

Practitioner Perspective

The Wisdom of Our Elders

By Dr Karen Ward



Within our counselling and psychotherapy community resides a deep repository of wisdom and knowledge from our most seasoned members. The voices of our elder, more experienced professionals, in essence the pillars of our community, are perhaps more vital than ever in our vastly changing world.

Having been a member of the Irish Association for Counselling and Psychotherapy (IACP) for over 19 years, I am increasingly conscious of the diversity within our client cohort and indeed within the counselling community. This journal, the many conferences and workshops available today provoke thinking on wider issues including those of inclusivity and equality. In this context, I began to reflect on the wisdom of our

senior colleagues, the pioneers of our profession and how most of us only hear their wealth of experience at various AGMs or Forums, if at all. I felt there was a dearth of their insightful specialist experience in written form especially those who are founders of IACP, the largest association for the profession in the country. Inspired by the 'Viktor Frankl' series of interviews published in the Irish Journal of Counselling & Psychotherapy (IJCP)¹, I invited some of our elder associates and ex-Cathaoirleach to answer 4 philosophical style open ended questions. Patricia Kennedy, Joe Heffernan, Ursula O'Farrell and Cecilia Homan kindly gave me their heartfelt answers to the past, present and future of our profession along with well-known psychiatrist Ivor Browne.

The Interview Questions

For this reflective piece, I felt that open-ended questions, of a more philosophical nature, would elicit the insight and erudition of the 5 participants while allowing them the opportunity to offer their perceptions about the counselling and psychotherapy profession and mental health in Ireland. Their words are presented verbatim as I made a conscious decision to purposely step aside to allow their sagaciousness shine forth.

These were:

- How do you view the Irish mental health system of the past?
- How do you view it presently?
- What are your dreams for the future of mental health in Ireland?
- What do you see as your personal contribution to Irish mental health with the principle that 'one person can make a difference'?

Interviewees Short Biographies & Contributions

Ursula O'Farrell was one of the founding members of IAC (a former incarnation of IACP) in 1981 and was Cathaoirleach from 1991 – 1995. She set up her private practice in the early '80s and retired in 2015. She has written several books on counselling based on the courses she gave in Maynooth College for many years.

Patricia Kennedy, with a BA, MA and PhD in psychology from UCD, has been a stalwart member of IACP for many years. She was

¹ Written by Prof. James C. Overholser and published in the IJCP with Part 1 appearing in Spring 2018, Part 2 in Summer 2018 and Part 3, in Autumn 2018.

Cathaoirleach from 1998-2001 and runs her private counselling and supervisory practise in South Dublin.

Joe Heffernan was a secondary school teacher for 28 years, receiving his MA from UCC, in the 1980s. As an accredited member of IACP for 20 years, he was the 2018 recipient of the Carl Berkeley Award.

Cecilia Homan was one of the founding members of IAC (now IACP) serving on the Executive Committee. As a marriage guidance counsellor, having received a degree in Social Studies initially, Cecilia co-founded counselling courses in Maynooth College and established a counselling centre in Jobstown, Tallaght.

Ivor Browne, UCD Professor Emeritus, was given a fellowship to Harvard University where he studied Public and Community Mental Health. He retired as Chief Psychiatrist of the Eastern Health Board in Ireland, continuing his psychotherapeutic practice and publishing two books. He conceived and was director of the Irish Foundation for Human Development, which established the first Community Association in Dublin's Ballyfermot as well as the Inner-City Trust in Derry.

Interview

How do you view the Irish mental health system of the past?



Ursula O'Farrell (UO'F):

The first time I told someone I was a counsellor their response was "Oh! I didn't know you worked

for the County Council!" Up to 1980, except for AA and Marriage Counselling, mental health was not recognised as a specific area in which to organise help. Our like-minded group, the fledgling IAC, came together somewhat randomly, but all focused on a similar

objective: To provide and define help for those who struggle with their mental health.



Patricia Kennedy (PK):

Like any development with 'lasting' power and presence, counselling and psychotherapy developed organically.

From beginning seeds of insight into the fact that people were no longer supported by previously accepted certainties, thoughtful heads pondered the support requirements to resolve a perceived difficulty. As far back as 7,000BC., according to Anderson (1973) voluntary associations became a means of survival in often hostile environments.



Joe Heffernan (JH):

I think that a major obstacle to the treatment by, and positive outcomes of, the counselling/

psychotherapy/mental health areas in the past was the stigma attached to accessing those services, such as they were. Treatment centres were confrontational with very little empathy. I know this from personal experience nearly 50 years ago. I would find it difficult to be positive of such services then. Counselling and psychotherapy services were very thin on the ground though much more empathic. The fellowships of AA, NA and such were marvellously effective if availed of, as they are now.



Cecilia Homan (CH):

The Irish counselling/ psychotherapy/mental health system was very haphazard in the past.

The psychiatrist was the only person recognised as being capable of helping a person suffering from anxiety or depression. There

were volunteer counsellors who were working with people with 'problems'. They were filling the gap in the lack of services which were not provided by the government. Eventually people began to recognise the value of this work and formed groups which were community based and had to raise money in all sorts of ways. This was far from satisfactory as there were no recognised training courses available to these people. The Extra Mural Course in Counselling was set up by NUI Maynooth in the 1980's. It gave a grounding in theory, skills and personal development to thousands of people and was a key element in the growth of counselling/ psychotherapy in Ireland.



Ivor Browne (IB):

In a word, containment. In Ireland, an asylum infrastructure was built like no other in the British Empire.

Whereas most of those institutions were established with a purpose, a curative focus along with a regime of practices that corresponded to notions of treatment, in Ireland the asylum came to function as a repository for the perceived social ills of the day. Moral treatment gave way to a form of human warehousing into which many transgressive souls were exiled and rendered invisible. In my early career in psychiatry I encountered the overcrowded wards of the mental hospital: some 2,000 in Grangegorman, a further 2,000 at St Ita's Portrane and a so-called overflow of several hundred in St Mary's in the Phoenix Park.

How do you view the Irish mental health system presently?

UO'F: It is difficult to comprehend the size of the turnaround, even having lived through and co-facilitated this. I believe our use of the title Irish Association

for Counselling highlighted and emphasised the promotion of the profession of counselling rather than nearly a support group for those who might work as counsellors. We aimed to define standards and definitions of what was a relatively new profession.

PK: Formal voluntary organisations developed when certain cultural and historical factors coalesced. As an example, relationship counselling is mainly a phenomenon of the second half of the 20th century. It experienced the particular impetus after the growth in post-World War II of marriage difficulties. Voluntary marriage counselling services became a reality in Ireland in the 1960s. Japan, Britain and Ireland would point to the 1920s as the time of their first guidance interventions. Counselling and psychotherapy in Ireland developed, particularly from 1982 when the first monitoring body was set up in Dublin.

JH: The main advantages and efficacy of counselling and psychotherapy in the present are the availability of these throughout the country, the improvement in the education and support of counsellors and psychotherapists with the oversight and support of organisations such as IACP. The demands made for qualification, accreditation and supervision in the profession have contributed to very high standards.

CH: Now we have degree level training courses. That is a step in the right direction. However, the cost of an accredited training course is out of reach of many people. There are people who, after working in a support group in a voluntary capacity for some time, recognise their innate qualities and would love to qualify as an accredited counsellor but cannot afford the

high cost. I would like to see grants being made available from the Government for this purpose.

IB: The word might be control. Certainly there was movement within the mental hospital at the level of the ward system but while there was a road in, there was no obvious road out. It was a one-way system. Instead of an occupancy for life in one institution, the contemporary patient occupies a circuit, distributed across a series of interconnected, certainly smaller institutional sites where they must be seen to be moving. However, it is not a situation where the person becomes a genuine part of the community. It may no longer be confinement that psychiatry must defend itself against: these days it stands accused instead of neglect as we encounter the figure of the abandoned mad person on the streets of our cities.

What are your dreams for the future of mental health in Ireland?

UO'F: I would like to see a greater acceptance and understanding of the nature of our profession. So often counselling is still viewed as 'advice giving'. It would be beneficial if this prospective could shift to an awareness of and a focus on the client's self-knowledge and self-determination too, and resulting ability to make choices for themselves. Perhaps we could aim towards more in-depth and public articles and discussions exploring the nature of counselling. As well I would like to see greater availability and affordability of counselling for those who could benefit, as well as enforceable standards across all levels.

PK: Now practitioners, through CPD, are exposed to all or some of the newer insights including the expanded theories Carl

Jung developed on the spiritual dimension of the human person. Neuroscience demonstrates how the cerebral road map throws light on possible sources of our thinking and the importance, for instance, of repetition of beneficial thoughts. The longer we follow the path of discovery of the best method of helping our clients, the stronger the profession will be. My dream for the future of counselling/psychotherapy is a willingness to gain further insight from our knowledge of the interaction between the environment and the individual personality.

JH: I think Statutory Regulation will contribute even more to the profession and the protection of those who avail of the services.

CH: My dream is to have a counsellor/psychotherapist in every school. When I say 'every school' I am talking about primary and secondary school. This person would be employed as a full time, permanent counsellor/psychotherapist. His/her job to be available to students during school hours. If there was a counsellor to listen to a child affected by bullying or anxiety, it would help that child to grow in confidence.

IB: My first hope for the future is for a far greater emphasis on psychotherapy. I would like to see the re-introduction of training in psychotherapy for psychiatrists. These days a consultation in Outpatients can be a very brief encounter. I also hope that the field of mental medicine can rediscover the connection between human problems of living and life itself. I would also love to see mental health services re-imagined according to the original notion of asylum, the idea of a safe harbour - a sanctuary, a temporary place of refuge that gets you back into the game of life. That

kind of approach will only work when mental distress is incorporated and understood as an integral part of life rather than some form of disease.

What do you see as your personal contribution to Irish mental health with the principle that 'one person can make a difference'?

UO'F: I feel I was lucky to be available and involved at such a crucial time in the history of counselling in Ireland, and doubly privileged to have had the support and shared enthusiasm and competence of all our founding members. I managed to be in the right place at the right time and I regret having had to retire.

PK: It is nigh on impossible for a practitioner to rate the effect of his/her influence on clients. Sometimes we get an inkling. Better ask the clients!!!

JH: I have had the great privilege of counselling clients over my 20 years in the profession. I was asked by a very well-known radio station 96FM/C103 to cover a counselling/ psychotherapy slot each and (almost) every Tuesday. We celebrated my 20 years doing that weekly segment recently. I have received great support and positive responses verbally and in writing from clients. I am very grateful for this and I hope to continue working in this profession for many years to come. I MIGHT call it a day at 90.

CH: My highlights include being a member of the Executive Committee of the newly formed Irish Association for Counselling, with Ursula O'Farrell setting up part time counselling courses NUI Maynooth - not professional courses but a key element in the growth of counselling in Ireland. Looking back over the years I would say my work with the women's groups

gave me the greatest sense of satisfaction. I facilitated women's groups in Personal Development as part of the Shanty Educational Project (now An Cosain) in Jobstown also establishing a counselling service in Tallaght. I feel becoming a Supervisor was the culmination of my work in counselling.

IB: Mine was an attempted contribution. Certainly, I participated in a reform movement that saw a radical reduction in the patient populations of mental hospitals. In short, I found myself in the right time and place, you might say belatedly in the case of Ireland, to fully take on and support the process of deinstitutionalisation. In my own approach I have taken the view that we are all living systems trying to make sense of the world and as such, are in need, at certain crucial times, of some kindness, compassion and understanding in order to find our way back to health - we are all living, human 'becomings' trying our best to make sense of life as we think we know it.

Conclusion

I became a counselling psychotherapist in 1997 and IACP was accredited in 2001. I always perceived that the profession was much older than it is and the founder's endeavours and rationale were lost in the proverbial mists of time. It wasn't until I read the IACP book 'Celebrating 30 Years' (IACP, 2011) that I realised not only was the profession relatively new (early 1980s) but that the founders, rapidly retiring, were amongst us at regular IACP meetings. Having had the honour of talking to a handful of these and Ivor Browne, well known psychiatrist in the changing story of Irish mental health, I feel that I now appreciate all the more the nature of their resilience, tenacity and success. It is important to note that I had to cajole all of them to answer

the final question due to their humble and modest nature. I salute you all with gratitude – we stand on your shoulders indeed. ☺

Dr Karen Ward

Dr Karen Ward is an accredited counselling psychotherapist and supervisor (BSc (hons), MA, Dip. Psychotherapy, MIACP). Her PhD research at DCU encompassed a specific Energy Therapy technique to safely introduce non-denominational spirituality within a counselling setting which she now teaches worldwide. Based at her Dublin Clinic since 1997, Karen is author of innovative book 'Change a Little to Change a Lot', and the holistic therapist in RTE's 'Health Squad 2002-2007 and BBC's Last Resort 2008. Karen is a regular contributor to 'Naturally Good Health' magazine and RTE website's Brainstorm section.

Email: karenwardtherapist@gmail.com

Web:

www.drkarenwardtherapist.ie

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