accelerates. Heart and breath speed up, belly gets anxious, muscles tighten. This is balanced by the parasympathetic nervous system (mainly through the vagus nerve) which has the effects of helping us to 'rest and digest'. Where these complementary systems work in concert the result is a harmonious response to daily stressors.

With increasing stress this balance can be lost leading to symptoms and behaviours associated with burnout, some of which are laid out below:

1. **Excess noradrenaline:** Racing thoughts, palpitations, panic attacks, anxiety, insomnia.
2. **Behaviours to manage this excess noradrenaline:** substance misuse that calms e.g alcohol and/or cannabis, anti-anxiety medication, angry outbursts.
3. **Depletion of noradrenaline:** chronic fatigue, exhaustion, apathy.
4. **Excess parasympathetic:** numbness, hopelessness, depression, 'not present'.
5. **Behaviours to manage this feeling of shutdown:** substance misuse that stimulates; antidepressant medication; self harm.

Working as therapists there are many meta-level reasons for burnout; too many sessions, inadequate support; isolation of the job, hostile work environment. We are only too well aware that we are also affected by our clients. It is this intrapersonal source of burnout I would like to discuss in more detail. What then is the mechanism through which we are impacted in our offices, for good or ill?

According to Marco Iacobonni (2) the answer is found in his discovery of a new type of brain cell called mirror neurones. Neurones tend to either be sensory or motor in function. Sensory neurones deal with incoming information from the inside world such as pain, temperature, amount of oxygen in the tissues etc., and outside world through sight, sound, touch etc. Motor neurones cause an action to happen; for example, reaching, grasping, walking etc.

Mirror neurones are both sensory and motor which may not sound like much but led VS Ramachandran,(3) an eminent neuroscientist, to say that their discovery could prove to be as significant as that of D.N.A.

Anyway, what of their relevance to psychotherapy ?

Well if we consider emotions, for example, disgust. If I smell something disgusting then an area of my brain lights up. If I see disgust in someone else's face then that same area lights up. Furthermore, if I imagine something disgusting there is again a lighting up of this brain region. The only difference is one of degree. Brightest for doing, then less for seeing then least for imagining. As such it is suggested that mirror neurones form a neural basis for empathy.

Mirror neurones also apply where actions occur; again whether doing, seeing or imagining action; which explains why we are there kicking the ball along with our team. Iacobonni and colleagues go further and suggest that mirror neurones provide a mechanism through which we can also read the intentions of others.

While this resonance for emotions or actions or intentions has usefulness in providing grist for the therapeutic mill it is also clearly a pathway for impact on the therapist. With 60 percent of communication being non-verbal mirror neurones provide a brain to brain template for how this communication can be impactful.

In further discussing body to body communication I would like to turn now to two other areas of the body that are rich in nerve cells and neurochemicals, so much so that they are considered mini-brains (also known as semi-autonomous nerve plexi).

The heart (cardiac plexus)

This doughty organ has an average rate around 70 beats per minute. However, as stated, this is an average and there is beat to beat variation called heart rate variability (HRV). This HRV can be measured in terms of its coherence, meaning that when I am more stressed its graphic depiction looks more jagged. Fibres from the heart communicate this lack of coherence to the centres of the brain responsible for regulation of emotion and arousal (limbic region a.k.a. the emotional brain). Conversely, if I am in a calmer state then the pattern is more coherent and in turn this provides bottom up regulation of the brain.

Furthermore, when we look at heart based emotion such as joy and compassion they are opening and coherent. On the other hand we have anger and anxiety which are contractile and incoherent. Interestingly these words share a common root with the word angina; ang.

The waves generated by the heartbeat extend at least 6 feet off the body. (Pearsall,4). When sitting with a client we are sitting within a relational field that includes the individual signatures of both our heartbeats. It is not a stretch to imagine this has both beneficial and less than beneficial effects.

The gut brain (coeliac plexus)

Sensory fibres also run from around the stomach to the limbic brain. We can look at our gut condition in terms of healthy, anxious and shutdown.

To get a sense of healthy think of a nursing baby finishing a feed; the full belly breath (vagus) and blissful satisfaction (oxytocin). No stress, no threat, no danger. Excess adrenaline , however, leads to transient gastrointestinal symptoms such as 'butterflies in the stomach', nausea and a change in gut motility.

Excess parasympathetic leads to shutdown, with numbness often being felt in the abdomen.

There is a constant two-way influence between top down and bottom up processes in our bodies. For example, if I start having stressful thoughts this is reflected in my stressful gut. Conversely, if I feel stressed in my gut I am likely to have stressed thoughts. Sidestepping the chicken or egg question for a moment, it is known that one effect of stress is to change the composition of our natural gut bacteria (flora).

Researchers in Cork (5) began studying subjects with Irritable Bowel Syndrome, a condition with stress related changes to the gut flora. By using supplements they hoped to restore healthy function to the bowel. The hypothesis was that the rebalanced gut then sends its newfound healthy message upstream to the emotional brain. Preliminary findings showed this bottom up treatment as potentially helpful. Current studies are investigating if such supplementation may also have a role in treatment of anxiety and depression. Early days, though still interesting to keep an eye out for this bottom up approach .

Vicarious traumatisation (VT)

Trauma is contagious, C. G Jung.

While there are many similarities between burnout and VT there are important differences in causation and symptoms. To suffer from VT one **must** be working in the frontline with traumatised populations in some capacity whether as a psychotherapist , lawyer, social worker, aid worker. In one U.S. study it was suggested that up to a third of frontline workers had VT.

VT symptoms range from sleeplessness to anxiety, to full blown PTSD with intrusive imagery, as if the worker is re-experiencing trauma. Charles Figley (6) who writes extensively on compassion fatigue considers the empathic engagement with the clients story the common source of VT.
If story is the common source how does this translate into actual symptoms? In attempting to answer this question we look at the ANS again .

Up to now we have been looking at the ANS through the prism of response to stress, everyday events leading to high (sympathetic) and low (parasympathetic) arousal states. With imbalance we develop burnout symptoms as outlined earlier. The mechanism behind the development of this burnout can be seen as nonverbal brain to brain, heart to heart, body to body communication.

With VT all of the foregoing is again possible but there is also a distinct difference which centres on the following fact. Our bodies are no longer just responding to stress, they are responding to *perceived danger or threat too*.

When we perceive danger or threat, the nature of our stress response changes significantly. Firstly, there is a more intense usage of our ANS, a resultant higher chemical load leading to deeper more intense activation states.

Secondly, in addition to stronger physiological activation we typically have some element of automatic movement initiated by the body. This movement is mediated through our brainstem as a defensive response to perceived threat or danger. This movement is either active or passive (7).

Active movements have often gone by the shorthand flight or fight, which really doesn't do them full justice as we can also stop a fall, crouch, turn the wheel of the car etc.

If active defence is unsuccessful or not possible we default to a passive option. Here we cannot move physically so we remove ourselves from the experience of threat in another way.

Passive defence tends to exist on a spectrum. First we become numb, typically through the torso, progressively cutting off from feeling states to the point

where we take refuge in the head, in thinking. If passive defence deepens further we become spacy and lightheaded and may even progress to a leave-taking of the body e.g. through the top of the head or back of the chest.

So how does this knowledge apply to development of VT?

Well in the resonant/ transferential phenomena that surface while working with traumatised individuals our brainstem reacts *as if* under threat.

It is worth remembering that our empathic engagement is both explicit and implicit. Explicitly we are triggered by the words and images that emerge as our clients relate their traumatic past (story). Implicitly we are triggered by the nonverbal, traumatic activation and emotion that accompany such a story (storyteller).

Either way the stimulation of our defensive responses over and over, minute by minute, hour on hour means we are prone to developing VT symptoms.

Threshold and symptoms

Symptoms of burnout and vicarious traumatisation are mainly visceral. An ability to notice the early arising of said symptoms would provide a warning system allowing us to nip things in the bud.

Unfortunately we fail to notice or ignore these symptoms for a host of reasons some of which are discussed here:

1. Basic brain architecture

If you take a moment right now as you are reading this to pause and, *without looking,* notice your feet on the ground. Good. Now before this was suggested chances are you hadn't noticed them. This is because by and large our brain blocks us from becoming aware of signals arising form the body.

This is generally a good thing. We have at least 70 trillion cells sending information millisecond by millisecond to our brain. Just as well most of these signals remain outside our awareness, below threshold.

Only when these signals are adjudged to be significant is a threshold crossed whereby they enter our awareness.

The set point of this essential threshold has been changed by a range of cultural phenomena.

This change is best summed up by the words of James Joyce (8) in speaking of Mr Duffy in Dubliners 'he lived at a little distance from his body'

Our left brain, primarily our frontal cortex allows us to abstract, to step back from the world. This capacity has strengthened considerably in the last few hundred years facilitating scientific observation and analysis and some would argue much of the progress made in Western culture (mc gilchrist, 9).

However, balance has been lost between the past and future oriented thought -based left brain and the present moment oriented emotion and body-based right brain. We have removed ourselves from the rhythms of the natural world around us. The nearest expression of this natural world is easily overlooked; it is our animal body.

In practical terms this disembodied state we occupy has altered the threshold at which we notice symptoms. Symptoms are visceral and we have left the dancefloor. Consequently, signals need to be pretty strong before we register them at all. For example, looking at some common medical symptoms, the first wash of heartburn may already an ulcer, the initial grip of chest pain may already be angina even though these conditions take years to develop.

Bringing this back to psychotherapy, how often am I getting affected by my client in resonance/transference but am unaware of this because it is subliminal?

Denial of symptoms

One of the symptoms of an approaching nervous breakdown is the belief that ones work is so terribly important that to take a holiday would bring all kinds of disaster'

Bertrand Russell

Of course when we actually **do notice** symptoms we find ways to ignore or over-ride them. As suggested by Russell ,the over-ride can have strong psychological components. My not-enough ness, my just-one-more-thing ness, my vicarious gratitude, my seductive indispensability, my grandiosity of purpose.

Our left brain bias also contributes to this driven-ness. For tasks our left brain has a rhythm of beginning, middle, end, next. Next task. Next. And so on.

On the other hand the task rhythm of right brain is beginning, middle, end, rest. And rest. And so on.

Both are good as long as they are in balance. As we know such is not the case. Throughout the day drops of rest, large and small, are bypassed. The net effect is that our capacity to rest becomes compromised and we come to see rest as simply doing nothing.

As health is not the absence of illness, rest is not necessarily the absence of activity. Rest is a tangible positive state mediated by chemicals. Too often we indulge in empty rest, sat slumped in front of the television.

Rest being compromised means that sleep now takes on its job. In simple terms, sleep helps us leave one day behind and get ready for the next. By taking on this extra work sleep too becomes compromised and we end up with sleep disturbance. Typically we look to deal with sleep disturbance without considering our relationship to rest.

Treatment and prevention:

'Within this very fathom long body, with it's perceptions and thoughts, there is the world, the origin of the world, the cessation of the world and the path leading to the cessation of the world'

Rohitassa Sutta Samyutta Nihaya

For me this quotation points to the importance of embodiment, a theme that will run through the following section on treatment and prevention

With the speeding up of modern life and 'doing' states that we are talking about it is tempting to think that for recovery from burnout to occur the opposite is needed. In other words, slowing down.

However, to my my mind it is just that, oppositional. This creates or sets up a struggle with our deeply ingrained habits towards doing and speed. Now we will do slowness.

A way out of this conundrum is to instead orient towards stillness. We can gain stillness through being still but also through movement, be that walking meditation or dancing. As the Taoist quote says, 'Stillness in stillness is not enough. We need stillness in movement'(10).

The internal room gained from such practices allows rest to return to its rightful place as a fullness, a lived and breathed experience in and of the body.

This provides a deep balm to the nervous system, to the body and mind. A potentially positive side-effect of restored inner spaciousness is the fillip it can provide to creativity. From a neuroscientific perspective creativity requires a sense of temporal and personal spaciousness (11), something that is lost in burnout.

Exercise:

It is not news to say that exercise has many health benefits, causing the release of beneficial chemicals, especially where the heart rate is appropriately increased during the recommended 150 minutes a week.

What of quality over quantity? My bias is that exercise be at least partially embodying.

For example you see people on treadmills in the gym or doing laps of the pool. How many are feeling their feet touch the ground, are feeling their limbs breaching the waters surface?

Simple attention deeply changes these movements. Don't take my word for it. Try it and see.

While we can bring awareness to any movement practice; it is so much the better if the practice inherently emphasises some body awareness such e.g. forms of dance, tai-chi, qi-gong or yoga.

This kind of attention can help us recover a sense of the body as fluid. We are more than 70 percent water yet how often do we experience this ground state? More typically our bodies feel solid or 'not there'. In the view of Emily Conrad in her book 'Life on Earth' (12) 'Movement is not what we do, it is who we are'.

She sees movement as a means to reconnect to our fluid nature, where health arises in the balance between moving our body and being moved by it. This need of embodied movement is all the greater for therapists who can be pretty sedentary creatures.

Brain Bias

Negative over positive

Our limbic system (principally the amygdala) is particularly interested in threat or negative emotions. Researchers say that our brains are Velcro for negative experiences and Teflon for positive experiences and that we need 5 positive to counteract 1 negative.

Deliberate cultivation of positive states have been advocated by a number of authors. Rick Hanson emphasises this through a practice he calls 'taking in the good', well described in his eponymous website (13). Christopher Germer,(14) Kristin Neff (15) and Paul Gilbert (16) advocate the development of loving-kindness and compassion practices in a clinical setting.

A practice adapted from the above sources - that can promote a feeling of well being and shift heart rate variability (HRV) in the direction of coherence is to simply place one hand over the heart and one hand over the belly while holding an intention of gratitude and kindness towards oneself.

Negative versus neutral

In addition to having little truck with positive states, the limbic system is not the least interested in perceived neutral states, where nothing much is happening.

We can turn this knowledge of the workings of the limbic system to our advantage.

If relatively speaking we are only reacting to drama then we will have little drive to act preventatively. We will walk 5 miles daily after the heart attack but not walk 1 mile daily before. Therefore taking a preventative course of action must be a decision, a contract with self as if we wait to feel like doing something we may be waiting for a while.

Secondly, our bodies are subtly wired to a permanent hyper-vigilance. This is a baseline state often somewhere between ready and alert. This chronic state is habitual which means by definition it is outside our awareness and therefore not coming to the attention of our limbic sentinel.

Think of going for a massage. Even light touch can make us aware of the tension we are holding. The small additional pressure raises the signal and brings the underlying holding pattern into consciousness.

This background state is very influential on our reactivity, on the degree to which minor demands leave us feeling swamped or saturated. We pay attention to foreground screams while ignoring back ground whispers.

This is like constantly bailing out water from a sinking ship while never thinking to repair the hole beneath the waterline.

A practice to counteract our baseline tension is to simply shift our vision from central narrow focus to wide peripheral vision and back to central, taking control of the camera lens so to speak. This practice is augmented if we are fortunate to have a natural living vista to look on .e.g the sea, trees, a mountain. Indeed a view with a horizon naturally shifts us into a more spacious peripheral vision as any child getting that first glimpse of water on the day trip to the beach knows.

Mindfulness

Mindfulness has become very popular of late, supported by evidence gleaned from a plethora of studies based on the 8 week format developed by Jon Kabat Zinn (Mindfulness Based Stress Reductiion, MBSR) or its elaboration developed by Teasdale, Zegal and Williams (Mindfulness Based Cognitive Therapy, MBCT). Results have shown that Mindfulness can lead, amongst other things to decreased burnout, increased empathy, decreased anxiety, decreased depression, increased wellbeing.

While a firm advocate of the benefits of mindfulness practice I do have a bias here in keeping with the theme of embodiment.

If we take an experienced or novice meditator and place them in a brain scanner and have them begin a classical mindfulness practice such as focussing on the breath, then the same area of the brain has been shown to light up, the medial prefrontal cortex.

This means that people are paying attention and can cultivate this ability which is good. However, it doesn't mean that people are embodied.

I hold that there is a significant difference between noticing the body and being embodied. Bud Craig (16) is an authority on the insula, an area of the brain responsible for our sense of embodied awareness. This area is well developed in meditators whom cultivate more embodied awareness e.g certain forms of Vipassana practice.

Preventative practices cont'd

2. For VT

If we accept that our therapeutic engagement with traumatised clients (story and storyteller) activates fight or flight type defensive responses from our brainstem; if we further accept that most of these responses are occurring outside of our conscious awareness below threshold. Then any preventative practice for VT must start on the basis that we *are already being impacted, even if we don't feel it.*

Under the radar we are gradually cumulatively being edged towards a mobilised state yet still we sit. Sitting ducks. I have worked with the London Ambulance Service and anecdotally their therapists and call centre workers develop more VT than paramedics. This could be training related. I would speculate that the paramedics are also protected by their mobilisation, by actually getting to move in the face of situations of threat or danger.

Therefore preventative practices for VT need to include movement, preferably movement related to active defend type actions. Examples would include practising a strong gesture of push, pressing a wall, clearing our immediate personal space with sweeping motions and kicking out.

And finally ... Hidden messages

A range of spiritual and psychotherapeutic traditions point to a place in us that is not so affected by our biography. Whether Almass's Sufi 'essence', Buddhist 'pristine awareness', Winnicott's 'going on being', or Jung's archetypes, there is a transpersonal aspect that while separate also reflects into our personal lives. Sometimes this reflection happens in the form of body symptoms, a warning shot across the bows. A call not only to seek rest, exercise and space. A call not only to turn to things again that give us joy and contentment. But a call to stop and attend, to deeply attend and decipher the coded signals rising from the body unconscious. For therein may lie a vital message for each one of us.

Andrew Harkin is a Medical doctor and a body-centred psychotherapist with a longstanding interest in the relationship between psyche and soma. He is principal European trainer for Sensorimotor Psychotherapy Institute; Teacher in Mindfulness Based Cognitive Therapy. He lives and works in Mayo and can be contacted at andrewjharkin@eircom.net.

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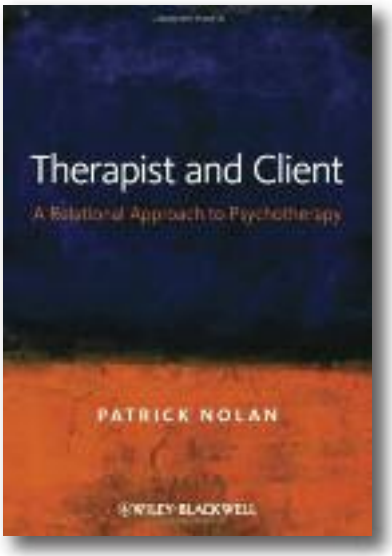
Book Review



Therapist and Client: A Relational Approach to Psychotherapy

Patrick Nolan

JOHN WILEY & SONS LTD, 2011

Patrick Nolan sets out to share his findings and research based on over thirty years of clinical practice in this highly informative and significant book. The focus dwells on integrating many perspectives with research in recent developments and findings regarding the central role of the therapeutic relationship and its influence on positive client outcome and experience. We are relational beings from the start and Nolan emphasises how the fundamental role of interpersonal and relational exchanges and concepts form the bedrock of the therapeutic space. These ideas form the basic ingredients of intersubjectivity, a term introduced by Atwood and Stolorow in the 1980's. This is a central theme that Nolan returns to frequently while the fourth chapter is devoted entirely to exploring its role in the therapeutic process and relationship.

The Introduction sets the tone where he absorbs our attention with a wonderful example of how the roots of therapy are found in 'ordinary human contact'. Through the gaps on the laden shelves in his parents' grocery store, the young Nolan observed his mother's interactions with customers who frequently shared their losses and problems with her. The terminology came later but it was here that he first witnessed the heart of the therapeutic experience – listening, empathy, mirroring and the intersubjective experience.

He begins in the first chapter with the implications of infant research and its influence on the interpersonal relationship between client and therapist in providing 'an extensive understanding of the essentially relational nature of people'. He integrates Winnicott's findings with the more recent findings in attachment research, neurobiology, neuroscience and developmental psychology. Alan Schore's findings on how brain structure is influenced by 'early socio-emotional experiences' are identified as forming part of a body of scientific findings he draws on in his own explorations in mind-body connections in chapter five. Similarly Intersubjectivity as the third element and potential space in the therapeutic encounter is also introduced citing Daniel Stern's 'minds attuned to other minds' and building on this to introduce 'Two-way exchange', Reciprocity, Rhythmic coupling, Turn taking, Matching, Affect Attunement and other key concepts between caregiver and infant that influence the therapeutic relationship. Some of the fundamental differences are highlighted here between traditional psychoanalytical and Humanistic theories and developmental psychology but rather than focussing on the differences he highlights how the latter can illuminate and guide the former. The benefit of a grounding in developmental concepts for Humanistic therapists is discussed in relation to the valuable contribution an understanding of 'mechanisms that shape individual capacities' could inform the potential to develop an authentic self. He draws this chapter to a close referring to the discovery of the relationship between the brain and affect regulation reminding us that the move away from emphasising cognition and increased focus on affect and other modes of experience will surely inform

our attempts to integrate and synthesise these findings in future practice.

While each chapter has its own areas of focus and includes examples of case studies which highlight concepts as well as providing context. There is also an epigenetic structure provided in the way each chapter builds on ideas introduced in the previous one. This close knit structure consolidates learning and assists the linking of ideas and integration of sometimes difficult and challenging material. In this way, the second chapter builds on the first by tracing the evolution of a relational approach back to Freud's early followers. Ferenczi, for example emphasised the importance of both intrapsychic and environmental factors and recognized the importance of non-verbal communication. These concepts are echoed again in Nolan's in-depth exploration of a 'relational body-mind perspective' in the fifth chapter. Fairbairn is cited as believing that our primary wish is to have satisfying relationships through loving and being loved. So much of therapy attempts to repair what happens when this fails and Nolan draws on the findings of neuroscience, humanistic, existential and interpersonal therapists to explore the complex dynamics at play in the therapeutic exchange. This leads him on to explore the significance of Stern's 'now moments' and 'moments of meeting' and the implication of these concepts in the hidden here and now, implicit and explicit communication and the opportunities for attunement and repair in the therapeutic encounter. He concludes that therapy is essentially a living encounter in that changes both the client and the therapist.

Play and creativity are essential to exploring intersubjectivity as the 'Realm of Potential Space' and the third chapter is devoted to this. Through play we learn about ourselves and others and this can only happen in therapy when the client as infant can rely on the quality of care from the care giver. Similarly, a client cannot reach out to someone they cannot rely on. We are reminded of the wisdom of Casement in adapting and fine tuning the therapy to meet the client's needs. Where the conditions of safety and trust have been threatened by trauma, abuse or neglect, the client's ability to play well will be significantly compromised. Being sensitive to the client's experience requires 'playing with uncertainty' and an ability to work a stance of 'not knowing' or uncertainty (as derived from Keats' negative capability). Adopting a tentative attitude steers us away from certainties and allows us to enter the client's world and support their exploration of new possibilities and insights. The capacity to play enlivens and enriches the therapeutic encounter and steers us away from certainties into an intermediate zone of experiencing which helps us to discover a fuller sense of self. This chapter and the following form the heart of the book for me - as play and creativity are the life blood of the intersubjective experience and sustain each other as well as the therapeutic relationship.

Chapter five offers five modes of experience in working from a body-mind perspective. Nolan identifies body sensation, emotion, cognition, imagination and motor activity that form the basis of how we function and express ourselves in relationship. The value of working from these five modes is explored widely including how they deepen and support work with BPD and PTSD clients. He also describes how this intensifies both transference and countertransference. He follows this with an extremely useful chapter on working with traumatised and fragile clients who need ego support and grounding. He provides a valuable and detailed set of principles in working with this client group that emphasise safety, containment, boundaries and the therapeutic frame.

The final chapter outlines the value of assessment and its role in adapting therapy to the client. Many themes throughout the book are drawn together here as Nolan revisits the importance of holding and playing with 'uncertainty' and addressing all elements of the relationship, in adapting a therapeutic approach to meet the particular needs of each client. He re-emphasises the need to balance separateness with attunement and stresses the need for therapists to develop their own individual style in maintaining an authentic, mature and engaging relationship with clients. He models these principles throughout – sharing his own honest reflections and insights based on his own client practice in each chapter. These snap shots of case work are the jewels that fittingly adorn and integrate the depth of theory and research integrated within them. They glow with conviction that is needed in a work that is so tightly packed with theory and research. Undoubtedly this book is extremely essential and timely for therapists, trainers, trainees and any professional wishing to keep abreast of the latest developments in working from a relational approach.

Pauline Macey

Chiron's Corner

REACCREDITATION!

I have just spent many hours of my life filling out the re-accredtation forms. Four pages for each of the five years?? And for each year I have had to repeat myself on nearly every page.

I am aware that I should have been disciplined and filled them out at the end of each year....but mea culpa.

My sympathies are for the accreditation committee who have to trawl through all these pages, make sense of them and then decide if I and all other applicants meet the criteria for re-accreditation!!! Maybe the ability to fill out the forms is the real test of our suitability for re-accreditation?

Surely there is a simpler way to reaccredit therapists while still maintaining standards?

By the way do the hours spent filling out the form count too? And if they do which sheet do I use? Ethos of Personal Responsibility? Ethos of Professional Governance Responsibility? Practice of Professional Regulation? Ethos of Lifelong Learning? Or a personal reflection on the experience of applying for re-accreditation?

MAINTAINING THE PYRAMID

I know of no other profession or industry that is so self reliant, so self-supportive and so self-perpetuating. A noble and positive collection of self descriptors perhaps but is there not a very real danger that the counselling profession has, in part anyway, morphed into a strange and curious form of pyramid scheme.

There is now a fascinating and bewildering array of courses on offer to entice and fuel the dreams of the would-be counsellor and a "vocation" is carefully marketed to those who can in some way afford to invest in this dream. But there is a very substantial buy- in price for these new investors with scant or at best blurry mentions of any possible return on their investment.

On paper, our basic level investor (the trainee) is compelled to invest a substantial four figure sum in personal therapy fees, there is also the mandatory and equally substantial four figure sum to be invested in supervision fees and this is all on top of the very substantial investment required to secure a place on one of the many courses offered by a wide ranging spectrum of colleges and institutes.

All quite necessary to ensure a good and professionally ethical industry it could be argued but it also ensures that there is a constant and reliable source of income to those investors in our industry who are fortunate enough to have made it off the base level of the pyramid.

Whilst we may grumble about the amount of new entrants into a profession that is already feeling the full effect of the economic meltdown, who can honestly say that they don't value and rely somewhat on the 'Trainee' Euro and the opportunity to claim some return on their own investment.

By definition a functional Pyramid scheme is one where the money flows upwards and its existence is sustained by the constant recruitment and replacement of the base level of investors. Sound familiar?

CHIRON'S 'GULLIBLE TROUT'

It is with a very clear sense of possibly being the first gullible trout to be hooked by your "Chiron's Corner" bait that I find myself writing to you today.

To begin, I should say that I have always thoroughly enjoyed reading the Éisteach journal and in particular the Clinical Dilemma section of the publication. I have found that this always provides some food for thought and topic for discussion with fellow professionals who may have read the current dilemmas (Quite a lot I should point out!) To suddenly find upon opening the Summer 2012 edition that this valuable and worthwhile section has been dropped is a major disappointment to me as it genuinely seemed to be the only place where a non-academic could have their opinion and voice heard and shared. This initial disappointment has been short lived though and has been quickly replaced by a mixture of anger, disgust and dare I say, embarrassment!

In your disclaimer at the bottom of the all-new "Chiron's Corner" you have stated that you hope to "provoke discussion". To provoke discussion surely requires more subtlety than the slap that is delivered in your opening "Magic Bullet" piece, which has incredibly managed to tie CBT with both Nazism and the urge to commit a gun crime. You then go on to suggest that any mental health professional who dares to employ or utilize a cognitive based approach in their practice is not a real therapist and should maybe consider a change in career. Really???

There must be a better and more civilised way to provoke discussion or were you hoping for a passionate defence of CBT or perhaps an equally pedantic reply which points out the shortcomings of a strictly Rogerian approach?

Is this what we have stooped to as an organisation and publication that we are prepared to turn a valuable industry journal with interactive opportunities into a mud slinging, reaction seeking throwaway tabloid. If so should I now look forward to a quick fire crossword and a scantily clad buxom young maiden staring wistfully back at me from page three of the winter edition?

HOLISTICALLY CHALLENGED?

We have all heard the catch phrase "holistic intervention" whether it is from a positive stance of considering the person as a "whole" (body, mind, and spirit) or as a sometimes oppositional approach to western medicine and its pigeonholed symptom-alleviating method. So where do we as counsellors' stand on this holistic approach to healing?

Holistic healing focuses on balance and harmony within the individual and strives to improve his perception of himself and the world around him in order to help him be the best person he can be. Is this not a shared goal with counsellors and psychotherapists? Personally, I have experienced the benefits of some holistic approaches such as acupuncture, reiki, and yoga to mention but a few in developing body awareness, relaxation skills, and positive thinking. Professionally I have witnessed the effectiveness of providing both "talk therapy" and holistic interventions suggested for clients overcoming addictions. Since these holistic interventions have been proven to be helpful for issues such as anxiety, depression, insomnia, weight problems and infertility, all of which are familiar monsters in the therapeutic room, then why are we as counsellors not being trained in such techniques so as to provide an holistic approach to facilitate healing?

It is about time that training for counsellors move beyond the realm of theories and into practical interventions such as acupuncture, reiki, and yoga to facilitate healing for the body, mind and spirit of the client!

This page will replace the old clinical dilemma pages which – with the odd exception – were attracting few if any responses. Chiron's Corner will comprise short unattributed opinion pieces that we hope will provoke discussion in the letters column, which we want to revitalise. Why Chiron? He is the wounded healer of Greek mythology: it was in seeking relief from his own suffering that he learned how to heal others. As shown in the logo, Chiron was a centaur – half man, half horse.

Note: *The opinions in Chiron's Corner are not necessarily endorsed by the IACP or the editorial board.*

LETTER TO THE EDITOR

Éisteach welcomes members' letters or emails. If you wish to have your say on either the contents of *Éisteach* or on an issue that concerns you or you feel strongly about, please send your views to;
e-mail: eisteach@iacp.ie or
***Éisteach*, IACP, 21 Dublin Road, Bray, Co Wicklow**.
We hope the 'Letters to the Editor' section will become a regular feature in each edition of *Éisteach*. For that to happen we need your comments and views. We look forward to hearing from you.

'INTEGRATIVE' CBT?

Dear Editor,—I have struggled to comprehend the thinking behind Eoin Stephens' article in Eisteach (Spring 2012) : "What is Integrative CBT ?" Having specialised in Cognitive Behavioural Therapy during his 20 years as a therapist, he sets out "a tentative model of Integrative CBT", as a five level approach based on clients' needs, incorporating "the best of what other approaches have to offer ... in a pragmatic way". He further writes : "To be genuinely integrative, rather than just eclectic, an approach needs to be based on a core theory of therapeutic change", but continues by proposing a model incorporating ideas from at least ten other counselling theories. Surely this is a contradiction. There are of course certain commonalities of skills and techniques within all listening therapies , but while a client may need different aspects of relationship and interaction during the work, consistency is essential – (and I do NOT mean rigidity!) The 'doing' of something is not the same as the 'reason' for doing it, and theory and therapy are separate entities. I have always believed that a therapist's choice of theory is based on her basic belief as to why people behave as they do, and how her own philosophy and value system fits with that theory. How I work in the moment may be different with each client, but I need to remain grounded within some theoretical framework, or I will spin like a weather-vane in response to different clients. H e also suggests : "Of course it is easier if you take an approach which concentrates on just one of these". This is an overly simplistic and dismissive statement Counselling is NEVER easy - but it is clearer and more true to the integrity of the counsellor's beliefs, to hold to a single reason for the way I work. And I do need to make a correction. Eoin states "... skills such as Active Listening, Advanced Empathy etc are used to enable the client ...". Empathy is never merely a skill – it is one of the three core conditions basic to Carl Rogers' theory of effective counselling, where a counsellor senses accurately the feelings and meanings of a client , including those which are as yet below the client's awareness. Empathy is never merely the empathic response— Yours etc.,

URSULA O'FARRELL
Founder member of IACP