

Éisteach

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The Human Kaleidoscope

- **Psychotherapy and the DSM: What Relationship?**
- **Fear within the Supervisory Space**
- **A Creative Approach to Bereavement Support in Groups**
- **History, Heredity and 1916: A Jungian Perspective**



Irish Association for Counselling and Psychotherapy

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Our Title

The word Éisteach means 'attentive in listening' (Irish-English Dictionary, Irish Texts Society, 1927). Therefore, 'duine éisteach' would be 'a person who listens attentively.'

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Each issue of Éisteach is planned well in advance of the publication date and some issues are themed. If you are interested in submitting an article for consideration, responding to the Therapist's Dilemma or wish to contribute a book or workshop review or Letter to the Editor, please see 'Author's Guidelines' on the IACP website, www.iacp.ie.

From the Editor:

Dear Colleagues

Welcome to the Autumn edition of Eisteach. One of the favoured themes of WB Yeats, as a visiting professor to Oxford in the 1930's, when he would share words of wisdom with staff and students was, 'No work is ever wasted'. I took these words into my heart as a twenty-something and they helped frame my understanding of plans thwarted, and an acceptance, however reluctant, of hiccups along the way. The 'work' is in the tangent, the unforeseen and the unplanned.

All our contributors in this edition share the desire to explore the tangential, the shaky ground, the unknown. Mary Peyton returns to the theme of an article by Dr. Denise Mullen, published in the Spring edition on the 'marvellous book', the DSM, challenging us, from a humanistic perspective to reflect on its value in a truly therapeutic space. Is a diagnosis 'lightly held' or does it become a label which predetermines treatment.?

Are we lead by a client's story, of which symptoms can be but a small part? This article questions the empiricism on which the DSM purports to be based. The dynamic experience of supervision is the context for Karen Gavin's article on naming and processing fear, when it arises, in the supervisory space. She reminds us that fear is contagious and the goal is not to 'banish our fears but to tame them, to welcome them home'. All the areas touched on in Karen's article deserve further exploration. Are there other supervisors willing to channel their own experience, document it and share with readers? According to the IACP website there are now over 520 accredited supervisors in the organisation. That's quite a breadth and depth of collective wisdom; is it being used?

Breffni McGuinness takes us into the arena of group work and the creative arts as an ideal medium

for supporting people who are grieving. The power of peer support and the need for flexible, sensitive facilitation are highlighted here.

Finally, Orla Crowley, shares with us a reflective piece which draws on the language used by the writers of the 1916 proclamation and places this in the Jungian context of 'cultural complexes' that echo through the generations. 'Intense collective emotion is the hallmark of an activated cultural complex' and we don't have to look far in our global village to see this process enacting.

Sincere thanks to all our writers for sharing their learning. In closing words from the Sufi poet of the 13th century, Rumi jumped out at me recently;

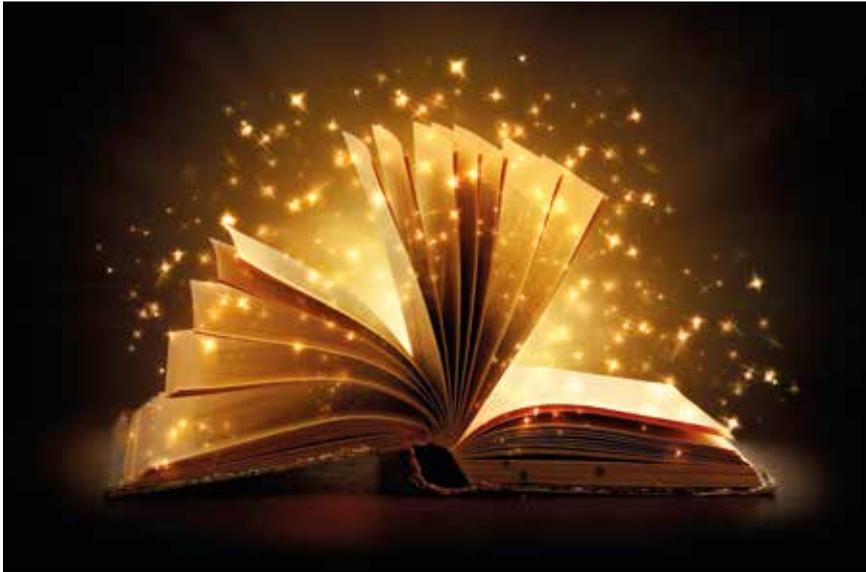
*"Out beyond ideas of wrong doing,
And right doing,
There is a field,
I'll meet you there".*

Aine Egan MIACP

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Psychotherapy and the DSM: What Relationship?

Mary Peyton



Abstract

This article is a response to a previous article “Let’s make friends with the DSM” published in the Spring edition of Eisteach, 2016. It looks at the creation of the DSM, its change in direction from having a psychobiological and social construct to becoming the symptom-based construct of today. It takes a critical look at the methodology used in bringing about this current creation, the major concerns surrounding it, and the fallout in relation to mental health that has ensued. The relevance of the DSM for psychotherapists is addressed and the question asked as to the place diagnosis holds or does not hold in the humanistic and integrative psychotherapeutic relationship.

Introduction

I would like to respond to the article entitled “Let’s Make Friends with The DSM” which appeared in Eisteach Spring 2016. Perhaps it would be useful to look at exactly what it is we are being asked to befriend. The DSM (Diagnostic and Statistical Manual of Mental Disorders) is the standard classification of mental disorders used by mental health professionals in the United States. It has expanded at a faster rate than any other manual in medical history. At its inception in 1952 there were 106 disorders described in the DSM, while the latest publication in 2013, DSM 5, contains around 370 diagnoses.

Creation of the DSM

Before the DSM, there were a number of diagnostic systems, with little consensus among the professionals in the area of mental health. The

first DSM was published in 1952. It contained 106 what were called ‘reactions’ which were based on a psychobiological view of mental health and contained a psychodynamic influence. Clearly articulated in the DSM was a group of disorders of psychogenic origin making up the majority of reactions contained in the manual; these were “*without clearly defined physical cause or structural change in the brain.*” (Sanders 2011) This was followed in 1968 by DSM-II which was similar to the first edition, with the addition of 76 disorders. Also, the word reactions was replaced by the word disorders.

Moving on to 1980 and the arrival of DSM-III, there was a distinct shift in orientation towards biological determinants. According to Dr. James Davies, psychologist in University of Roehampton who interviewed Dr Spitzer, chairman of DSM-III, there was a core team of nine people whose task it was to put the manual together. This revision added eighty new diagnoses to the DSM. It also erased the psychoanalytic influence of previous editions, and gave birth to the notion that there were distinctive disorders that could be specifically categorised and distinguished from each other. In so doing, it diminished the significance of psychological and social factors in causing distress. The aim of all of this was to create a sense of an objective truth in relation to mental health and disease, in other words the beginning of a specific

manual which has unfortunately lead to the medicalisation of troubles of the mind/body, spirit and soul. The reality is that the only disorders in the DSM with a proven biological cause are the organic disorders (those caused by disease e.g. delirium, dementia, drug intoxication) and these are in the minority. There are no biological markers for most of the disorders named in the DSM.

With the DSM III “*There was very little systematic research, and much of the research that existed was really a hodgepodge-scattered, inconsistent, and ambiguous. I think the majority of us recognised that the amount of good, solid science upon which we were making our decisions was pretty modest.*” Theodore Millon, psychologist and DSM III task force member.

There was little research to support any of the diagnostic labels, yet their inclusion purports to offer them a validity. Paradoxically, in order to have a diagnosis removed from the DSM, there has to be scientific evidence to support its removal. Research has to prove that the disorder does not exist! So we have the scenario of clinicians putting a case for a diagnosis, arguing and eventually deciding by a vote. The voting method was a show of hands, which of course begs many questions not least the influence of one person on another. DSM-III was the product of opinions of nine people rather than research.

In 1994 the publication of the DSM IV with its 297 disorders was followed by its revision in 2000. The DSM 5 was published in 2013, and while there have been some revisions in diagnoses, the delivery of what was initially promised including a more dimensional view just has not occurred. Most

crucially, what still remains is an absence of context, with lists of symptoms predominating. There was much international controversy surrounding this latest edition, with concern expressed in relation to lowering diagnostic thresholds in many disorders (British Psychological Society 2011), to say nothing of the concern regarding its validity in the first place.

Fallout from the DSM

The DSM has led to the medicalisation of many people’s

diagnoses, DSM-5 will take psychiatry off a cliff”.

Relevance of the DSM

While it is difficult to see what a ‘friendship’ would offer, an acquaintance with the DSM has its uses from a number of perspectives. Firstly, our clients may well have been on the receiving end of a diagnosis, and it can be helpful knowing what that diagnosis means at least in medical circles, even when we, as psychotherapists have a different relationship with

I think the majority of us recognised that the amount of good, solid science upon which we were making our decisions was pretty modest.”

Theodore Millon, psychologist and DSM III task force member.

suffering and the concomitant medicating of suffering rather than the understanding of it. We now have huge increases in the diagnosis for example of ADHD, with children being medicated with drugs which have the long term effects of decreasing their physical growth, educational attainments and curiosity (Currie et al 2013). Add to this the on-going concern amongst psychiatrists themselves in relation to the reliability of diagnosis. Studies have shown agreement on diagnosis in experienced clinicians occurs in between 54% to 60% of cases (Beck et al 1962, Williams et al 1992, Aboraya et al 2006). The gap is even wider with non-experienced clinicians. Many psychiatrists themselves are deeply concerned about the DSM. Allen Frances, an editor of DSM-IV is quoted as saying “by use of the proposed diagnostic category, ‘psychosis risk syndrome”, as well as other newly constructed

the whole concept of diagnosis. Indeed, many clients are not served by a diagnosis, and some are significantly harmed. I am thinking here particularly of the diagnosis of bipolar disorder, once a rare disorder, the incidence of which has increased significantly in the United States; its prevalence in the U.S. now being 2.6% of population in 2005 (Kessler et al 2005), The reasons for this are many and would really be the subject of another article, but it is probably not a coincidence that the manufacturers of “mood stabilizers” have experienced significant increases in their sales (Healy 2005). I have seen people who have been misdiagnosed with bipolar disorder and as a consequence, restrict their lives significantly and unnecessarily in order to prevent another manic episode.

Empowering our clients to understand themselves and relate to themselves in the totality of

their humanity is what we are about, and being able to facilitate an individual in this is crucial. Having some knowledge of how psychiatric diagnosis comes about enables us and our clients to question it and look beyond medicalisation, pathologisation and medication. Being acquainted with diagnosis also enables us to have conversations with other mental health professionals, and bring another eye to what are seen simply as symptoms of a disorder, and to challenge the labelling of human suffering.

As humanistic therapists we are not in the business of diagnosis, diagnosis takes no account of subjectivity or relationship.

Diagnosis and psychotherapy

The question also needs to be asked whether there is ever a role for diagnosis? There is no doubt that the recognition of post-traumatic stress disorder (PTSD) as an entity saved many from being shot in wartime for what had previously been seen as cowardice. As humanistic therapists we are not in the business of diagnosis, diagnosis takes no account of subjectivity or relationship. However, there is something to be said for having a framework with which to work with clients. There is a usefulness to having tentative formulations which are held lightly by the therapist and are constantly open to revision. I am thinking here particularly of the fragile client (Nolan 2012) for example the client endeavouring to live life while experiencing the extreme end of the spectrum of dissociation, Dissociative Identity Disorder, (DID) or the client

experiencing extreme difficulty in self-regulation who may have been given a diagnosis of Borderline Personality Disorder. Here we are meeting a person with extreme complex trauma and its attendant challenges. The article by Monica Carsky and Frank Yeomans (2012) entitled "Overwhelming patients and overwhelmed therapists" where they speak of how utterly lost both parties can become where there is a borderline construct in the room names this territory well. Having some knowledge of the chaotic primitive structures our clients

may work from can help us stay present, name, understand, and work relationally with the chaos that is present.

At the heart of this debate, is the whole notion of 'psychopathology' and the use of words and categories which dehumanize and pathologise the human condition. So I would say that a friendship is not what a humanistic and integrative psychotherapist would seek, but in the interests of the client, having some knowledge of the DSM can have a value. ☺

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| Fear within the Supervisory Space

Karen Gavin



“Darkness is the absence of light, where light shines, there is no darkness, and awareness is that light.” (Rutledge 2002:20)

Introduction

Fear is a necessary lived feeling, emotion and experience, which can save us from danger and even save our lives. “The oldest and strongest human emotion is fear and the oldest and strongest form of fear is the fear of the unknown” (Svendsen 2007:32). Fear can be a hindrance or a motivating factor in our lives. “Fear can have both a destructive and a constructive aspect; it can break you down or open a new, better relationship with the world” (Svendsen 2007:91).

It is important to acknowledge fear within the supervisor, fear in the supervisee, the people we work with and the organisations we work within and therefore it is reasonable to question how potentially supervision can handle fear? In this article, I will examine how fear impacts on all parties involved in supervision and on how fear can be brought into the supervisory space.

Fear is defined as: “An unpleasant emotion caused by the threat of danger, pain or harm” (Oxford English Dictionary 2012). Fear can also

be a block in our relationships, enjoyment and careers, even to extremes of phobias e.g. agoraphobia, glossophobia. It can carry a stigma, be a source of shame and be difficult to express. “Fear immobilizes and fear motivates” (Sullender 2014: 124). Absorbing fear and anxiety on a daily basis can be contributing factors to frustration, stress, anxiety and eventually burnout. “All these fears surround and permeate the supervisory hour” (Sullender: 2014:123). My experience is that there is a dearth of exploration of fear in supervision, while many theorists devote a lot of attention to anxiety. “Fear and anxiety are closely related states. The question is what is behind the anxiety, what is the core fear? “It is our relationship to the fear that determines the choices we make” (Rutledge 2002:93).

Supervisor’s Fear of Power

While I work in a collaborative manner with my supervisees, I also have to acknowledge the power imbalance in the relationship. Owning my own power to have a positive impact on my supervisee and on their profession takes courage. “Power differentials are inherent in supervisory relationships, therefore a common source of fear” (Sullender2014:125). Our core belief about power will influence how we use power in supervision. “The idea of the one down position triggers the inner child response”

(Breene 2011:170). Therefore, the question that could be asked, is power a source of fear for some supervisors? Can our assumptions around power be negative? Is power a means to hurt or is it viewed positively as motivator, to persuade and encourage? “Much of the conflict around the role of the supervisor emerges from the difficulty that many supervisors have in finding an appropriate way of taking authority and handling power inherent in their role” (Hawkins & Shohet 2012:55).

Critical reflection on our assumptions around power, and how gender, culture and society influence these assumptions, can impact on our ability to manage power in the supervisory relationship. If the idea of power frightens us, how can we hold our own power? If we work out of fear, it may cause us to resist using our power, or we may use power games. Hawthorn cited in Hawkins & Shohet (2012) talks about abdicating power or manipulating power. In bringing awareness to our fear around the use of power, we can change our thinking and transform power into a positive aspect of supervision. In doing this we can model a positive use of power for our supervisees.

Ethical Issues

Ethical issues can create anxiety and fear for the supervisor, “What is the right thing?” “Do I need to report this?” or “Will this damage our relationship?”. Vicarious liability is acknowledged in the literature (Bernard & Goodyear 1992:132) (Bond 2000:121). The supervisor has a responsibility not only to the supervisee but also to the client. “Ethics, ethical decision making

Our assumptions around power, and how gender, culture and society influence these assumptions, can impact on our ability to manage power in the supervisory relationship.

and ethical dilemmas are all areas of great uncertainty” (Carroll & Gilbert 2011:13). Uncertainty can cause fear, the not knowing, and the fear of getting it wrong. “Fear is closely associated with uncertainty” (Svendsen 2008:41). In the not knowing, we revert to our past experiences, whether positive or negative. If we are able to recognise our fears in these situations, we will be able to respond to them in an informed way rather than unconsciously working out of these fears. “Healthy fear offers us guidance; neurotic fear tries to control us” (Rutledge 2002:162). If the supervisee is aware that they are bringing an ethical dilemma, when they come to you, they could be facing their own fears. In addressing these fears, space will be created to explore a possible course of action. “Our reactivity, anxiety and general problematic feelings can be usefully held within the space so that they can be understood in all their complexity before any course of action is decided upon”. (Hawkins & Shohet 2012:141). Bringing awareness to our fear offers us choices in how we deal with the fear. “Face the fear, explore it, accept it and respond to it” (Rutledge 2002:151).

Evaluation

Bernard & Goodyear (1995) and Carroll (1996) highlight the gatekeeper role of the supervisor, the occasions which requires us to use our power. “There will also be

evaluation and gatekeeping and an awareness of the power dynamics between us” (Creaner: 2011:153). In evaluation, while collaboration is essential, the supervisor has an ethical responsibility to be honest with him or herself. Evaluation can impact on our core assumptions and learning from our past education and work experience. If these experiences are negative, we may try to compensate by being too complimentary therefore not identifying beneficial areas for growth.

Even when our experience is positive, we can find evaluation difficult. “Evaluation is difficult, even for those who love the challenge of supervision”, (Bernard & Goodyear 1995:109). When we value the supervisory relationship, we can be afraid to damage it by challenging our supervisee, finding it easier to stay in the “cosy relationship” and thus avoiding challenge. “People whose primary degree has been as therapists may therefore find switching to the role of evaluator particularly difficult” (Scaife 2001:215). The word ‘challenge’ can create fear, images of confrontation, winner or loser, or provocation, as opposed to encouragement, motivation and transformation. It is important to critically reflect as a supervisor what challenge means for me and to acknowledge how this will impact on my supervisee. If I am afraid of challenge I may avoid it in the supervisory relationship.

“Supervisors cannot take someone to a place they themselves have not been” (Powell 2011:175). Acknowledging my own assumptions, core beliefs, understanding my fears and vulnerabilities and critically reflecting on them in my own supervision, will continue to increase my own awareness and my ability as supervisor. “Attending to my own anxieties, fears, frustration, mistakes, feeling of inadequacy, overwhelming responsibility, and lack of sufficient self-awareness is all part of the process” (Rowe 2011: 43).

Supervisee’s Fear

The supervisee will come with different levels of fear, doubts and vulnerabilities. The trainee will have fears of failing evaluation, fears about taking risks with their new knowledge and fears of supervision itself. “Given all the misconceptions that surround “supervision”, it is probably no surprise that our fantasies give rise to fears – which will also have their roots in past experience and past relationships” (Breene 2011:170). This is also true for more experienced supervisees. The fear of inadequacy or “not being good enough” is a common theme in the workplace with higher demands placed on workers, with value for money, standards, accountability, all regular issues raised by managers with their employees. Doubt in one’s ability may also be caused by interaction with those we work with. “We have often seen very competent workers reduced to severe doubts about themselves and their abilities to function in the work through absorbing distress, dis-ease, and

disturbance from clients” (Hawkins & Shohet 2012: 4). The concept of “not good enough” is also exacerbated by the supervisee comparing themselves to others, their colleagues and even the supervisor. “One common threat is fear of inadequacy; although supervisees want to succeed, there is a prevalent concern of not “measuring up” to the supervisor’s

Fear can take many forms. It can be an intense feeling, it can be familiar, or strange and it can often be experienced in ways that we don’t even acknowledge as fears.

standards” (Bradley & Gould 2002: 2). Comparing oneself to others usually results in a negative response to oneself it can make us feel inadequate, and it can also remove our own responsibility for our decisions. “To look out is to blame; to look in is to own” (Holton: 2014).

Fear of taking responsibility for our own actions e.g. “manager said to do it”, “it’s the policy in the organisation” all leads to a lack of accountability. It is only when we examine the fear that prevents us from making a decision, that we can we make the necessary judgement on how to proceed. In my experience we can have a tendency to focus on the negatives rather than the positives of ourselves. In supervision can we acknowledge our strengths, knowledge and experience or do we fear appearing conceited and arrogant?

Manifestations of Fear

Fear can take many forms. It can be an intense feeling, it can be familiar, or strange and it can

often be experienced in ways that we don’t even acknowledge as fears. “The feeling of fear is not always the same, it varies not only in intensity but also in quality” (Svenson 2008: 46). If one is unaware of one’s own fear it can be expressed in various forms. “Fear can take many forms; dread, worry, panic, anxiety, self-consciousness, superstition and negativity” (Rutledge,2002:88).

Shohet talks of “aggression as a form of fear” (2008:191) he also identifies other expressions of fear; withdrawal, blame, intellectualizing and resistance. Therefore, to help the supervisee transform these behaviours; the underlying fear needs to be addressed. When we help the supervisee acknowledge their fears, it can be the disorienting dilemma, which can bring about transformational learning. Fear usually permeates into relationships and can present as a parallel process therefore addressing the fear can have wide ranging benefits.

If the supervisor is unable to help the supervisee bring their fears into the supervisory relationship, the effectiveness of the supervision can be severely impacted. Non-disclosure is one outcome of a supervisee’s inability to be open and honest with their supervisor. “Within a single supervision session, 85% of trainees withheld information from their supervisors” (Mehr et al 2010:107). They go on to explain their finding, “the results supported the hypothesis that the greater the anxiety experienced by

the trainee, the greater amount of non-disclosure and a lower overall willingness to disclose in the supervision session" (Mehr et al 2010: 111).

the power that would be removed from that fear. "The goal is not to banish our fears but to tame them, to identify the truth to focus their energy, to welcome them home"

2000:21). There can be many fears in the aftermath of an assault or other physical injuries in the line of work, "Am I seen as weak?" "Did I provoke it?" "What did I do to deserve it?" "Did I follow the policy?" "Will it happen again?" are all questions people might ask themselves in this situation.

Through dialogue with my colleagues fear of the unknown, fear of getting it wrong, and fear of criticism/challenge were acknowledged.

The non-disclosure or resistance to engage fully while a natural response is a major block in the supervisory relationship. "The key here is to accept our resistance and then finding a supervisor we can trust, despite our resistance, concerns and fears" (Breene 2011: 168) It is important as a supervisor to be aware of the resistance, acknowledge and work with it to understand the fear behind it. "Supervision-induced anxiety causes supervisees to respond in a variety of ways, with some of the responses being defensive. It is these defensive behaviours, which serve the purpose of reducing the anxiety that are referred to as resistance" (Bradley & Gould 2002:1). In a safe supportive supervisory relationship, the supervisee can be supported to work through their resistance, "Bring areas of darkness into light" (Conroy 1995: 14).

Through dialogue with my colleagues fear of the unknown, fear of getting it wrong, and fear of criticism/challenge were acknowledged. "Fear of the unknown is actually fear of my imagination" (Huber 1995:75). If it was possible to discuss in supervision, a worker's greatest fear, to explore ways they would deal with that situation, imagine

(Whitehead & whitehead 2010: 173) Hiding the fear creates the isolation and the panic. "When we hide our feelings about how the work is impacting us, we separate ourselves from others, disempowering all of us in the process" (Adamson 2011:88).

Physical Safety

I have discussed emotional responses to fear, but what about the fear of our own physical well-being and safety? I was physically assaulted and verbally abused when leaving work, by a client with whom I felt I had a good relationship. This was a frightening experience; I was concerned for my own safety and the safety of the client, who was intoxicated at the time. I was alone, scared, uncertain of what was going to happen. There were so many feelings afterwards, embarrassment, shame, questioning; how I could have handled the situation differently? What could have happened? "Very often what was imagined but did not happen was harder to deal with subsequently than the reality of what actually happened" (Smith 2000:20). It was difficult afterwards not to mistrust all my clients; I was also concerned about how my colleagues perceived me. "There is always that fear. How will it be perceived by others?" (Smith

If I had hidden all my concerns and fear, I believe they would have continued to cloud my judgement, negatively impacting on my relationship with clients and colleagues and I would be working out of fear. In revealing myself in supervision, I was able to learn from the experience. "They wanted to be allowed to re-discover their sense of self in the company of another" (Smith 2000: 24). It is vital that fear doesn't take over our lives or our professions. "Fear is contagious. If someone becomes afraid of something, this fear has a tendency to spread to others, who in turn spreads it further" (Svendson 2008:14)

Conclusion

Fear is a very real issue in all our lives, from our perceived threats, to real threats to our physical and mental health, our professional image, our financial rewards and our promotional opportunities. Fear is a factor for the supervisor, the supervisee and the organization. In establishing that fear is a factor for all and often difficult to admit, how can supervision help? Many theorists and researchers on supervision acknowledge a strong supervisory relationship as key to effective supervision. "A good supervisory relationship is the best way to ensure that we stay open to ourselves and our clients and continue to learn, develop

Many theorists and researchers on supervision acknowledge a strong supervisory relationship as key to effective supervision.

and flourish in our work” (Hawkins & Shohet 2012: 255). This safe non-judgemental space is the ideal place to bring awareness to our fears. “The first part of looking at fear is just inviting it into our awareness without judgement” (Thich Nhat Hanh 2012: 4). However, if we are resistant to acknowledging our fear, unable to critically reflect on the root causes of our fear we may act unconsciously out of our fears. This can have a negative impact on our relationship and work in general and also our own wellbeing. “Fear is the biggest block to intimacy and communication” (Shohet 2008: 197). If one talks of being afraid, the impulse is to reassure the person, when often the fear is very real and reassurance won’t take it away. “The belief is that anxieties and fears need to be uncovered rather than driven underground by reassurances” (Smith 2000). Rutledge discusses four steps to transforming our relationship with fear “Face it, explore it, accept it and respond to it” (2002:15).

In a collaborative, safe, non-judgemental supervisory space these four steps can be worked through. In allowing the supervisee the opportunity to work through their own meaning and understanding of how fear is affecting them, there will be a greater opportunity for broad learning. “The essential thing is to allow the person to find their own meaning in their own way in their own time” (Smith 2000: 24). In the supervisory relationship

it is important to acknowledge recurring themes and see what lies beneath them, this is also true of fears. “Recurring fears are clues” (Rutledge: 2002:92). ☺

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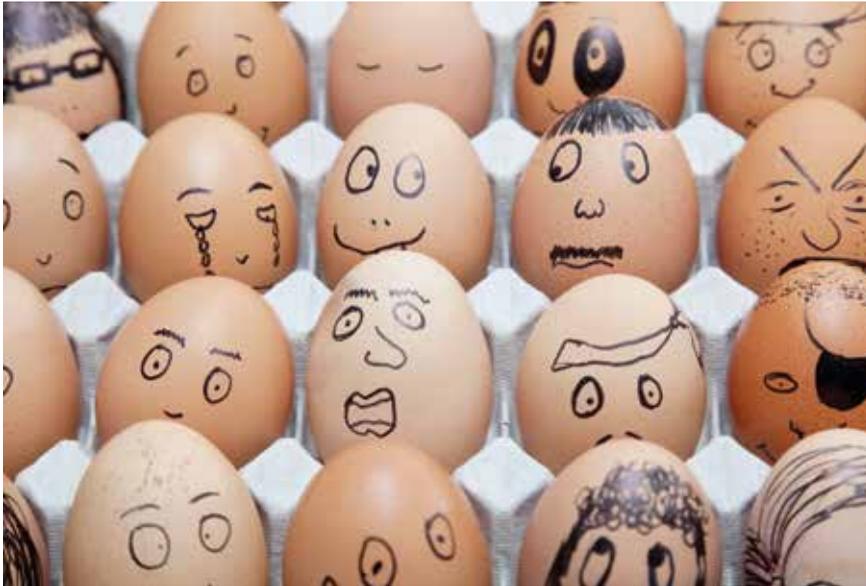
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A Creative Approach to Bereavement Support in Groups

Breffni Mc Guinness



Abstract

This article gives an overview of the role of the creative arts therapies when dealing with bereavement. It outlines the value of bereavement support groups in supporting people through loss and it includes a brief case study of group bereavement support, based on the Dual Process Model of Stroebe and Schut.

Introduction

William Shakespeare, the English playwright, knew something about the landscape of grief. His only son Hamnet died aged 11. In the play King John, written shortly afterwards, a woman, Constance, distraught at the death of her own son, describes her grief:

*“Grief fills the room up of my absent child,
Lies in his bed, walks up and down with me,
Puts on his pretty look, repeats his words,
Remembers me of his gracious parts,
Stuffs out his vacant garments with his form”* (2009, Act 3, Scene IV)

In another of Shakespeare’s plays Macbeth, the character Macduff, after hearing of the death of his wife and children states;

“Give sorrow words: the grief that does not speak, whispers the oer-fraught heart, and bids it break.” (1992, Act 4, Sc 3).

Interestingly, Shakespeare here talks about male grief and the importance of finding ways to ‘give sorrow words’. This has relevance for all who are dealing with a significant loss. His point, as therapists will readily understand, is that if you do not, or cannot, find ways to express your grief, it will come out in other ways. It will end up breaking your heart. Literature,

such as that by Shakespeare, is a resource that can help us to know that we are not alone in our grief. It also provides something more.

Along with other art forms such as music, art, drama and movement, literature can offer us creative options for expressing our grief. Robert Niemeyer (2014) highlights his experience of working in psychotherapy with people who are bereaved and how they naturally use the “vocabulary of the arts” to help them find their way in a changed world. Sometimes words are not enough, or perhaps there are no words to describe the experience of our grief. Yet we can be moved by a piece of music we hear, a painting or photograph that we see, or a creative activity that we engage in. The arts provide us with creative, yet indirect, ways of engaging with our grief. This indirectness is important. It allows us a certain distance from the rawness of our pain-and this is not necessarily a bad thing.

The Grieving Process

Stroebe and Schut’s (1999) Dual Process Model (DPM) of coping with significant loss highlights that effective grieving involves a natural oscillation between two types of coping. Loss coping deals with engaging with the pain of the loss, while restoration coping deals with adjusting to life now without the person who has died. Effective grieving involves a natural oscillation between these two. This means engaging with the pain of our loss and also separating or distancing from it. If this

natural oscillation gets blocked or interrupted, people can experience difficulties in their grief (Costello, 2012). The aim of bereavement support in such cases is to help to re-establish the natural oscillation between engaging with, and separating from, the pain of the loss (Stroebe and Schut, 2010).

Creative Arts and Grief

The creative arts can help people with this process by providing varying levels of indirectness or distance from our emotional pain. For example, in a bereavement support group context, discussing the lines above from the plays King John or Macbeth enables a bereaved person to engage with grief but at a certain level of distance from their own loss, whereas bringing in a memento of the loved one who has died will provide less distance and bring the person much closer to their own grief.

There is evidence that this type of intentional use of individual arts forms can be effective in helping people cope with bereavement. Music is perhaps the most established with a number of studies highlighting its value to children (Rosner, Kruse et al., 2010), adolescents (McFerran-Skewes and Erdonmez-Groce, 2000; McFerran 2011) and adults (Hilliard, 2001; Yun and Gallant, 2010; O'Callaghan, McDermott et al., 2013). Art is similarly recognised (Ferszt, Heineman et al., 1998; Chilcote, 2007), as is Drama (Curtis, 1999; Dayton, 2005), though to a lesser extent. There is also some evidence of the combined use of different arts activities in bereavement support interventions (Kirk and McManus, 2002; King, 2003; Near, 2012), while Rogers (2007) and Thompson and Neimeyer (2014) provide helpful guides to the use of different types of creative arts activities in bereavement support.

Bereavement Support Groups

While many of these activities are used on a one to one basis, the focus of this article is on their use in a group context. Groups are an established means of providing care and support to people who are bereaved (Corey and Corey 1997; Lorenz 1998; Kirk and McManus 2002; DeLucia-Waack, Gerrity et al. 2004; Rogers 2007; Maruyama and Atencio 2008; Dyregrov et al. 2013) Some of their advantages include:

1. The normalisation of one's grief experience through meeting others in similar situations
2. Peer support and learning from each other
3. Reducing isolation
4. Information exchange
5. Gaining knowledge and learning new skills.

Bereavement support groups can take time and effort to set up, but once properly established and run, they can be an effective support environment for people who are bereaved (Dyregrov, Johnson et al., 2013; Mc Guinness et al., 2015).

In 2010 the Irish Hospice Foundation and St Francis Hospice Dublin piloted a number of bereavement support groups using creative arts (McGuinness and Finucane, 2011; McGuinness et al., 2015). The model used was an eight session closed group based on the Dual Process Model of Stroebe and Schut (1999) outlined above. The sessions also included a psycho-educational component and were designed to help participants to move between engaging with, and separating from their grief. A range of different creative arts activities were used to facilitate this by varying the emotional distance from participants' grief. Table 1 below outlines the themes and activities

used in each session. It also describes the emotional distance provided by the art activity as either low, medium or high.

The use of creative arts activities in these groups was shown to be effective in enabling participants to move between engaging with their grief and separating from it (Mc Guinness et al., 2015), as the following participants' comments indicate:

"My experience of grief is not something that will stop but that it is now part of my life; it will be an ongoing process from now on. Although it may change with time but it will always be with me and this is what I have learned to expect and accept." (Participant 12), (Mc Guinness et al., 2015).

'By understanding that grief (is) . . . a continual journey of carrying the loss forever but with good times and bad times. It's a constant adjustment to the changes. Plus, that it's ok to go with the tough days and be accepting and gentle with myself. It's also ok to be happy also.' (Participant 17), (Mc Guinness et al., 2015).

Case Study - The Bereavement Bake-off Group

In 2015, this creative arts bereavement support group model was run in a community setting outside of a hospice environment. The group was run in collaboration with a local bereavement support organisation. Seven people; two men and five women attended the group. One participant had lost a sister, another a mother and the remaining five had lost partners or spouses. The group engaged well with some of the arts activities – journal writing, use of photographs, memento ritual and salt jars, while choosing to postpone or not do others (six-part story making, use of literature).

Some of the sessions were quite difficult for some of the members

Table 1: Themes for the 8 sessions

Session	Psycho Educational Theme	Creative Arts Activity	Distance from grief experience
1	General points on Grief, Introductions and getting to know each other	Introduction to Journal writing Verbal expression	High
2	The grief process and why it is different for each person.	Exploring loss through Photographic images.	High
3	Theories of grief	Exploring loss through the six part creative story making method	High
4	Secondary losses	The use of literature e.g. C.S. Lewis A Grief Observed (1961)	Medium
5	The importance of remembering - Sharing mementoes and memories.	The use of ritual through bringing personal mementoes (e.g. syringe driver, cigarette packet, piece of jewellery, photos) and creating a sacred space.	Low (Fulcrum Session)
6	The impact of grief on the family.	Using excerpts from drama scripts to explore family relationships, e.g. scenes from Dolly West's Kitchen by Frank Mc Guinness(1999)	Medium
7	Spirituality - How have your values and beliefs been affected by your loss?	Participants bring and share personal spiritual aids which help them – e.g. prayers, readings, poetry – walking in nature – meditation	High
8	Preparing for transition. Looking ahead and ending ritual.	Final ritual - art making through the creation of a memory jar using coloured chalks and salt.	High

(use of photographs and memento ritual). During the photographs session when participants were very aware of their loss, one of the members who had brought along some cakes that she had made, offered to share them with the group. As a facilitator I wasn't sure whether to go with this or not. As facilitator, one voice in my head was saying "this is not quite what the plan is - maybe we should stay with the pain" and another was saying "this might be just what people need". In the end, I decided to go with sharing out the cake and it turned out to be a pivotal moment for the group. In subsequent sessions, without any prompting, different members of the group brought in cakes or treats that they had made and shared them out

in the sessions. This became an important part of the group's identity and the way that it worked. For the last session, the group decided to have a celebration and everyone brought something in to share with the others. It was like a bake-off - there were so many cakes and treats, and people ended up taking home more than they came with.

Process Evaluation

In their evaluations after the group, all of the participants said that they found the group 'helpful' and that it was 'just what they needed'. As one person commented on what was most helpful to her: "The comfort and support of other group members and facilitators."

I believe that the use of creative

arts activities in this bereavement support group was helpful in enabling participants to explore their grief in a safe way. These activities may also have helped participants to access their own creativity and resourcefulness.

In hindsight, while the bereavement group set out to use creative arts activities to help people come to terms with their grief, it was the members' own creativity; expressed through their baking and caring for each other - which was the most memorable feature of this group. The use of creative arts activities can certainly make a contribution in supporting people who are bereaved, especially in a group context. They are not though, an end in themselves, and need to be seen and used in the service of the person or persons who are bereaved. In this context, one of their most useful benefits may be in enabling clients to access their own creativity and resources.

Using different creative arts activities in bereavement care can be of help to a client in their grieving process. However, a counsellor or therapist needs to be mindful of how an activity may impact on a client and also the timing of its use (See Rogers, (2007) and Thompson and Neimeyer, (2014) for advice on the use of different creative arts activities). As in counselling and psychotherapy in general, it is important to remember that the client(s) know best. This is particularly so in the use of creative arts activities. Some people like certain activities and others don't. It is important to discuss any potential use of creative arts activities with clients and allow their free choice in whether to partake or not.

Conclusion

Bereavement and grief are in many

ways about change and things coming to an end. While this is a natural and normal part of life – it is not necessarily an easy process – particularly when that ending involves the finality of death. Coming to terms with a significant loss in our lives takes time and a lot of adjustment. In these periods of adjustment there are many twists and turns and at times they can feel like they will never end. The creative arts can help us to navigate and find our way through these experiences. Using creative arts activities in a bereavement support group can provide participants with elements of a map for navigating the strange landscape of grief. They can also help participants to access their own internal compass of creativity. For those who have the privilege of working with people who are bereaved, the creative arts offer many approaches that could be helpful. Perhaps their greatest benefit is in helping people to access their own creative sources to integrate their losses and find new life. 

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History, Heredity and 1916: A Jungian Perspective

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"The serious problems in life, however, are never fully solved. If ever they should appear so it is a sure sign that something has been lost. The meaning and purpose of a problem seems not to lie in its solution but in our working at it incessantly..."

(C.G. Jung CW8)

Abstract

This article looks at Ireland's historical struggle for independence through the lens of Jung's concept of complexes, deepened here into the realm of cultural complexes, which, by their very nature, are at once both unique and collective. His idea that complexes contain both positive and negative poles (one identified with, the other projected), offers us the construct of the "necessary other" that spurs - or constrains - our development. The implications of identification with powerful cultural complexes are contrasted with the particular way something new may be born when the tension of opposites can be endured rather than collapsed into one or other of its poles.

Introduction

Jung saw the tension generated by opposing entities as crucial for development; it acts similarly to the charge that runs between the positive and negative poles of a battery; should one pole collapse, no energy flows. Holding such tension builds up energy which then seeks a creative outlet. As a sort of internal motor, it brings us - with a cost

- to unforeseen places, wherein we may find ourselves wiser but sadder.

*"Whoever protects himself against what is new and strange... regresses to the past [and] falls into the same neurotic condition as the man who identifies himself with the new and runs away from the past. The only difference is that one has estranged himself from the past and the other from the future. **In principle both are doing the same thing:** they are reinforcing their narrow range of consciousness instead of shattering it in the tension of opposites and [thereby] building up a state of wider and higher consciousness."*

Jung, CW8, (emphasis mine).

This state of wider and higher consciousness arises, as we see, from the fragmentation of the previously-existing polarities which drives us forward from our previous position.

What is a Complex?

It was Joseph Henderson, a founding member of the C.G. Jung Institute of San Francisco, who first described, in a 1947 letter to Jung, the concept of the cultural complex (Singer, 2004). Jung had long recognised the uniqueness of different cultures - indeed, his less-than-wisely-timed writings on the differences between "Jewish" and "German" psyches opened him to accusations of anti-Semitism that still echo down the years - and it follows that acknowledging the existence of

such differences in cultures must inevitably mean recognising their separate cultural complexes. His papers on the Word Association Test (experiments based on timed responses to lists of words), published between 1904 and 1909, gave birth to his theory of complexes. A hundred years of clinical experience has demonstrated that these are powerful forces in the lives of individuals and remain a cornerstone of analytical work, providing a structure for understanding the nature of intrapsychic and interpersonal conflict.

Put simply, a complex is a mainly-unconscious, emotionally-charged group of ideas and images drawn from personal (or cultural) history that cluster around an archetypal (or impersonal) core. Jung wrote:

“The complex has a sort of body, a certain amount of its own physiology. It can upset the stomach. It upsets the breathing, it disturbs the heart-in short, it behaves like a partial personality. For instance, when you want to say or do something and unfortunately a complex interferes with this intention, then you say or do something different from what you intended. You are simply interrupted, and your best intention gets upset by the complex, exactly as if you had been interfered with by a human being or by circumstances from outside” (Jung CW8).

One of the primary aims in Jungian work is to make complexes more accessible to consciousness, thus freeing up some of the trapped emotional energy for other psychological development in the service of individuation.

Individuation

For Jung, the journey of individuation meant to realise as much of our potential as possible, and was, for him, the great task of life. He described four stages:

- 1) to separate from the mother and father complexes (in other words, to form our own judgements, being able to discriminate rather than unconsciously identify with family or cultural mores - with all that this struggle implies)
- 2) to form better relationships (to become more aware and more authentic)
- 3) to become more of who and what one is (take responsibility for our own development)
- 4) to make a connection to something greater or Other than ourselves (forge a link to the spiritual or transpersonal).

Cultural Complex

Henderson defined the cultural unconscious as an area of historical memory that lies between the collective unconscious and the manifest pattern of the culture. (One of Jung’s unique contributions to psychology was his formulation of the concept of the collective unconscious, a deep layer, a motherlode even, common to all, from which one’s individual personal unconscious arises as flowers do from an underlying rhizome.) Henderson’s cultural unconscious resides at the collective level of a particular culture, and is expressed through the customs, art, architecture of that particular society.

The personal unconscious arises, like the Shannon from the Shannon Pot, from its source, the collective unconscious; it travels through the birth canal of the

cultural unconscious, scraping bloody influences from it as it passes, arriving, baggage in hand, as it were, to form the individual psyche. And that is the easy bit! What follows is turmoil as the struggle for consciousness begins.

Ego

“Of course to win for oneself a place in society and to transform one’s nature... is in all cases a considerable achievement. It is a fight waged within oneself as well as outside, comparable to the struggle of the child for an ego.” (Jung CW8).

When challenges arise, it is easier to turn to denial or distraction rather than endure the tension long enough to allow what Jung termed “the self-regulating function of the psyche” to take over. This demands that a sufficiently-functioning ego, grounded in a sense of identity, be in place, otherwise there is danger of toppling or collapsing, of becoming unbalanced, one-sided.

When we disregard, ignore, or consign issues to the unconscious, pieces of ourselves and our collective humanity become atrophied. Both collectively and personally, this soul loss is a by-product of the tremendous capacity we have developed to disregard, a capacity that drains the life force of every living thing. For some, the complex (personal or cultural) is their identity; for more fortunate others, there develops a healthier identity (personal ego), separate from, but related to, the contaminating complexes. Tasked with relating, discriminating, enabling reflection, and the weighing-up of choices, the personal ego is the workhorse of the psyche. For the first group, the complex-identified, the complex

rules, and in a totalitarian frenzy, brooking no dissent, makes arbitrary decisions; for the second, the ego painfully makes and holds space for the consideration of alternative viewpoints before coming to a decision. Jung (CW8) described the characteristic patterns of an activated complex - repetitive, autonomous, resistant to becoming conscious, and driven to collect experiences that confirm its historical point of view.

As personal complexes can be said to emerge out of the level of the personal unconscious (in interaction with deeper levels of the psyche and with early parental/familial relationships), so cultural complexes can be thought of as arising out of the cultural unconscious (as it interacts with both the archetypal and personal levels as well as with the broader outer world of school, community, social and other media, and all other forms of cultural and group life).

Singer and Kimbles (2004) further develop the concept of large-scale social complexes which form in the layer of the cultural unconscious of groups and become cultural complexes, writing that

“another level of complexes exists within the psyche of the group and within the individual at the group level of their psyche. We call these group complexes “cultural complexes,” and they, too, can be defined as emotionally charged aggregates of ideas and images that tend to cluster around an archetypal core and are shared by individuals within an identified collective...[While] personal complexes and cultural complexes are not the same, they do get mixed together and affect one another”.



Cultural complexes are based on frequently-repeated historical experiences that have taken root in both the collective psyche of a group and in the psyches of the individual members of a group. They express archetypal values for the group, and as such tend to be unexamined and taken-on wholesale. So, cultural complexes can be thought of as the fundamental building blocks of a particular inner sociology - but one that is not objective or scientific in its perception of different groups and classes of people, a perception read or filtered through psychic lenses coloured by generations of ancestors. This received attitude (or the psychic atmosphere into which we are born) carries a powerful emotional charge, just as it also contains an abundance of information and misinformation about the structures of societies. Its essential components are cultural complexes.

When a group is emerging from long periods of oppression, it must define a new identity (a new ego) for itself in order to move on from an

oppressed or victim mentality. Long-submerged traditions are frequently mined in order to construct such an identity. (*“IRISHMEN AND IRISHWOMEN: In the name of God and of the dead generations from which she receives her old tradition of nationhood, Ireland, through us, summons her children to her flag and strikes for her freedom.”*)

This struggle can, and frequently does, get entangled in different underlying powerful cultural complexes that have stored up historical experience and memory over centuries of trauma. (*“In every generation the Irish people have asserted their right to national freedom and sovereignty; six times during the last three hundred years they have asserted it to arms. Standing on that fundamental right and again asserting it in arms in the face of the world, we hereby proclaim the Irish Republic as a Sovereign Independent State, and we pledge our lives and the lives of our comrades-in-arms to the cause of its freedom, of its welfare, and of its exaltation among the nations.”*)

Fresh trauma may energeise sleeping monsters, awakening them, freeing them to rampage. Jung, presciently, said that we do not have complexes, but that our complexes have us; the splinter personality takes over the whole. The resulting identification with the emotionally-charged complex inevitably means that our vision is narrowed, our personality reduced, the vital space for reflection lost; we become mere agents of the colonising complex.

“The Irish Republic is entitled to, and hereby claims, the allegiance of every Irishman and Irishwoman. The Republic guarantees religious and civil liberty, equal rights and equal opportunities to all its citizens, and declares its resolve to pursue

the happiness and prosperity of the whole nation and all of its parts, cherishing all of the children of the nation equally and oblivious of the differences carefully fostered by an alien government, which have divided a minority from the majority in the past”).

Singer (2006) suggests the psychology of cultural complexes operates both in the collective psychology of the group as well as in the individual members of the group. He observes that individuals and groups in the grips of a particular cultural complex automatically take on shared body language and postures, or express their distress in similar somatic complaints. Historical examples of such possession by group/cultural complexes abound; the “witches” of Salem, Massachusetts (1692), where vulnerable individuals, exhibiting similar behaviours, were deemed to be possessed by demons brought by other members of the community, who were consequently tortured and executed - the basis for Arthur Miller’s play, “The Crucible. Similar tales of possession, debauchery, group coherence, torture and execution, in the small French town of Loudon in 1633, are written up in Aldous Huxley’s non-fiction novel, “The Devils of Loudon”; and, perhaps closer to home, the epidemic of late 19th century/early 20th century hysteria described by Charcot and Freud, which we now conceive of as a corollary of the cultural and sexual repression of women in the Victorian era.

Such an unconscious and autonomous nature lends the complex the ability to spread like wildfire and to infect vulnerable subjects, demonstrating what Jung had also pointed out - the bipolar nature of a complex, positive and

negative, so that when activated, the ego (group ego or individual ego of a group member) becomes identified with one part of the unconscious complex while the other pole is projected out onto a suitable hook (another group, or one of its members). Intense collective emotion is the hallmark of an activated cultural complex. Students of 20th century history will also recognise in this the pattern of the McCarthy Communist “witch hunts” of the 1950s.

Conscious efforts to broaden the grounding of an Irish identity were made by Douglas Hyde - who strove to base the foundation of Irishness on more than mere opposition to England and Englishness; WB Yeats dreamed of “enlarging Irish hatred” so that Ireland would be more than not-England, would start from somewhere other than a negation, would construct an identity born of its roots and ideals.

The Irish Split

The psychic division engendered by the existence of two competing languages, evident in the post Famine years, caught many native Irish in the bind of needing to abandon Irish, while not yet having mastered English. Even the Emancipator himself, Daniel O’Connell, considered Irish a barrier to progress, holding his meetings everywhere in English –

“I could witness without a sigh the gradual disuse of Irish ... I am sufficiently utilitarian not to regret its abandonment” (Berresford Ellis).

Thus, Declan Kiberd suggests, Irish writers wrote “with one eye cocked on the English audience ... painfully imitative of English literary modes... practised with the kind of excess possible only to the insecure”. He goes on to say that, while most nation-states have

existed before they were defined and were thus defined by their very existence, those states such as Ireland, attempting to emerge from occupation, dispossession, or denial, have a very different form of growth.

“Most dispossessed peoples fought a different fight. Under occupation, they could never be their distinctive selves but had to seem so by an adopted attitude, an assumed style. This they would later proceed to justify by a recovered or discovered content” (Kiberd, 1995).

In *The Broken Harp: Identity and Language in Modern Ireland*, biologist Tomás Mac Síomóin presents the decline of Irish as one of the most insidious outcomes of multi-faceted colonisation from the 16th century through to the present day. He describes the residual effects of post-colonial trauma perpetuated not only through intergenerational imitation of behavioural patterns, but also in the hereditary transmission of the colonial condition via DNA structures and epigenetic profiles. He sees three distinct agents of colonisation - initiated by the Tudors, perpetuated by the Irish Catholic Church’s movement into the power vacuum left at the end of the Irish War of Independence, and subsequently consolidated in the imposition of the English-inspired status quo.

In the particular psychological profile of the Irish - as a people who for generations suffered genocide, famine, and sexual crime as consequences of the first two waves of colonisation - he notes a catastrophic vulnerability to the third and present wave of colonisation, that of Anglocentric neo-liberal globalisation, of which our tendency towards, and toleration of, alcoholism is symptomatic.

Suggesting that Ireland has a general infatuation with, and assimilation to, the cultural norms of other Anglophone cultures (closer to Boston than Berlin, perhaps?), he proposes that adopting the language of the coloniser exposes the colonised subject to a world-view in which he is a mere junior partner, a Johnny-come-lately. Consequently, colonised peoples appear perversely willing to internalise unflattering colonial conceptions of themselves - to introject the cultural complexes of the coloniser, with all their concomitant negative associations, vis-à-vis, the colonised. He compares the peculiarly Irish “disjunctive dialogue”, aka “the gift of the gab”, with the fragmented testimony of traumatised survivors of the 2001 AirTransat crash, whose excessive attention in reporting minute details while lacking a cohesive narrative is typical of post-traumatic stress disorder.

Although many of the traumatic episodes of Ireland’s past occurred generations ago, MacSíomóin contends that the past is not really past since there is an ever-present hereditary factor in susceptibility to PTSD. Thus, since the majority of Irish people have lived in conditions favouring PTSD for many centuries, and indeed, may still do in Northern Ireland, the entire populace of Ireland are heirs to what he terms, ‘Super Colonised Irish Syndrome,’ demonstrated by an inability to be internationally assertive, comparing our apathetic surrender to European Union austerity with the ferocious opposition of Greece, a nation possessing an unbroken intellectual heritage unscathed by cultural colonisation.

Literature

The drama in Brian Friel’s play, “Translations”, set in 19th century

Donegal, arises out of the political and cultural struggle between England and Ireland. Focussing on (mis)communication as the engine of the turbulent and desperate situation between the two countries, Friel uses language as a device to highlight the problems of communication — lingual, cultural, and generational. Both Irish and English characters in the play “speak” their respective languages, but in actuality it is English that is mostly spoken by the actors. This allows the audience to understand all the languages, as if a translator was provided. However, onstage, the characters cannot comprehend each other. Neither is willing to compromise and learn the other’s language, a metaphor for the wider barrier between them; tragedy ensues, and the play ends ambiguously.

It is sobering to recall that the 1916 war of independence was swiftly followed by civil war, an outward expression, perhaps, of successive internal psychic wars?

In conclusion, the lesson Jung tries to impart is that eliminating the Other, the opposite pole, does not lead to development, but rather to stagnation and rigidity. Just five years after being released from nearly three decades in prison, Nelson Mandela’s espousal of the (previously-hated) Springboks as “One team, one country”, proved to be an inspired move that united South Africa for the very first time. The ability to endure such terrible tension offers a chance for a more creative outcome. Wars on terror, on “Axes of Evil”, jihads - all strive to eliminate and remove the Other from consciousness. Jung’s challenge to us is to find new ways of relating, to continue to “[work] at it incessantly”. 

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Orla Crowley

Orla Crowley trained as a clinical biochemist and spent several years in clinical and research positions until she became interested in psychotherapy, particularly in the thinking of C.G. Jung. After graduating from the Tivoli Institute, she trained as a Jungian analyst. She has a private practice in Blackrock, Co. Dublin where she works with individuals and couples and as a clinical supervisor. She has lectured and taught on Jungian themes for over twenty years, in Russia as well as here in Ireland.

She has a particular interest in trauma work and incorporates EMDR and sensorimotor approaches into her practice.

Letter to the Editor

9 Roger Casement Park
Glasheen Road
Cork City

8 July 2016.

Dear Editor,

I am writing this letter in light of the current exposure of the “history of deception” and questionable financial controls at the suicide bereavement charity, Console. At the heart of Console and similar charities is a dedicated and professional psychotherapy staff providing an exceptionally good service. A large proportion of these staff are members of the IACP. Our organisation represents the interests of both client and psychotherapist. Our core values include one of “Valuing the Individual” and I would ask that in relation to this we could reappraise the value we place on our membership.

We cannot avoid the conversation of how our membership, in particular our pre- accredited members, are seen, valued and treated across the Charity Sector. While some charities respect and value our member’s contribution there is growing evidence that others regard our pre accredited membership as a steady and cheap unregulated service. This is wrong and money that is specifically donated to fund counselling services is going elsewhere.

I want to be clear, this letter is not about pre - accredited psychotherapists versus accredited psychotherapists. And it needs to be understood that what impacts one group affects the other. Charities who predominately engage pre- accredited psychotherapists exclude accredited members from the possibility of long term paid work. Also, in this case, the client is deprived of a more versatile and experienced service.

The IACP has the opportunity to put forward guiding principles and policy as regards to how it wants its membership treated as they engage with the Charity Sector. There is a significant level of separation and detachment between Head Office and the members on the ground as outlined in the Strategic Review. While the recent “Purpose Statement” is welcome, action is needed. It is simply not good enough anymore to not get involved in light of what is happening.

Although the newly established Charity Regulatory Authority is attempting to monitor the sector it is obvious that it is under resourced and lacks power. I suggest that part of what the IACP can do is to inform the regulator of concerns regarding the treatment of our members. Regulation must include wage standards for all of our membership. Maybe we could be proactive in terms of suggesting minimum payment rates for pre- accredited members. We might consider proposing a need for charities to engage one accredited member to match a stated number of pre-accredited members. This would create a balance to our membership’s involvement in the Charity Sector. It would also open up opportunities and increase morale. Last but not least it would provide those seeking counselling with a more complete and experienced service.

I am aware that I am presenting proposals that need time to be digested. My hope is that this letter will open up a discussion on how we can be proactive on the issues presented. There is a need to create a balance between IACP psychotherapy support for the Charity Sector and the protection of all our members. This means respecting what we offer to charities including placing a value on our work in terms of fees. In saying that I want to be clear, this is not simply about money but about respecting our profession and maintaining professional standards.

To conclude, I am not a lone voice in terms of what I have outlined in this letter. This is a conversation we need to have and the IACP membership provides the perfect platform for this. I look forward to our membership’s response to this letter.

Yours Faithfully

William Quirke
Pre - accredited member IACP

Workshop Review

ATTACHMENT THEORY – THE JOY OF CONNECTION

Presenter: Dr. Denise Mullen

Date: 28th May 2016

Organised by: Dublin Regional Committee

Reviewed by: James McDonagh MIACP

Venue: The Spencer Hotel, IFSC, Dublin 2

Attachment theory and its implications for us as therapists would require many days or weeks to address and the facilitator opened by acknowledging this at the start of the day. A one-day workshop can only be a flavour, and if provocative enough, perhaps leaving more questions than answers. Regardless of time constraints, Denise brought herself to the day with enthusiasm, light heartedness and worked in a collaborative manner with attendees, while questions flowed freely and were generously answered.

We opened with participant interaction, which involved looking at emotions, pairing the audience in a role play on providing attachment comfort using the MATS model: Mention, Ask, Touch & Stay. Denise set out to look at the complete Attachment Model of

- **A** = Avoidant
- **B** = Secure
- **C** = Ambivalent – Pleaser
- **C** = Ambivalent - Vascillator
- **D** = Disorganised/Disoriented – Controller
- **D** = Disorganised/Disoriented – Victim

Time constraints meant it would not be possible to explore each aspect of the model and the focus of this day was the Avoidant and Ambivalent types. A video of the 1980's sitcom, the Gilmore Girls, was used to demonstrate aspects of each attachment type and how our responses are developed from family and childhood. Using a power-point presentation to inform, she developed the imprint for each type and then explored presenting traits and tendencies. This exploration was followed by offering us growth goals for each type to facilitate more mature awareness and development. A flavour of the different styles/imprints presented:

1. The Avoidant style can happen in a number of ways: Detached Mother, Death/Illness, Consistent Distraction, too early into Crèche, Premature babies – Incubator.

The Avoidant style explored aspects including:

- Appear level – steady (attractive to chaotics)
- Lost desire for connection, limited range of emotion
- Low grade, chronic depression
- Left brain, analytical
- Competent, but creativity often stifled
- When hurt – isolate

2. The Ambivalent Pleaser style explored aspects including:
 - Anxiety based ‘feelers’
 - Not as developed in thinking
 - Chaotic and externally focused
 - Rabbit trails in response to questions
 - Minimally aware of their feelings
 - Perpetually pleasing others
 - Likeable... but too nice
3. The Ambivalent Vascillator style explored aspects including:
 - Idealization – devaluing... good/bad splitting
 - High degree of anger and reactivity
 - Experienced sporadic, unpredictable connection growing up
 - Deep need for consistent, predictable connection
 - Chase can be the most exciting part for them, then reality sets in.
 - Mom may have preferred babies, but dropped the child as they began to develop
 - Dads with Vascillator imprint: allows his moods to dictate – not the child's interests
 - Erratic interactions with parents leaves child confused, hyper-attuned to sign of connection/ abandonment.

Denise brought an open and collaborative environment of enjoyment and engagement into the day. Using the attachment model she brought practical exercises to us as a group of therapists, that helped us to be aware of how our attachment styles impact us as therapists and those we support. The writings of John Bowlby and Mary Ainsworth were flagged as critical to any understanding on attachment. Supplementing this as recommended reading are:

How We Love, Milan & Kay Yerkovich, Three Rivers Press,
How We Love Our Kids, Milan & Kay Yerkovich, Three Rivers Press,

Handbook of Attachment, Edited Jude Cassidy & Phillip R. Shave, Guilford Publications

Becoming Attached, Robert Karen, Oxford University Press Inc.
Attachment Disorganization, Edited by Judith Solomon & Carol C. George, Guilford Publications

Talking With Children About Loss, Maria Trozzi, Perigee Books

Conference Review

SEPI – WHERE RESEARCH MEETS CREATIVITY

Date: 16th-18th June 2016
Organised by: The Society for the Exploration of
Psychotherapy Integration (SEPI)

Reviewed by: Clair-Bel Maguire, MIACP
Venue: Trinity College, Dublin

Back in June, I had the pleasure of attending the 32nd SEPI Conference in Trinity College on behalf of IACP as we were one of the Conference's platinum sponsors. The Society for the Exploration of Psychotherapy Integration (SEPI) is an international organization and over three days I attended pre-conference workshops, mini-workshops, structured discussions, symposia and panel discussions along with the Poster session. Here some IACP members presented imaginative, creative and informative research on Friday evening.

The goal of SEPI is to provide an opportunity to listen, learn, discuss and compare a wide range of perspectives, promoting innovative applications of integrative psychotherapy. This year's theme was *"The Therapist in Integrative Therapy: Implications for Practice, Research and Training"*, and attracted over 370 delegates from almost 40 countries who were open, curious and creative as they were brilliant, who were not only tolerant, but embracing of ambiguity.

The idea to have the conference in Dublin grew two years ago in Montreal and preparations began immediately. Finally, on Thursday the 16th of June, Dr. Marcella Finnerty, SEPI and IACP member, on behalf of the local committee, along with SEPI's International President, Dr. Beatriz Gómez welcomed everyone in the Edmund Burke Hall while SEPI's admin team with friendly faces and genuine enthusiasm ensured that things ran smoothly every day from 8.30am until very late in the evening.

There was a great collegial atmosphere with programmed discussion sessions, opportunities to brainstorm ideas and connect in an effort to support existing and new collaborations across the scientific fields of psychotherapy as well as informal gatherings in the evening to meet new friends and catch up with others. SEPI recently expanded its mission to embrace

practice-research integration, so that both practitioners and researchers can work together toward a common goal and this was evidenced in the presentations. Past president, Dr. John Norcross, has stated that "For psychotherapy integration in general, we require more compelling research and practice advocacy. Although theoretical debates continue, the seismic shift has been in the direction of empirical evidence".

What did I learn? Actually lots; too much to mention in this short piece but here are some interesting short quotes I picked up along the way.

"Therapy is not about change it's about the PROCESS of change" – Dr. Henry A Westra, York University, Toronto, Canada.

"Instead of asking a client about their strengths and weakness try asking them about their 'strengths and vulnerabilities'" – Dr. Arthur Nielsen, Northwestern University, who has a new book coming out: 'A Roadmap for Couple Therapy: Integrating Systemic, Psychodynamic, and Behavioral Approaches.'

"Instead of referring to the 'emotional baggage' our clients carry, try thinking of it as the client's 'legacy issues' instead" - Ellen Wachtel, private practitioner and author, New York. Her book is: *"We Love Each Other But.."*

SEPI provides its' members with access to research and small grants. If you are interested in joining as a full or student member or want to take a look at their programme of events, log on to:

<http://www.sepiweb.org/>

Book Review

Title: *Marital Separation in Contemporary Ireland; Women's Experiences (2016)*

Author: Lucy Hyland

Published: 2015

ISBN: 978-3034318365

Reviewed by: Pauline Macey, MIACP, ICEEFT,
M.Sc. Family Counselling

This informative and timely book is an essential sociological study based on the experiences of fourteen women who have been through marital separation in contemporary Ireland. It is a must for all couple's counsellors, relationship and family therapists and anyone interested in how patterns, roles and expectations in marriage are changing. It is structured around the following key areas: the attitudes of Irish culture and families to marital breakdown; typical events that lead to breakdown; losses and gains as part of the transition of separation; reconstruction of relationships and family post-separation

These questions provide a structure that assist the focus to move back and forth from detailed personal experience to the broader impact of culture and family systems in which experiences are embedded. The uniqueness of each woman's individual experience is sensitively engaged with and deeply respected, as themes unfold.

Increased awareness of gender equality in the 1970's and 1980's influenced how women and men failed to adapt to the changes in traditional roles assigned to them. They were unable to communicate their needs and expectations. Because most of the marriages in this study lasted twenty years or more, the impact was greater and more complex than in the case of marital breakdown after a shorter time period and the biggest loss was often one of self-esteem and identity.

A distinct pattern in each case forming a series of events led to the eventual breakdown. While children in

some cases were relieved because the years of tension and conflict they had witnessed were ending, most children were shocked that their parents were separating. Non-initiators, both men and women, were also shocked and in denial that the relationship had reached a point of no return. Six of the women identified themselves as non-initiators and in these cases the separations were triggered by the husbands' affairs. The book provides a number of informative tables which provide the statistics around these and other findings. In almost all cases, the women were left to deal with the impact of the loss on their children, while the men disappeared and were either not willing or not invited to participate in family events and rituals after the separation.

Lack of organisational support systems that offer specific help around separation (particularly outside of Dublin) and lack of communal rituals compounded the difficult emotions, shock, denial, and heartbreak. Mixed results in terms of counselling are referred to with many of the women acknowledging that it was too late for counselling to save their marriages.

While most of the women in the book said they would never marry again, Hyland (2016) provides valuable insight and hope around the process they went through in

rebuilding themselves and their lives, and shaping a new future. She reminds us that regardless of our liberal views, those of us who have been through separation often end up with a sense of internalised shame. She also reminds us that we have to stop blaming ourselves and adopt a more positive construction of separation. Most of the women in the book left their marriages because of not feeling loved. This book implores and supports the need for us to start exploring exactly what kind of love sustains relationships and marriages.

We need to offer more loving respect and support to those who experience separation, whether it comes as a shock, or the incredibly difficult end point, of a decision-making process based on courage, emotional honesty and a strong enough sense of self, to step out of the pain of a broken marriage.

