Being with Vulnerability

- The Cold Kiss
- The Useless Therapist
- Promoting Affirmative Grief
- Male Gender Role Conflict
- Trust

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Contents

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From the Editor:

Dear Colleagues,

Aisling Dearle's poem in this edition captures human vulnerability in every phrase. "Scratched knees, fevered sleepless nights, bumps, bruises and every small sorrow", "Chores undone, mud stained clothes". "Heels too high, skirts too short, too much makeup to impress bad boys". Her work is very relatable.

On a collective scale, counsellors and clients alike face an autumn of vulnerability, with economic pressures, war worries, Covid questions, and a backdrop of planetary destruction. Many an editor might reach for upbeat pieces seeking to lift spirits and bolster resolve, but let that be for other journals and other professions! Perhaps there's something real in our counselling, that while we respect a client's necessary defences and timings, we know that, like Michael Rosen's "Going on a Bear Hunt", we can't go over it, we can't go under it, we've got to go through it! Our strength is often informed by our vulnerability, and is not some kind of simple and separate antidote.

John Dunlea leads us out courageously on the topic. His essay explores his own journey with relational and developmental trauma, presented in mixed media including clay, tattoo and art. He does this knowing that work on his own vulnerability serves him well in his empathy and ability to meet clients where they are at on their own journey. In feeling, understanding and sharing this, he is doing the essential apprenticeship to facilitate its expression in others.

Alex Delogu (now a frequent contributor) explores the art of being useless as a way of not being a fixer or the bearer of useful techniques in therapy, and "just being" instead. Treating the complex human heart as if it just needs curing misses something essential about what it is and how we are to be with it. Maintaining a space that is not overrun with aims is a skill in itself, requiring diligent practice and training. How we are present with our clients, he argues, is of greater significance than what we do.

Kevin Sludds, meanwhile, is critical of how the vulnerability of grief is described, compartmentalised and controlled as a psychological illness by George Bonanno's 'New Science of Bereavement' and his supporters. Kevin argues that Bonanno's taxonomy of sadness is both contradictory and misleading with its emphasis on evolutionary function. Kevin is uncomfortable with the transitory nature of sadness that Bonanno describes, with its associated switches to more "positive" states of mind. Kevin argues for a more affirmative grief, one which is not just a totally negative, sore and isolating trauma but an emotion which is integrated with the griever's character, allowing them to adjust reasonably to the new reality in which they have been landed. Our vulnerability, in other words, is part of who we are.

Luke Devlin further develops our theme and starts a conversation around male gender role conflict (GRC) and its impacts on men and the people in their lives. GRC is a psychological state in which the socialised male gender role becomes rigid and rejects what it sees as vulnerability. This has restrictive or even violent outcomes for both self and other, making the article very relevant to both genders. Where male anger, anxiety, depression, relationship difficulty, stress or low self esteem present in the therapy room, they can be the result of a discrepancy between the ideal self-concept that is culturally associated with gender role and the much more vulnerable real self. An understanding of this is important for any therapist.

Ed Meaney's poem in this edition is magic. Perhaps like Kevin, he commits himself to seeking a "paradox truth" rather than applause. His digging and staying with vulnerability seems to lead to an awakening. Margaret Walsh's poem, in turn, writes about the safe path. "It's not the path I need anymore. It no longer understands my step, my journey, my direction." It is as if she chooses to embrace adventure (with its inherent vulnerability) instead.

Finally, Coleen Jones looks to collect the concepts and qualities inherent in 'trust' and to examine the part it plays in counselling and psychotherapy. Does trust lie at the very heart of the therapeutic process? How does it relate to vulnerability? This article employs the contributions of eight experienced supervisees (four women and four men), who articulate the essential ingredients of trust from their individual perspectives.

It remains for me to thank Mike, Lynne, Eve and my other colleagues on the editorial team for their help with this edition and to encourage, you, our readers to keep submitting your valuable work. "All of humanity's problems stem from man's inability to sit quietly in a room alone" wrote the French philosopher Blaise Pascal. Don't let it be the aim, but if a journal article or poem arises from sitting with your vulnerability, send it to us, for it is bound to be a strong one! Go well, dear colleague as you go through this Autumn.

Hugh Morley MIACP, Editor

REFERENCE
Rosen, M. (2016) *Going on a bear hunt*. Walker Books

Reflective Article

The Cold Kiss
My journey with relational and developmental trauma

By John Dunlea

This essay explores my journey with relational and developmental trauma presented and explored visually. I do this knowing that my personal work serves me well in my empathy and ability to meet my clients where they are at on their own journey. I use mixed media, to share my life experience with you, my reader, when no words will express it adequately. I have learnt personally that haptic and artistic expression help hugely in healing trauma. Thankfully my training to become a counsellor facilitated this.

Introduction

"A traumatic experience is something that happens to you, a horrible, overwhelming, and psychological event that leaves you traumatised," (Hedges, 2015, pp. 23-24). "The effects of trauma are about loss of connection to oneself, to one's body, to one's family, to others, and to the world around", according to Levine (2008, p. 9). Freud was one of the first to identify that trauma often originated in these relationships, and postulated that "given a favourable relational situation, a person could gain access – through inter-personal mirroring processes – to the ways that her internal world of experience had become structured and to the ways she could free herself from her developmentally structured bondage." (Hedges, 2015, p. 22). I have used my therapist, my trainer and my fellow students for this inter-personal mirroring.

Vulnerability

I think that allowing myself to be vulnerable was my first step towards healing trauma as it called for an amount of courage to take the leap of faith. I am so proud of myself for having the courage to listen to my soul and my body that knew the benefits that would come from it. I acknowledged the importance of it for me by having the words of a song which epitomise the benefit of vulnerability tattooed on my back.

Birth

Let me tell you first that I felt lost and speechless for much of my early and later life. I had a difficult birth and my mother was forty-five with five children under seven, and she was unhappy. She was pre-disposed to post-natal depression. Here is a representation in clay of how I felt.

Bowlby's definition of attachment as "a deep, affectionate, close and enduring relationship" (Bernstein, Clarke-Stewart, Roy, Srull and Wickens, 1994, p. 61) is one I never experienced. According to Fisher, (2020) my attachment style was established within the first year. This finding frightens me in that it possibly took so little time for me to become aware that I was emotionally abandoned. I have a felt sense of lying in a bed on my own, my mother distant and emotionally neglectful of me as a child.

Connection

On the other hand, my first memory of a meaningful relational connection was with a young neighbour, Miriam. The same age and always together, it gave my first feeling of being liked, valued, cared for and having worth.

I needed a Dad to hold me too, to cherish me, to play with me, to miss me when I wasn't there. But I needed what was impossible to receive. My father, a factory labourer, was poor but I knew something more important than money was missing – human connection. I did not have a name for it then. My father for a period did engage with me. My fondest memory was when he would sit me in his lap, playfully dropping me through his knees, for which he had a song. "Who's the daddy's baba?, Who's the daddy's pet? Who's the daddy's baba and we are not downhearted yet".

Terror

He changed however, and I was lost. It seemed so immediate, and I remember vividly and somatically my first experience of being terrified by him. While teaching my older sister and me to tell the time, I was struggling. His face turned to fury. I can recall my body sense of disconnecting from him and what was happening. I had never experienced this before and felt so terrified. Towering above me he did not strike but I felt he wanted to. Standing there, a terrified child not knowing what I had done wrong, I did not recognise him as he had become a monster. From then, I knew that I had to avoid him AND my mother. I had no one to flee towards, was too little to fight and was numb with fear.

Heres a representation of my fear at his anger. In doing the creative work for this assignment I sat with my son and we created this clay piece. He said: even monsters can have families."

Healing

My son, went on to create another figure and he made a comment that touched my heart."

"My Dad is sturdy; he doesn't get knocked over easy. My personal development work might be having an effect.

I turned sixteen when my father died suddenly. It filled me full of rage and not until later in life did I realise I had been traumatised by his death

I strive today to create a home environment that is without trauma for my family, maintaining connection with my siblings and in-laws. There is healing in this for me. This is my family today in our little nest.

School

School for me was days of anxiety, fear and violence. I was a child being beaten and terrorised by adults within the home and at school and I had no-one to turn to for safety.

School was a continuation of my experience of trauma. 'Can you not see me Mam? I said one day in the school shed' "Shut up and eat the food I bought you" was her reply.

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My experience of physical and psychological abuse at home and at school contributed to my constant hyper vigilance. I was a beaten child. I remember my father telling the Religious Brothers to beat me as often as they felt necessary."
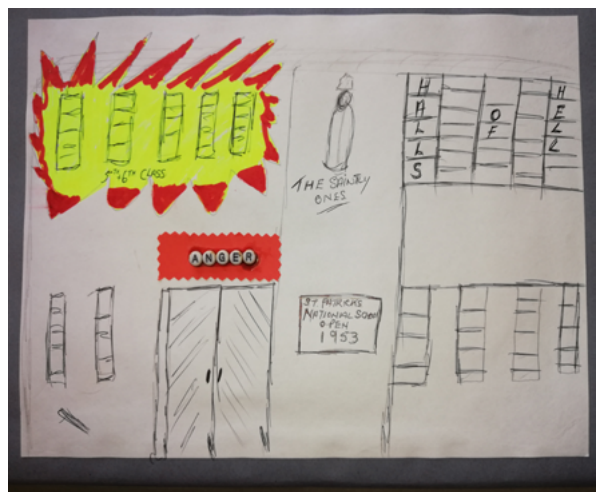

Death

I turned sixteen when my father died suddenly. It filled me full of rage and not until later in life did I realise I had been traumatised by his death, which contributed to my own predisposition to addiction.

"I was expected and encouraged to kiss my father when he was laid out in the morgue despite the fractured nature of our relationship." I created this piece which I call "The Cold Kiss".

My father's death was an introduction to my relationship with alcohol. Schore (2001, p. 1) reminds us that early abuse negatively impacts the developmental trajectory of the right brain. This can result in a compromised development of the 'brain's self-soothing centre' in the right brain leading to later difficulty in tolerating stress and strong emotion (Fisher, 2010, p. 2). Alcohol helped me sooth my difficult emotions. I medicated my hurt and for the next twenty years I subjected myself to self-harm through alcohol, prescription drug abuse and two suicide attempts. I was so full of shame, unresolved anger and hurt.

Counselling

While in AA I went into counselling and I distinctly remember a sense of connection. I vividly recall the first time I felt my armour soften, my body relaxed, then crumpled and the tears of my inner child flowed. It was a combination I believe, of being listened to without judgement and having, unknown at the time, a protective factor that Holmes (2001, p. 28) calls a 'reflexive function', the ability to talk about past pain which he believes will lead to secure attachment irrespective of trauma.

In those moments of connection, I was welcomed, accepted, understood, and felt seen as a wounded human being. It helped assure me that everything I had learned regarding relationship from my parents was ill founded. Thankfully I also received the message that as a person I was valued. Nothing was expected from me, I was not being judged and that the therapist wanted a mutual open and honest relationship. I was so raw I feel had I been missed and unwelcomed, I would have left. Only my God knows where I would have finished up.

With my counsellor it was such a relief to acknowledge the part of me that was a wounded, weary, traumatised, lost child. I was lots of parts, which Schore (2001, P.4) notes are a psychological consequence of trauma.

Over time through counselling, I changed but not before I accepted who I was. I felt I no longer wanted to drift, or die, but I needed to find my purpose in life. I started to trust more in my organismic value as Rogers termed it (Mearns, Thorne and McLeod, 2013). I knew what was good for me. I recognised that unknowingly as a child, even as a foetus, I had been subject to negative conditions of worth. I introjected that I was worthless.

Purpose

Rogers said in relation to personal change that finding commitment to purpose and to meaning in life is one of the significant elements of change. It is only when the person decides I am someone worth being, committed to being myself that change becomes possible (Farlex Inc, 2017). My desire was to be the best version of myself, described by Maslow (2013, p. 7) as "the desire to become more and more what one is, to become everything that one is capable of becoming." I believe now that despite all the damage that was inflicted on me by parents and perpetuated by educators etc. they never fully extinguished the internal flame that was the desire to be the best version of myself.

My wife who is my best friend has walked this journey of recovery with me. Her love and support and that of my immediate family have made the struggle bearable and rewarding. Our relationship has been an enormous aspect in my healing as a person. She saw something in me that I could not see and even when I begged her to abandon me, she refused. And so it started with two.

We weathered good times and bad times together.

Then came a little girl to share all the firsts.

Then along came a fourth and made our house a home.

Spirituality

As well as my family, my spirituality is a source of strength. The God of my childhood was the Higher Power I found in Alcoholics Anonymous. When I could not carry the

burden, rather than revert to alcohol and drugs, I learned to turn it over to the God of my understanding until I felt strong enough to carry it alone. I realise that this may not be everybody's way, it is mine. "The God of my childhood; the God of my understanding; A true Father, forgiving, loving, welcoming, caring, defending, understanding."

Education

Following a redundancy at forty-eight I returned to education to study Social Care. I started learning theories of personality and development. I put my learning into practice, and it felt right but was often challenging. My father had said I was stupid. And then I received "Student Of The Year". At the time however, I only told about three people.

I found it difficult to throw off the dark cloak of trauma and shame thrown on me. Today I am very proud of myself because of on-going personal process. For many years I could not bear my own reflection. I used to shave without a mirror unable to look upon the human being they found unbearable. This is me today.

I now work with vulnerable youth and it does not surprise me to find myself doing so as I had no good adult in my life and neither do they.

Realisation

In writing this piece I came to the hurtful realisation that I was not welcome by both my parents. My Mother would have put me in a facility as easily as she had done my first-born sisters. Circumstances were all that separated me from that. I believe I was in denial all those years because the truth would have been unbearable. No amount of alcohol could have drowned that hurt. Life's a rollercoaster as a result of trauma. "Being with someone recovering from trauma is like riding a rollercoaster" says my wife.

Bryant Frank (2010) encourages the client and counsellor to become more alive, aware, and sensitive. This is very important in working with trauma as the work being done is not centred on the actual traumatic experience but on the residual effects of it, held physiologically. The work of inviting a client to become more alive to themselves, more aware of what their body is holding and the invitation to sense into their experience in the "here and now" rather than remembering, must be done in a gentle way. The invitation must be to dip their toe into it, in the knowledge that they are in a safe place, with a counsellor who they can trust, to not abandon them should it become distressing that they are in "a relationship that heals."

Shame

Working with shame, a counsellor must recognise "that one of the difficulties is that it does not seem to be expressed and released in the same way as other feelings (Rothschild, 2000, p. 62). feels that it is within the therapeutic relationship where the client experiences the non-judgement, acceptance and contact of another human being that the feeling will not discharge but dissipate. I so remember My Father shaming me. Mother failed me by not interceding and protecting me.

This brought me to a place where I am now a qualified counsellor, sitting present in my chair. I hope I can help clients to do for themselves what my therapists helped me do for myself.

Yalom (2003, p. 226) describes the humanistic tradition, in which I am a counsellor, as the "intimate (unscripted) therapist-patient relationship forged in genuineness and focusing on the here-and-now as it spontaneously evolves". I know in my bones what this tradition describes because I have lived it. When it comes to trauma, it is the relationship that heals.

John Dunlea

John Dunlea is 60 years old, and qualified in counselling with Cork Counselling Services Training Institute and in Social Care with MTU. He is married to Martina with a daughter Jessica and a son Matthew, whose collective support makes everything possible and meaningful. He works as a Youth Project Coordinator with Cloyne Diocesan Youth Services in Mallow, work he loves dearly. His biggest achievement is receiving student of the year over two years in MTU. His plan for the future is to move to child and adolescent psychotherapy. John is contactable at dunleamallow@gmail.com.

REFERENCES

Bernstein, D., Clarke-Stewart, A., Roy, E., Srull. T. & Wickens, C. (1994). *Psychology.* 3rd edn. Boston: Houghton Mifflin Company.

Bryant Frank, M. L. (2010). Existential Theory. In D. Capuzzi and D. R. Gross (Eds.), *Counselling and psychotherapy: theories and interventions* (pp. 119-142).

Farlex Inc. (2017). Humanist Profile. *The Free Library*. Retrieved November 29th, 2017, from https://www.thefreelibrary.com/Humanist+profile.-a0412554716.

Fisher, J. (2010). Brain to Brain: The Therapist as Neurobiological Regulator. *Psychotherapy networker*. 33(1) 1-7.

Fisher, J. (2017). Trauma-informed Stabilisation Treatment: A new Approach to Treating Unsafe Behaviour. *Australian Clinical Psychologist, 3*, (1) 55-62.

Hedges, L. (2015). *Facing our cumulative developmental trauma.* Maryland: International Psychotherapy Institute.

Holmes, J. (2001). *The search for the secure base.* Hove: Brunner-Routledge.

Levine, P. (2008). *Healing trauma.* Boulder: Sounds True Inc.

Maslow. A. (2013). A theory of human motivation. Connecticut: Martino Publishing.

Mearns, D., Thorne, B. & McLeod, J. (2013). *Person-centred counselling in action*. 4th edn. London: Sage.

Rothschild, B. (2000). *The body remembers. Volume II: Revolutionizing trauma treatment.* New York: W. W. Norton.

Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal. 22 (1–2)*, 201–269.

Yalom, I. (2003) The gift of therapy. London: Piatkus Books.

these possible projects. We often undertake these things to achieve something, whether it be improving ourselves or the world, or to achieve something, or because we think we should be doing this or that, or even out of boredom.

A humbling view is that these projects, in the grand scheme of things, have very little impact on the world at large. 'That a man should publish three or thirty articles a year, that he should finish or not finish his great allegorical picture, are questions of little interest to the world' (Stevenson, 2009, p.12). I'll go on...

All these small projects are embedded within the context of a single lifetime. When life comes to an end, there is nothing next. It is like the ultimate project. So what is the purpose of living? It is not easy to answer this question as, 'it is not a consensual fact that life is worth living, finding it worth living is a basic problem' (Phillips, 2021, p.19). We don't come fitted with a reason for living. It is a basic but profound question that confronts us and is likely to arise at trying times.

If we take the aim of life to be that which comes at the end, we are left in a rather sorry state. An existential inclination would place death, or nothingness, definitively at the end. We don't get to keep anything from our lives, we are on borrowed time. Heidegger would say we are 'Being-towards-death' (1962, p.296), that our very being is oriented by its own potential absence. From this perspective there is an inescapable limit to life. Bearing in mind that the existentialist position will argue that this transience is precisely what gives life meaning, and that accepting this fact allows one to live more authentically (Heidegger, 1962, p.304–305). Death is 'life's picture frame' (Anton, 2021, p.123). However, if what comes at the end is the point, then there seems, paradoxically, to be no point. Maybe

> *Any aim of therapy that is beyond its basic practice is extrinsic to the process of therapy itself*

the trouble here is that measuring life by what comes at the end is to use the wrong measure altogether. 'Just as one does not dance to get to the end of a song, or listen to a piece of music to get to the final beat, so, too, the meaning of life is not found at the end of life or somehow "after" it, but in the living of it' (Anton, 2021, p.149).

Perhaps there is something of this pointlessness within therapy, something the idea of a cure tries to avoid.

Intrinsic purpose

A helpful distinction can be drawn here between intrinsic and extrinsic purpose. Extrinsic purpose is the goal or the aim of something. A toaster has a very specific aim. To toast the bread. It either achieves this or does not. It has a particular use and is directed towards that. If it does something different, this result is seen as a failure. In terms of psychotherapy, the idea of "cure" falls into this category, as does, for that matter, any other defining goal or aim. Any aim of therapy that is beyond its basic practice is extrinsic to the process of therapy itself.

On the other hand, intrinsic purpose is more like a dance or music, it has no purpose other than the act itself. In contrast to extrinsic purpose, this appears comparatively useless. It exists not for anything other than itself and it is not particularly important if it is not directed towards some specific goal or if it achieves anything. I am suggesting that psychotherapy is more like dance and music than anything particularly goal orientated. When therapy is assessed in terms

of what it is good for, its aim, this actually ends up muddling the process, as in the idea of cure. 'Such things have intrinsic purpose: trying to find an extrinsic purpose fails, and in the process, devalues them: it feels like a betrayal' (McGilchrist, 2021, p.1168). Not that it's easy, but just being with someone is rewarding in its own right and for reasons that often elude description.

In an article titled *The Goals of Psychoanalysis?* Christopher Bollas arrives at a similar conclusion. He sees free association as the only aim of analysis, and as such, it is not an extrinsic aim, it is a method, or to put it in the terminology used thus far it is an intrinsic way of being. It has no goals beyond itself 'and whenever any practitioner nominates goals transcendent to the method he is almost inevitably in conflict with the terms of the method' (Bollas, 1999, p.69). Whenever we attempt to do more than free associate we are betraying the process. Whenever we are doing we are no longer being. Calling back to Cioran's opening epigram: we destroy our *raison d'être* with great industriousness.

The sovereignly useless

> 'Voyages are accomplished inwardly, and the most hazardous ones, needless to say, are madewithout moving from the spot.'
>
> Henry Miller

McGilchrist grounds this in his neuroscientific analysis when he proposes that the two hemispheres of the brain attend and present the world in different ways. 'Here one sees the first and most obvious hemispheric distinction: that between a strategic purpose, as the left hemisphere sees it, designed to issue in utility; and purpose as the celebration of life, creativity, difference and uniqueness, as the

right hemisphere takes it to be.' (McGilchrist, 2021, p. 1168).

The part of the brain that reinforces purposiveness (the left hemisphere) recoils at the idea of there not being an instrumental purpose. Because it deals in utility it deems anything that does not fit this paradigm as pointless and without value. The left hemisphere demands a purpose and militates against anything that doesn't follow suit.

To view therapy in a right hemisphere fashion is to appreciate the free-roaming, undetermined, and unique qualities of the process that needn't be aiming at anything in particular. This shift is to escape from the 'cheerless gloom of necessity' (McGilchrist, 2010, p.124) that everything must be done for a reason. And therapy, after all, has been posited as a primarily right-brain to right-brain process (Schore, 2019). It's an 'adventure' (Phillips, 2021, p.162).

On balance

This does not mean we are doing nothing, as, especially in therapy, we are trying to avoid doing further harm. There is a common misconception about improvisation that without any rules we enter into an indistinct free-for-all. This is not the case. There are structures and parameters of a different kind. Maintaining a space that is not overrun with aims is a skill in itself that requires diligent practice and training. It is not just chaotic spontaneity. It is contained and boundaried adventure. We still prepare when going on an adventure.

Also, this does not mean we are to do away with purposes, goals, and aims altogether. We do not reject aims that might arise but try to think about them. This is not the abandonment of reason in favour of a pure intuition. It is '[n]ot through the romance of becoming natural but through adjusting the balance of being and thinking about being' (Toop, 2016, p.42). The

> *Maintaining a space that is not overrun with aims is a skill in itself that requires diligent practice and training*

point here is to rebalance things in favour of implicit, creative, and non-goal orientated ways of being. In short: more play, idleness, purposelessness. If reasons and goals arisen it is a happy accident but these are not themselves the reason for playing. 'Should an interesting thought, of value to ongoing or future projects, arise during idleness, it is a serendipitous outcome.' (O'Connor, 2018, p.6). The foundation is the open space in which these serendipities can arise and on which this arising depends.

In the case of McGilchrist, he argues that it is the right hemisphere view that is more fundamental to our understanding of each other and the world, and that the left hemisphere functions more as a helper, or an emissary. His broader critique is that we have come to overvalue the instrumentality of the left hemisphere and that this is deeply problematic for us as a species (McGilchrist, 2010; 2021).

Inherited attitudes

While we may have our individual views around the topic of idleness, or the useless, it is important to note that these attitudes are deeply influenced by social and historical views. As much as we might hold dear our personal views, they are infused and shaped by social forces greater than ourselves.

Phillips, in speaking of cure, makes a connection to inherited religious ideas where he says that a 'culture that believes in cure is living in the fallout, in the aftermath, of religious cultures of redemption' (Phillips, 2021, p.153). This is reminiscent of Nietzsche's observation that even

a society that has moved beyond God still carries the same religious values in a different form. Following Nietzsche, Deleuze writes that '[n]othing has changed, for the same reactive life, the same slavery that had triumphed in the shadow of the divine values now triumphs through human ones' (2001, p.80). So religious redemption becomes secular cure.

Some of the connections between work as redemption can be seen as extending back to the Garden of Eden where humans were punished by God with work (Graeber, 2019, p.221). Another take is that human work is a more 'modest instantiation' of divine creation (Graeber, 2019, p.221). Later variations, in the 16th century for example, took work to be both punishment and redemption (Graeber, 2019, p.228). Arguments against idleness are strung throughout the history of philosophy (O'Connor, 2018). Here we encounter claims about work making us 'worthy' people (2018, p.51) or that work alone admits us any social status and recognition (2018, p.76). There is a long history of anxiousness amidst doing; an entire history of disdain towards idleness. There have also been many defenders, though let's focus on one of particular interest.

Historical alternative

> 'Everyone knows the profit to be reaped from the useful, but nobody knows the benefit to be gained from the useless.'
>
> Janina Duszejko in *Drive Your Plow Over the Bones of the Dead* by Olga Tokarczuk

An interesting alternative to this sort of disdain for idleness can be found in certain works of Eastern philosophy. Taoism, Zhuangzi's version in particular, holds an appreciation for both what is useless and for a specific type of not doing.

This is, incidentally, an influence on McGilchrist who writes:

'In Taoism, it is posited that only when the mind is free from pragmatic concerns, free for playfulness in thinking, and spontaneity in action, can there be creativity. This is referred to as "uselessness" – having no practical purpose in view. Creativity is not willed, and has no purpose. And of course what the left hemisphere particularly values is control and use: we require the right hemisphere to transcend such concerns (2021, p.745).

As mentioned before, this is not to jettison reason, but to emphasise the fundamental importance of uselessness.

Zhuangzi challenges us to think: 'It is only when you know uselessness that you can know anything about the useful' (Ziporyn, 2020, p.222). What an interesting thought. How often do we stop to appreciate that which has no purpose? Zhuangzi continues: 'The earth is certainly vast and wide, but a man at any time uses only as much of it as his two feet can cover. But if you were to dig away all the earth around his feet [...] would that little patch he stands on be of any use to him?' (Ziporyn, 2020, p.222). That which rests outside our narrow view is the very thing that allows us to have a view at all. Our eagerness to be useful to others may hide the benefits of our uselessness. *How can we be useless in a way that is of benefit to others?* Or, to put it another way, how can we be used in a way that does not use ourselves up? This is, and if not, it should be, a standard part of therapeutic practice. To not be fixing, to not be doing too much work and to not exhaust ourselves in the process.

Wuwei

'There's a fine art to being idle in fact. That's right, there is an art to it, and very few people are naturally in possession of the gumption and

> *It is important, to restate it from earlier, that this is not a fantasy whereby we escape disturbance by simply existing intuitively*

fortitude necessary to pull it off.'

Checkout 19 by Claire-Louis Bennett

Within Taoism there is a concept called *wu-wei*. This is variously translated as 'effortless action' (Slingerland, 2003), 'nonaction' (Watts, 1975, p.75), or 'absence-acting' (Hinton, 2020, p.97). This does not mean laziness or a complete absence of action, but precisely the sort of behaviour that has been mentioned previously. It is action without the predetermination of a specific goal. A kind of spontaneousness. 'It is important to realize, however, that wu-wei properly refers not to what is actually happening (or not happening) in the realm of observable action but rather to the state of mind of the actor' (Slingerland, 2003, p.7).

This state of mind is described by one commentator as 'floating' (Jullien, 2007, p.113). 'To float is to designate no port and set no goal, while maintaining oneself in an emergent state – alert and unencumbered' (Jullien, 2007, p.114). There is an appreciation here of being responsive to change and remaining open to alternatives.

It is important, to restate it from earlier, that this is not a fantasy whereby we escape disturbance by simply existing intuitively, as if being totally intuitive would solve all our problems. If only life were so easy! This view is alluring and appears frequently. One commentator points out that 'the foremost expert has recognized that his intuitions do not suffice, and neither an expert

solution nor a heuristic rule will serve him in this tricky situation; instead, he must switch to a slower and more deliberate and effortful form of thinking' (Nylan, 2018, p.221). Some things require effort and deliberate thought. Knowing when to apply or not apply effort is a skill in itself. This seems like such a basic point it's amazing how often it is overlooked.

Floating downstream

This adventure brings us full circle back to therapy by way of a linguistic connection. Freud spoke of maintaining free-floating attention. Our attention is to remain open to possibilities, 'as opposed to simply hearing what we want to hear or expect in advance to hear' (Fink, 2007, p.10). This is much like foraging, where peripheral awareness opens up, where we are open to the unexpected. Much in line with what has been said so far, Freud recommended suspending the critical faculty, or what has been referred to here as left hemisphere attention. The therapist 'should simply listen, and not bother about whether he is keeping anything in mind' (Freud cited in Epstein, p.115).

It is curious to note that the art of listening, one of the basic ways of attending in therapy, disappeared in a 'protracted silence' for many decades after Freud's initial recommendations (Akhtar, 2018, p.22). Our mode of perceiving became absent from the discourse for so long. Perhaps this was the result of the scientific, objectifying gaze or just that we are like fish in water, often ignorant of the very medium through which we connect.

More recently, we see that how we attend is of great significance as 'therapists need to focus on *how* they are with clients as more primary than what they *do* in the therapy session' (Geller, 2018, p.107). Focusing on our own being and how we are attending, even to ourselves, is seen as fundamental. McGilchrist

again: 'The choice we make in how we dispose our consciousness is the ultimate creative act: it renders the world that is. It is, therefore, a moral act: it has consequences' (2021, p.17). How we choose to attend to the world is an ethical decision. It is not just some default disposition we have towards the world, as if all perceiving is simply the same. We participate in how we perceive. The world is not just 'out there' neutrally beaming into our minds.

Forgetting

Heidegger said that we forget Being and that it was the ancient Greek philosophers who were last in touch with it (Moran, 2000, p.195-196). McGilchrist argues that we have cycled through eras of greater and lesser emphasis on Being (2010). Refining this further I think that contact with Being sprouts up in us, like mushrooms, at various times and in various places (Delogu, 2020). It appears in the guise of play, improvisation, free association, meditation, and so forth. Not that these things are all the same, but they share certain fundamental characteristics. We constantly forget this basic form of being and as such

it gets discovered anew each time. We play hide and seek with our very own selves.

Conclusion

'We are in danger of losing the capacity to reflect, to deliberate, to ponder, even to communicate and to learn in the true sense of that term' (Standing, 2017, p.177). Psychotherapy's primary virtue is that it provides a space to ponder in open-ended exploration. A relationship that is free from rigid goals allows for creative thought to arise and for thought to flow. This is not to say it is easy. For the practitioner, this requires ongoing awareness of oneself and how one is attending and on the felt presence of another person. An excessive focus on goals shuts down play and prevents potentially useful but unforeseeable thoughts from arising. To hold rigidly to an idea like cure, or any other goal, is to close down the play of therapy. The aim of the therapist is to be aimless.

Addendum

I was discussing elements of this article with someone and they asked me, 'What is the point of the article?'

I fumbled a response. It only occurred to me later that there is no point to the article beyond writing it. These are topics that intrigue me and I have woven them together here in the hope that they resonate well together as a reading experience, more like a musical composition than a final statement of fact. I cannot foresee, nor do I wish to assume, what use, if any, this piece of writing might have for you, but if it does I hope it's of benefit. ◗

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REFERENCES

Akhtar, S. (2018). *Psychoanalytic listening: Methods, limits, and innovations.* Routledge/Taylor & Francis Group.

Anton, C. (2021). *How non-being haunts being.* Fairleigh Dickinson University Press.

Bollas, C. (1999). *The mystery of things.* Routledge/Taylor & Francis Group.

Chai, D. (2019). *Zhuangzi and the becoming of nothingness.* SUNY Press.

Deleuze, G. (2001). *Pure immanence: Essays on a life.* Zone Books.

Delogu, A. (2020). *The ignorant therapist: Psychotherapist as teacher. Inside out: The Irish journal for humanistic and integrative psychotherapy, 90.*

Epstein, M. (1995). *Thoughts without a thinker: Psychotherapy from a Buddhist perspective.* Basic Books.

Fink, B. (2007). *Fundamentals of psychoanalytic technique: A Lacanian approach for practitioners.* W. W. Norton & Company.

Geller, S. M. (2018). *Therapeutic presence and polyvagal theory: Principles and practices for cultivating effective therapeutic relationships.* Porges, S. & Dana, D. (Eds.) *Clinical applications of the polyvagal theory.* W. W. Norton & Company.

Graeber, D. (2019). *Bullshit jobs: The rise of pointless work and what we can do about it.* Penguin Books.

Heidegger, M. (1962). *Being and time.* Blackwell Publishing.

Hinton, D. (2020). *China root: Taoism, Ch'an, and original Zen.* Shambala Publications.

Jullien, F. (2007). *Vital nourishment: Departing from happiness.* Zone Books.

McGilchrist, I. (2010). *The master and his emissary: The divided brain and the making of the western world.* Yale University Press.

McGilchrist, I. (2021). *The matter with things: Our brains, our delusions, and the unmaking of the world.* Perspectiva Press.

Moran, D. (2000). *Introduction to phenomenology.* Routledge.

Nylan, M. (2018). *The Chinese pleasure book.* Zone Books.

O'Connor, B. (2018). *Idleness: A philosophical essay.* Princeton University Press.

Phillips, A. (2021). *The cure for psychoanalysis.* Confer Books.

Schore, A. N. (2019). *Right brain psychotherapy.* W. W. Norton & Company.

Slingerland, E. (2003). *Effortless action: Wu-wei as conceptual metaphor and spiritual ideal in early China.* Oxford University Press.

Standing, G. (2017). *Basic Income: And how we can make it happen.* Pelican.

Stevenson, R. L. (2009). *An apology for idlers.* Penguin Books.

Toop, D. (2016). *Into the maelstrom: Music, improvisation and the dream of freedom.* Bloomsbury.

Watts, A. (1975). *Tao: The watercourse way.* Pantheon Books.

Ziporyn, B. (2020). *Zhuangzi: The complete writings.* Hackett Publishing Company.

Academic Paper

Promoting Affirmative Grief
The Limits of the 'New Science of Bereavement'

By Kevin Sludds

The author's aim in this article is, firstly, to critique George Bonanno's 'New Science of Bereavement' and, secondly, to offer an alternative analysis which he has dubbed 'Affirmative Grief.' This concept details how grief can contain a proper desire, heightens loving bonds and is future directed.

Introduction
In what follows, I will set out my reasons for believing the 'new science of bereavement' is, in two crucial respects, a misleading account of an essential human emotion. The leading figure of this 'new science' is clinical psychologist George Bonanno. His theory is a response to traditional, and generally outmoded, accounts of bereavement offered by theorists, such as Freud and his model of 'grief work,' Deutsch's notion of 'absence of grief,' Kübler-Ross' 'stage model' and Stroebe and Schut's 'dual process model.'

Bonanno and his supporters have been hailed by many in the field of psychological science as providing a "welcome antidote to assumptions that have dominated bereavement over many decades" Susan Folkman (Bonanno, 2010, p. ii); and his approach is regarded by many as "a refreshingly new and scientifically-grounded portrait of the grieving process" Barbara Fredrickson (ibid., p. ii).

In what follows, and when referencing Bonanno's work, the use of italics is for emphasis and entirely my own.

The Mislabelling of 'Sadness'
It should be noted at the outset, this 'new scientific' approach to bereavement draws on empirical research and blends it with anecdotes from 'subjects' to set out its hypothesis. The descriptions they offer, and the language they use, therefore, play an imperative part in bolstering their thesis. However, it is here we encounter our first significant drawback to Bonanno's description of sadness. This assertion can be illustrated when we look at the three contradictory taxonomies he offers for this vital emotion. Firstly, when speaking of 'subject' Claire, Bonanno explains, she experiences "sadness from time to time . . . she let those *feeling*s bubble up" (ibid., p. 14). He goes on to inform us that "one of the key *components* of grief is intense sadness" (ibid., p. 26). Of course, if Bonanno were here following a stated model of affect, for example, the Hybrid or Causal-evaluative theories of emotion, this point would be quite uncontroversial but such adherence is not stated. Secondly, he speaks of, "the *emotion* sadness occurs when

we know we've lost someone or something important" (ibid., p. 31); and, finally, these rather fractured descriptions of sadness culminate when he writes "the sense of a lost one's presence can easily tip our *mood* in the direction of greater pain and distress" (ibid., p. 142).

Accordingly, and across the course of his chief work *'The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss,'* Bonanno offers three quite inconsistent classifications for sadness: i) a feeling (i.e., what I take him to believe is a *component* of the occurrent emotional state designated 'sadness'); ii) a mood; and iii) an emotion. These flip-flopping accounts will be mirrored later when Bonanno attempts to describe how bereaved people move away from long-term experiences of grief by transferring "in and out of sadness" (ibid., p. 198) and both are equally misleading.

Bonds & Affirmative Grief

It is useful to note the language used by what Bonanno calls "the West where scientific objectivity rules" (ibid., p. 201), to depict bereavement. Grief is "something we are *wired for* . . . our reactions to grief seem *designed* to help us accept and accommodate loss relatively quickly" (ibid., pp. 7-8). "Sadness comes *equipped* with a *built-in safety mechanism;*" "Humans are *wired* to survive" (ibid., p. 81), "we seem to be *wired* for sadness, that sadness is '*functional,*'" (ibid., p. 96); and, "[Grief] helps people to *recalibrate* for life without the lost loved one" (ibid., p. 96).

When speaking of loss, Bonanno states categorically that grievers "*wish* it weren't true" (ibid., p. 114), yet, even here he fails to follow-up on the link between this "*wish*" and *overlapping* in emotions,

The common expression 'a family united in grief' draws attention to the fact that a number of people can share the same object of grief

despite telling us, "bereavement is a complex experience, if sadness is ephemeral, it is probably not the only emotion bereaved people will have" (ibid., p. 33). Against this idea, it seems clear grief very often contains a *proper desire* and is not always wholly negative; a point which better helps us to grasp the concept of emotional bonds and familiar expressions, such as, 'a nation in mourning.'

Undoubtedly, Bonanno is correct to reference the fact that grief helps "bereaved people reflect on their loss, *take stock*" (ibid., p. 96). However, when referencing the notion of 'tak[ing] stock,' it is essential to demonstrate just what this allows the bereaved person to do; i.e., focus on the future, something made viable only through the conduit of *appetition* (i.e., a 'proper desire').

At this point, it is important to introduce a distinction between the ephemeral descriptions of grief just outlined and *'affirmative grief.'* The death of a loved one is certainly one of the most painful of the many possible losses that can occur in our lives. The bereaved person can experience a period of profound 'quest-ioning' (lit. ongoing search) which relates to how they perceive themselves, the values and beliefs they hold, and the importance (or otherwise) of *life* in the face of their loss, together with a stark new awareness of their own inevitable demise.

The notion that most rational human beings have a vested interest in not being hurt, or not experiencing painful emotions,

seems to be reasonably uncontroversial and accounts for Bonanno's assertion that all emotions are transitory and that grief comes to a "stop" (ibid., p. 114) or is "let go of" (ibid., p. 140). According to the proponents of the 'new science,' bereavement is "essentially a *stress reaction*, an attempt by our minds and bodies to deal with the perception of a threat to our well-being" (ibid., p. 40). Contrary to this account, I will contend, grief can be felt over an extended period of time and not in the utterly debilitating fashion suggested by Bonanno. In fact, far from grief being isolating, it is often at this most difficult of times, that one moves closer to the others with whom one is emotionally tied in loving bonds.

Carol Lee succinctly makes the insightful point that, "grief so easily gives the impression of being a period of stagnation, but it is a time when deep, renewing forces are at work. These forces contain the potential power of our healing and of our ability to wish to continue with life" (1995, p. 119). In order to appreciate the concept *'affirmative grief,'* we must ask the question, can grief be a self-destructive emotion?

The common expression 'a family united in grief' draws attention to the fact that a number of people can share the same object of grief. Family members bond with each other precisely because their grief contains a *wish* (i.e., a proper desire or appetition) and is strongly linked to hope (a key future temporal dimension in *'affirmative grief'*) and is overlapped by love. These emotions that overlap bereavement and "make grief more than one emotion" (Lazarus, 1991, p. 82) help the bereaved person to project into the future in a positive way.

Dwelling on the shared object of loss is not an evaluation of the

situation as hopeless, but one that assists grievers to express and commune with each other over the loss they feel. Grief helps us to deal with the stark new reality of loss. This period, then, of apparent passivity is often its opposite; for grief can help us to re-adjust to our new situation and it is during this period that we may come to re-evaluate our relationships, beliefs, goals and lifestyles.

The Fabric of Long-term Grief

It must be unambiguously acknowledged that bereavement is not simply an emotional response to an irrevocable loss targeted at achieving some apparent evolutionary goal of stress-free living ("bereavement is a stress reaction" [Bonanno, 2010, p. 40]). As one 'subject' made clear when describing the grief he felt over the loss of his sister, "She was a part of me, you know, actually part of me" (ibid., p. 137). And because of this overlap with love, so many grieving people experience a continued sense of bondedness to their deceased loved ones long after their death.

Our relationships to other individuals, and groups of people, has a profound effect on how we understand our emotional lives. Attachments built on care, compassion and love mould how we experience grief. Our behaviour, the intensity of feeling, the physiological changes and the length of time we grieve, are each directly related to how love entwines itself within that emotion. Goldie correctly observes, "Our emotions, moods, and character traits, broadly conceived, can interweave, overlap, and mutually affect each other" (2000, p. 235).

We are advised by Bonanno that our grief reactions are *designed* "so that we can continue to live productive lives . . . [however] resilience doesn't mean . . .

> ## We are advised by Bonanno that our grief reactions are designed "so that we can continue to live productive lives...

everyone finds a state of 'closure.' Even the most resilient seem to *hold onto* at least a bit of *wistful* sadness" (ibid., 2010, p. 8). This "bit of wistful sadness" also means, of course, we don't actually "let go" at all, in order that we might *carry on*. This *"hold[ing] onto"* exists for many people because their sincere grief is overlapped by a mature and enduring love. It is this "bit" of resolution or fortitude (not resilience) which allows us to '*go on*' without entirely '*letting go*' and is best understood as being sown into the fabric of a long-term experience*.

Bonanno's notion, therefore, of an enduring bond (i.e., *"hold onto"*) is, paradoxically, founded on the belief that to *carry on* after a grave loss, we must, in fact, "let go of a lost loved one" (ibid., p. 134), otherwise, we would be exposed to being "overwhelmed by grief" (ibid., p. 131). The attempt is made here, as it is by many scientists, to neatly compartmentalise grief by saying "most people get over their losses" (ibid., p. 83).

Misleadingly, we are proffered two contrasting and extreme responses by Bonanno to how bereaved people react: i) "recovery from grief" (ibid., p. 95) which he links to the notion of '*letting go*' and '*resilience;*' or, ii) "the death of a loved one is nothing short of devastating" (ibid., p. 95). From his scientific stance, he erroneously extols those who can "*control* [their] emotional reactions" (ibid., p. 14). After all, for him bereavement is always "transitory," a phenomenological experience we are hard '*wired*' to feel but

which evolution has, conveniently, ensured is only brief.

But genuine bereavement is not a mere matter of '*getting over*' or '*letting go*' or '*stopping,*' in order that one might reach the evolutionary aim of a 'stress-free' life. Rather, it is a fundamental change to how the bereaved person perceives and engages in-the-world and, in some cases, how their loss becomes an elemental part of their entire *Weltanschauung.*

Bonanno goes on to assert, "We don't expect to find joy and even laughter *within* our pain, but when we do, it makes sense, and we feel better" (ibid., pp. 198-199). Here he overtly concedes grief can be overlapped by another emotion, in this case 'joy' yet, previously, he claimed "nature has provided a built-in solution . . . rather than staying sad for long periods of time, our experience of the emotion comes and goes. It *oscillates* . . ." (ibid., p. 198). This '*oscillating*' is a reminder of the problems created by the various classifications he advanced of sadness. For the apparent "*in and out* of sadness" (ibid., p. 198) is achieved, we are told, by our "*switching* to more positive states of mind" (ibid., p. 198). He goes on, "One of those *tools* [to cope effectively] is being able to *switch back and forth* from sadness to positive emotions" (ibid., p. 199).

Within this vacillating account the momentous and irrevocable loss of a loved one becomes diluted to being termed merely "taxing" (ibid., p. 200); yet, contradictorily, grieving people we are told, "often find themselves *perplexed*. They find themselves pondering *weighty matters, questions about life and death,* and the possibility of a *soul*" (ibid., p. 114). And, "most of us . . . have *wondered* about the possibility of an enduring *soul*, that might live on in an *afterlife*" (ibid., p. 145). So, an unaddressed tension exists

between the descriptions of grief as fleeting and simply "taxing," and grief as a conduit to reflect on the most profound metaphysical questions in life.

Within his staunch scientific stance, Bonanno, in fact, goes so far as to support the diagnosis that long-term grief is nothing less than a psychological illness, i.e., "prolonged grief disorder" (ibid., p. 110); "People who are overwhelmed by sadness get lost in themselves; they [have] an insatiable desire [i.e., appetition] to have the deceased person back again." (ibid., p. 97). Given his rather myopic focus on evolution and function, it is little wonder the 'new science' has nothing whatsoever to say about common, though complex, human emotions such as, ambivalent affective responses, nostalgia or survivor guilt. None of these emotions serve a positive evolutionary function, yet each are familiar to people across the globe.

Conclusion

Within the arena of clinical psychology, the 'new science of bereavement' has gained popular support both from professionals in the field and lay readers alike. Nevertheless, it has been my contention there exists a serious and misleading analysis of this core human emotion. It is in both the contradictory taxonomy of sadness offered and in the misguided description of long-term grief offered. My alternative analysis details what I have referred to as 'affirmative grief,' a concept which recognises how grief can contain a proper desire, heightens loving bonds and is future directed.

I have attempted to show how George Bonanno's account leaves unacknowledged the appetitive component, how it can contain a wish dimension, can be overlapped by love and can be directly related to our self-preservation.

*S*uch grief is, then, not merely a wholly negative, isolating and painful trauma but, rather, an emotion which becomes embroidered into the fabric of the griever's character

Affirmative grief' allows the griever to recognise, in periods of reflection and reappraisal, the necessity of moving on in a way that is not damaging to him/herself. Inevitably, this is something they find easier to achieve with the support of the other loving relationships they share with family and friends and, crucially, with the knowledge that the deceased would also have wanted this for them.

Such grief is, then, not merely a wholly negative, isolating and painful trauma but, rather, an emotion which becomes embroidered into the fabric of the griever's character, allowing them to adjust, without being overwhelmed, to the new reality into which they have been placed.

Kevin Sludds

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REFERENCES

Bonanno, G., Burton, C., Chen, S., (2020). 'The Suppression Paradox: A Cross-Cultural Comparison of Suppression Frequency, Suppression Ability, and Depression,' *Journal of Affective Disorders* 274.

Bonanno, G. (2010/2019). *The Other Side of Sadness: What the New Science of Bereavement Tells us About Life after Loss,* Basic Book.

Bonanno, G, N. P. Field, (2002). 'Examining the Delayed Grief Hypothesis Across Five Years of Bereavement,' *American Behavioral Scientist* 44, 798 – 806.

Bonanno G., Wortman, C. (2002). 'Resilience to Loss and Chronic Grief: A Perspective Study from Pre-Loss to 18 Months Post-Loss,' *Journal of Personality and Social Psychology* 83, 1150–1164.

Davis, C., Wortman, C. (2000). 'Searching for Meaning in Loss: Are Clinical Assumptions Correct?' *Death Studies* 24, 479–540.

Deigh, John (1994). *Cognitivism in the Theory of Emotions,* Ethics 104 (4), 824-54.

Field, P., Friedrichs, M. (2004). 'Continuing Bonds in Coping with the Death of a Husband,' *Death Studies* 28, 597–620.

Goldie, Peter (2000). *The Emotions,* OUP, UK.

Lalander, K. (2006). 'Culture and Continued Bonds During Bereavement: A Prospective Comparison in the United States and China,' *Death Studies* 30, 303–324.

Lazarus, Richard S. (1994). *Emotion & Adaptation,* OUP.

Lee, Carol (1995). *Good Grief: Experiencing Loss,* Trafalgar Square.

Papa, A., Kahler, J., Rummel, C. *Stress, Coping, and Resilience in the Face of Trauma,* in Health, Happiness, and Wellbeing: Better Living Through Psychological Science, 2015, SAGE Publication.

Price, Carolyn. (2000). *Functions in Mind: A Theory of Intentional Content.* Clarendon Press.

Milulineer, M., Shaver, P., Bartone, P. *Resilience and Personality, Biobehavorial Resilience to Stress,* ed. B. Lukey & V. Tepe. Francis & Taylor 2008.

Sludds, Kevin. (2009). *Emotions: their Cognitive Base and Ontological Importance,* Peter Lang, Oxford.

Strobe, M, Shut, S. *The Dual Process Model of Coping with Bereavement: Rationale and Description,* Death Studies 23, no. 3 (1999), 197 – 224.

Van Deurzen, Emmy (ed.) (2019). *The Wiley Book of Existential Analysis.* Wiley-Blackwell.

FLORESCENCE*

A Vessel For My Keepsakes
By Aisling Dearle

Scratched knees,
Fevered sleepless nights,
Bumps, bruises and every small sorrow,
And You, always there with a comforting hand on my brow.

These are my remembrances,
They are my keepsakes,
I carry them deep within my being.

Chores undone,
Mud stained clothes,
Cheeky, naughty, girlish defiance,
And You, slow to anger and quick to forgive.

These are my remembrances,
They are my keepsakes,
I cherish them deep within my heart.

Heels too high,
Skirts to short,
Too much makeup to impress bad boys,
And You, my cross selfish words soon forgotten.

Spurned by lovers,
Tripped on life's path,
In need of friend and mother both,
And You, with broad shoulders to support my burdens.

These are my remembrances,
They are my keepsakes,
I bury them deep within my soul.

Inflection of voice,
Arch of brow,
The mirror tells the tale,
For I am you, as you are reflected back to me daily.

For I am your remembrance embodied,
The vessel for my keepsakes,
I carry you in my essence, now and always.

The Path
By Margaret Walsh

The cracked cement focused my view.
Is this the map and structure of my life?
It was set down with a plan.
For reasons, it was required:
safety, made things easier,
smoothed the way for a while.
But now, now you see its different,
there are new ways.
More accessible,
showing more understanding ,
as to how things are now.

Look, take a good look!
The cracked cement path.
Look into the cracks.
Life is coming through
but it's struggling with the weight of the cement.
Broken glass has settled in
to continuously grate.
The foundations have shifted and moved with time.
The smaller stones are pushed to the side,
the concrete cracks and falls in.

What once supported the forward steps
now can make me stumble and fall.
It's not the path I need anymore.
It no longer understands
my step, my journey, my direction.

The Boy, the Archaeologist and Me
By Ed Meaney

The archaeologist scrapes back his trowel,
To excavate his bog, his caves,
He seeks not riches for applause,
But paradox truth – foetus and grave.

He firstly descends with caution,
Forming spoil heaps of legacy with vigour,
Leaning into rejected desires and thirst,
Which remained solid and rigid with rigor.

Too deep to return to the surface anew,
He cannot unlearn recalled screams,
It is in this place of dust and dusk,
Where slivers of light are easiest seen.

He investigates flecks of scattered charcoal,
As he rests on bended knees,
Grief with loss emerge in situ,
As he examines shards of 'what could have been'.

He looks not for great Valhalla,
Preserved by a cocooned catastrophe,
But reaches past handshakes and accomplishments,
That coated solitude and apathy.

He touches depths with angst and echo,
In undermined caverns with silhouettes of doubt,

Reclusive souterrains with complex construction,
He has shielded this boy in a spontaneous drought.

Their widened eyes now meet, that boy and man,
Stood as he had barely left him,
A junior in just age alone,
I just realised how much I missed him.

There's a snotty nose, an ink-stained jumper,
A schoolbag that weighed on young shoulders,
A scraped knee, toy cars bulging from both pockets,
I pause before him, modified, revised and older.

I hear his heart, the giddy, the glee,
But no longer fluent with this omitted creature,
I recognise visceral sighs of contentment,
As it has always sat behind my nature.

I present my trowel and my embarrassment,
and stand with him and with uncertainty,
None guiding one another,
Native boy, I hope you can see me?

There will be more within these caverns,
Chained deliverance can be set free.
Am I not liberating you?
No, it is you who liberates me.

°THE PROCESS OF FLOWERING
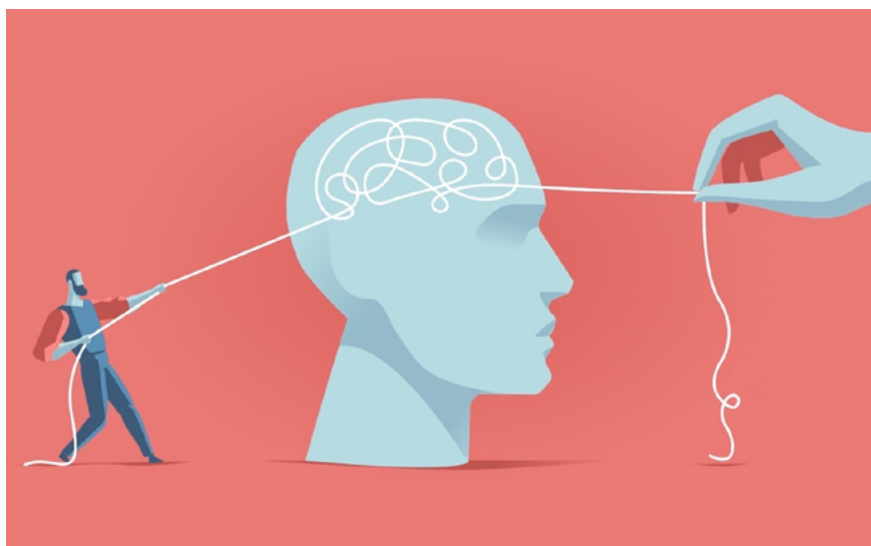OR DEVELOPING RICHLY AND FULLY

Academic Paper

Male Gender Role Conflict
Loosening the knot of stringent masculinity ideologies

By Luke Devlin

For what is a man, what has he got?
If not himself, then he has naught.
To say the things he truly feels;
And not the words of one who kneels.
The record shows I took the blows -
And did it my way!

Paul Anka (1968)

Introduction

Levant (2011) argues that men's mental health and the psychology of men has already received more than adequate focus over the last four decades and because of the dominance of men in academia, research and practice, all studies of psychology have been, in effect, the study of men. However, in documenting the cultural, societal, and familial shifts over the past four decades, O'Neil (2015) articulates

a pressing need in society to better understand how gender role socialization and sexism interact and affect childhood behaviour and human experiences over the adult lifespan leading to the development of stringent masculinity ideologies. This article will seek to chart the development of masculinity ideology and the growing understanding of male gender role strain and the subsequent experiences and impacts of male gender role conflict.

Chasing the shadows of masculinity ideology

Ó'Beaglaoich et al. (2013) describe masculinity ideology as an individual's adaptation of the cultural beliefs about masculinity and the masculine gender. Gilmore (1990) charts succinctly the traditional masculinity ideological approach to caregiving as being a series of opposites and contradictions. These are:

· To support his family: a man must be distant, away hunting, fighting wars or working long hours

· To be tender: he must be tough enough to fend off any enemies or threats

· To be generous: he must be selfish enough to amass goods, often by defeating other men

· To be gentle: he must first be strong, even ruthless in confronting enemies, threats, and dangers

· To love: he must first be aggressive enough to get noticed and court.

Levant et al (1995) suggest that the rapidly changing dynamics in society, even if they are positive, place additional demands on men with the diverse roles they are now undertaking directly contradicting the masculinity ideologies they may have adopted. O'Neil (1981b) contends that it is through this rude awakening that men began to realise that they too might be susceptible to the consequence of gender role socialisation and sexism. Levant et al (1995) recommended

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a gender specific examination of men to understand and alleviate the uncertainty and distress caused by these new pressures of active and involved parenting; understanding and articulation of one's emotive and cognitive aspects; and the shared familial duties and responsibilities; thereby providing men with a new sense of direction.

Levant (2004) describes the Gender Role Identity Paradigm as being the predominant theoretical construct that focussed on, and understood masculinity for five decades from the 1930s. This construct takes a biological and essentialist view of masculinity. Men, their lives, and behaviours were understood from the viewpoint of having an innate psychological need to have a gender-role identity. The probability of a man having a fulfilling life depended on his ability to satisfy this gender role identity by embracing and adopting the traditional masculine roles and ideologies. Men's inability or failure to achieve this gender role identity being subsequently hypothesised to cause homosexuality; negative and dismissive attitudes towards females; and hyper masculinity. (Levant, 1992, 2004).

Towards understanding: A new paradigm

Joseph Pleck's (1981) seminal book, The Myth of Masculinity, offered a timely response to the crumbling gender role identity paradigm by introducing the Gender Role Strain Paradigm (GRS). Pleck relocated the understanding of gender roles from the biological, deterministic entities of the gender role identity paradigm to a more fluid and wider perspective which acknowledged the impact of psychological and social constructs in determining gender roles, identities, and ideologies. Levant (2004) documents how this allowed divergent masculinities based on ethnicity, sexual

orientation, and culture to be viewed and understood in the context in which they had developed and also how it offered a platform from which to view masculinity, and the issues associated with it, as a far wider and deeper construct. Pleck (1981) condensed the complexity of such a wide-reaching construct into ten propositions.

(1) Gender roles are operationally defined by gender role stereotypes and norms

(2) Gender role norms are contradictory and inconsistent

(3) The proportion of individuals who violate gender norms are high

(4) Violating gender norms leads to social condemnation

(5) Violating gender norms leads to negative psychological consequences

(6) Actual or imagined violation of gender norms leads to individuals to over-conform to them e.g, hyper masculinity, working / exercising to extremes.

(7) Violating gender norms has more severe consequences for males than females

(8) Certain characteristics prescribed by gender role norms are psychologically dysfunctional

(9) Each gender experiences gender role strain in its paid work and family roles

(10) Historical change causes gender role strain

Pleck (1995) revisited his original theory by locating masculinity ideology at the centre of his gender role strain paradigm. In reorganising his ten original postulations into three distinct propositions as described as Male Gender Role Discrepancy, Trauma, and Dysfunction, he presents three newly

defined strain categories with each documenting how cultural standards for masculinity, as implemented in gender socialisation, have potentially negative effects on individual males.

Male Gender Role Discrepancy
Pleck(1995) states that a considerable proportion of males exhibit long-term failure to fulfil male role expectations. Levant (2011) discusses these expectations as being fuelled by the individual's own internalised and traditional ideals of manhood with the resulting disjuncture leading to low self-esteem, internalised self-judgements and social condemnation as well as other negative psychological consequences.

Male Gender Role Trauma
The second strain category that emerged in Pleck's (1995) update to his original theory of gender roles is trauma. This suggests that even if male role expectations are successfully fulfilled in social environments in which traditional masculinity ideologies were strictly endorsed, the socialisation process leading to this fulfilment is traumatic, or the fulfilment itself is traumatic, with long-term negative side effects. Levant (1992) discusses one of these negative side effects as being an expectation of men to deny and avoid expressing their emotional states and links this as being a principal component in the development of Normative Male Alexithymia.

Male Gender Role Dysfunction
The third strain, dysfunction, recognises that the successful fulfilment of male role expectations and ideologies can have negative and debilitating consequences. Pleck (1995) argues that many traditional masculinity ideologies can be inherently dysfunctional and incorporating and living up to these ideologies can lead to maladaptive

behaviours and affects for the man and others. O'Neil (2008) contends that the negative consequences of the dysfunction strain in men are experienced when restrictive gender roles are reported to be associated with higher levels of depression and lower levels of self-esteem. In adding to the discussion on gender role dysfunction, Mahalik (2000) documents that men's strict adherence to stereotypical gender roles leads to rigid and aggressive interactions and behaviours which in turn have negative impact on men's interpersonal relationships.

More about Normative Male Alexithymia and the therapeutic relationship

Levant (1995) describes a skills deficit in men who have experienced a traditional gender role training as a severe inability to identify, express and describe their own feeling states which he links to the psychological disorder of alexithymia. Literally meaning *no words for emotions*, alexithymia refers to problems identifying and describing emotions in the self and in others.

Traditionally understood as a clinical condition, Sullivan et al. (2015) discuss the work of Levant in identifying a mild to moderate form of alexithymia, which he termed Normative Male Alexithymia (NMA). This is a normative or gendered condition that forces men to repress their caring and vulnerable emotive nature which in turn causes them to be underdeveloped in the understanding and expression of emotion. This can be particularly impactful in a therapeutic context whereby a lot of the work and process can rely on an individual's capability to identify and articulate their own emotional states.

Quite often, in this author's experience and through anecdotal feedback from peers, most enquiries about a male's emotive state are answered by them being "fine" or

Quite often most enquiries about a male's emotive state are answered by them being "fine" or "grand"

"grand" with any extreme or deviation to these bookended by either anger or apathy.

Masculine mystique and the fear of femininity

In developing the gender role conflict paradigm, O'Neil (1981a, 1981b, 2008, 2013, 2015) discusses the relevance and impact of traditional masculinity ideologies in terms of a masculine mystique. He documents a specific set of beliefs and values that are learned early in a male's development from which all ideas, assumptions, and expectancies about being a man will be based. These are:

• Men are biologically superior to women, and therefore have greater potential

• Masculinity, rather than femininity, is the dominant and more valued form of gender identity

• Masculinity is displayed via power, dominance, competition, and control

• Vulnerabilities, feelings and emotions are femininity traits and to be avoided

• Interpersonal communication that emphasises any feminine traits is to be avoided Rational logical thought, perceived to be demonstrated by men, is the superior form of communication

• Sexual intercourse is primarily a means to prove one's masculinity. Affectionate, sensual, and intimate behaviours are considered feminine

• Vulnerability and intimacy with other men are not acceptable because (a) a man cannot be

vulnerable and intimate with a male competitor because he may be taken advantage of, and (b) intimacy with other men may imply homosexuality or effeminacy

• Men's career success is a measure of their masculinity

• Men's primary role is that of breadwinner or economic provider; women's role is that of caretaker of home and children. (O'Neil, 1981b)

Although it has been argued that many of these values have historically enabled the development of societies and communities and should be viewed as positive, they are now correctly understood to have facilitated the suppression of anyone other than the male. Thankfully now, they have also increasingly been recognised as contributors to many negative outcomes for men, primarily the fear of femininity.

Fear of femininity is a strong, negative emotion associated with feminine values, attitudes, and behaviours. Much of the dogma surrounding traditional masculinity ideologies highlight what is perceived as the implicit inferiority of femininity compared to masculinity. O'Neil (1981b) discusses a central tenant of the masculine mystique as being the devaluation of feminine values, attitudes and behaviours and he suggests that this devaluation is manifested and acted out firstly by considering feminine values, attitudes, and behaviours as inferior, inappropriate, and immature; and secondly by believing that women, men, and children who display feminine characteristics are inferior to men, inappropriate, and immature.

In the engagement with, displaying of, or portrayal of any characteristics that might be categorised as feminine in any way, a man runs the risk of being seen as weak, dependent or submissive which run counter to the masculine mystique. The perceived cost will be

disrespect, failure and emasculation by other men who uphold traditional masculinity ideologies.

O'Neill (1981b, 2008, 2015) uses this understanding of masculine mystique and the fear of femininity to build on Pleck's (1995) gender role dysfunction proposition by discussing Gender Role Conflict (GRC). GRC is a psychological state in which the socialised male gender role has negative consequences for the person and others, and it occurs when rigid, sexist, or limiting gender roles result in restriction, devaluation, or violation of the self and/or others. O'Neill et al (1986). The more that men endorse higher levels of Gender Role Strain and subsequently experience higher levels of GRC, according to Wexler (2009), the more likely they are to experience psychological distress, relationship dysfunction and problems with intimacy, think and act aggressively and abusively, and avoid seeking out any kind of counselling or other intervention for distress.

Gender Role Conflict as a Multidimensional Model

In order to represent, encapsulate and understand the complexity of men's lives , O'Neil's GRC paradigm has been operationally defined by four psychological domains, three personal/interpersonal experiences and four situational contexts. These domains provide the foundation on which to view and understand the phenomenological experience of GRC through four distinct patterns.

O'Neil (2015) argues that GRC affects men cognitively in how they think about and question gender roles, affectively in how a man feels about gender roles including his own, behaviourally in how a man responds to and interacts with others which produces negative interpersonal and intrapersonal outcomes, and unconsciously in how gender role dynamics beyond our awareness affect behaviour and produce

> *Gender Role Conflict allows men to believe that they are not vulnerable to sexual assault and therefore should not look for assistance if a sexual assault should take place*
>
> *Kassing et al. (2005)*

conflicts. These four domains operate and interact simultaneously in men's lives making the assessment and treatment challenging (O'Neil et al., 1995)

The three personal/interpersonal experiences of GRC according to O'Neil (2008) are: gender role devaluations – which are critiques and diminished positive regard of self and others; gender role restrictions – which occur when control or coercion is used to confine the self or others in order to conform to masculinity ideology, and gender role violations – which describes the harming of the self or others as a consequence of conforming to or deviating from traditional gender norms.

Four patterns of GRC

GRC consists of four factors described by Wisch et al. (1995) as:

(1) Success, Power, and Competition (SPC) – relates to men's beliefs regarding success which O'Neil et al (1995) link to a constant worry about personal achievement, wealth, and career accomplishment. The desire for success being pursued and achieved via competition with and, dominance over any perceived competitor. (O'Neil, 2008).

(2) Restricted Emotionality (RE) – is conceptualised as an ignorance of, reluctance to, and inability to express one's emotions (O'Neil et

al, 1995) and it is closely linked to Normative Male Alexithymia (Levant 1992, 1995).

(3) Restrictive Affectionate Behaviour Between Men (RABBM) – pertains to self-imposed restrictions in men's emotional and cognitive expression around and with other men, as well as men's reluctance to touch other men. (O'Neil, 2008).

(4) Conflict Between Work and Family Roles (CBWFR) – describes the problems men encounter in trying to maintain a balance between close personal relationships and their professional interests such as work and/or college (O'Neil et al., 1995).

Where is GRC experienced?

· GRC is experienced within the man (intrapersonal) as negative thoughts and emotions when experiencing gender role devaluations, restrictions, or violations.

· GRC is expressed towards others (interpersonal) when gender role problems cause a man to devalue, restrict or violate someone else.

· GRC is experienced from others and occurs when someone devalues, violates, or restricts another person who deviates from or conforms to masculinity norms and expectations.

· GRC is experienced during gender role transitions such as puberty, marriage and parenthood (O'Neil, 2015).

Meeting male GRC in the therapy room

Working with boys and adolescent men – In determining what stage in the lifespan of males that GRC first becomes an issue and active agent, Good et al. (2001) contend that to be considered masculine, boys and young men must be powerful and competitive, not show any vulnerability, emotions or weakness,

control themselves and others as well as their environment, be consistently rational, be sexually skilled and knowledgeable and be successful in their work and personal endeavours, all echoing traditional masculinity ideology. Blazina (2004) discusses this development of the 'boy-code' as a precursor to GRC and describes how this interferes with opportunities boys may have to transition through developmental experiences.

This process, he argues, leads to a weakening of the masculine self that then requires bolstering through psychological defences and maladaptive behaviours and personas. As therapists, we may have to navigate several of these personas before we encounter the young man. In discussing social anxiety and shyness, Bruch (2007) highlights that parents are more likely to admonish sons for any anxious or inhibited behaviours suggesting that critical parent reactions occur when the boy is deviating from the traditional gender norm. This reinforces the prevailing masculinity ideology and can generate friction within the parent and child relationship.

Watts et al. (2005) warn that adolescent males are at risk for a number of academic, social, and emotional problems which are related to GRC. Galligan et al (2010) document adolescent GRC in terms of decreased inter-male affection, limited emotionality, and an increase in school/ family / friend conflict. Whilst O'Neil et al (2009) discuss issues of stress, dysfunctional behaviour, low self-esteem, psychological problems, family problems, conduct problems, anger management and negative emotions as being early warning signals of GRC when they manifest in the therapy space.

Working with adult males – Increased levels and experiences of gender role conflict have been correlated to a defined list of presenting and / or emerging issues in the therapy space which might be familiar to any professional working with men; *anger* (Blazina & Watkins, 1996), *anxiety* (Sharp & Heppner, 1991), *depression* (Good & Mintz, 1990), *difficulty with intimate relationships* (Sharp & Heppner, 1991), *homophobia* (Jome & Toker, 1998), *negative attitudes towards help seeking* (Good & Wood, 1995), *low self-esteem* (Sharp & Heppner, 1991), *stress* (Good & Wood, 1995), *substance abuse* (Blazina & Watkins, 1996), *poor attachment with parents* (Blazina & Watkins, 2000), and *psychological distress* (Wester et al. 2004). Cheung et al. (2009) document how men who experience greater GRC have a higher resistance to seeking help when they have been the victim of domestic violence.

This echoes the findings of Kassing et al. (2005) which stipulate that the lived experience of GRC allows men to believe that they are not vulnerable to sexual assault and therefore should not look for assistance if a sexual assault should take place.

O'Neil (1981b) states that these negative consequences are a result of a discrepancy between the real self and the ideal self-concept that is culturally associated with gender role. The ultimate outcome being the restriction of the person's ability to actualise their human potential or the restriction of someone else's potential. (O'Neill et al, 1986). It is this author's belief that an understanding of male gender role conflict can have a greater role to play in the treatment and risk management in working with male perpetrators of sexual abuse, domestic abuse and coercive control.

The picture that emerges for males, of all ages, who experience GRC is one of feeling greater psychological distress while being more reluctant to seek support. (Wisch et al. 1995). There is now, in this rich time of ever-expanding conversations, understandings and acceptance of much wider, deeper and broader definitions around gender, sexuality and identification, a pressing need for the therapy space to be fit-for-purpose in being a viable option for any male affected by gender role conflict as well as being a place where any presenting issues and behaviours can be fully understood in context.

Conclusion

This article has charted the progression of the psychotherapeutic understanding of masculinity ideology, male identity and the development of male gender role conflict theory. In highlighting the possible reasons for any male experience and resulting behaviours, experiences and negative outcomes of gender role conflict, the author has offered some insights into the possible presentations of male gender role conflict within the therapy room. There is still much to be researched and understood around male gender role conflict and although O'Neill (2015) highlighted a 37-point strategic plan which included much-needed research around how to work therapeutically with gender role conflict, sadly, little of note has been done in the subsequent seven years. It is this author's hope that this article can, at the very least, start a conversation around male gender role conflict and its impacts on men and the people in men's lives.

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REFERENCES

Berko, E.H. (1994). Shyness, gender role orientation, physical self-esteem, and male gender role conflict (Doctoral dissertation, University of Albany, State University of New York, 1994) *Dissertation Abstracts International,* 55, 4100.

Blazina, C., & Watkins, C.E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes towards help-seeking. *Journal of Counseling Psychology,* 43, 461-465.

Blazina, C., & Watkins, C.E. (2000). Separation/individuation, parental attachment, and male gender role conflict: Attitudes toward the feminine and the fragile masculine self. *Psychology of Men and Masculinity,* 1, 126-132.

Blazina, C., & Marks, I. (2001). College men's affective reactions to individual therapy, psychoeducational workshops, and men's support group brochures: The influence of gender-role conflict and power dynamics upon help-seeking attitudes. *Psychotherapy,* 38, 297-305.

Blazina, C. (2004). Gender Role Conflict and the Disidentification Process: Two Case Studies on Fragile Masculine Self. *The Journal of Men's Studies.* (12) 151-161.

Bruch, M.A. (2007). Cognitive Bias in Men's Processing of Negative Social Information: The Role of Social Anxiety, Toughness as a Masculine Role Norm, and their Interaction. *Cognitive Therapy and Research* (30) 273-289.

Cheung, M., Leung, P., Tsui, V. (2009). Asian Male Domestic Violence Victims: Services Exclusive for Men. *Journal of Family Violence.* (24) 447-462.

Courtenay, W, H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine.* 50. 1385-1401.

Courtenay, W, H. (2003). Key Determinants of the Health and the Well-Being of men and Boys. *International Journal of Men's Health,* Vol. 2, No. 1. 1-27.

Courtenay, W. (2011). *Dying to be Men. Psychosocial, Environmental and Behavioural Directions in Promoting the Health of Men and Boys.* Routledge.

DeFranc, W., & Mahalik, J.R. (2002). Masculine gender role conflict and stress in relation to parental attachment and separation. *Psychology of Men and Masculinity.* 3, 51-60.

Doherty, M., Conway, J., Clark, J., Merritt, F. (2017). Should I stay or should I go? The impact of a sense of control on young men's therapeutic engagement. *Counselling and Psychotherapy Research.* 17, (3), 209-217. British Association for Counselling and Psychotherapy.

Galligan, S.B., Barnett, R.V., Brennan, M.A.,Israel, G.D. (2010). The Effects of Gender Role Conflict on Adolescent and Emerging Adult Male Resiliency. *The Journal of Men's Studies,* (18) 3-21.

Gilmore, D. D.(1990). *Manhood in the Making.* Yale University Press.

Good, G.E., & Mintz, L.B. (1990). Gender Role Conflict and Depression in College Men: Evidence for Compound Risk. *Journal of Counseling and Development,* 69, 17-20.

Good, G.E & Wood, P.K.(1995). Male Gender Role Conflict, Depression, and Help Seeking: Do College Men Face Double Jeopardy? *Journal of Counseling & Development,* (74) 70-75.

Good, G.E., Robertson, J.M., Fitzgerald, L.F., Stevens, M., Debord, K. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology,* 42, 3-10.

Good, G.E., Robertson, J.M., Fitzgerald, L.F., Stevens, M., Bartels, K.M. (1996). The Relation Between Masculine Role Conflict and Psychological Distress in Male University Counseling Center Clients. *Journal of Counseling & Development,* (75), 44-49.

Heppner, P .P., & Gonzales, D. S. (1987). *Men counselling men. Handbook of counselling and psychotherapy with men.* Sage.

Houle, J., Mishara, B.L., Chagnon, F. (2008). 'An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behavior in men.' *Journal of Affective Disorders,* 107(1), 37-43.

Jome, L.M & Tokar, D.M. (1998). Dimensions of masculinity and major choice traditionality. *Journal of Vocational Behaviour,* 52, 120-134.

Kassing, L.R., Beesley, D., Frey, L.L. (2005). Gender Role Conflict, Homophobia, Age, and Education as Predictors of Male Rape Myth Acceptance. *Journal of Mental Health Counselling,* (27), 311-328.

Levant, R. F. (1992). Toward the Reconstruction of Masculinity. *Journal of Family Psychology,* 5, 379- 402.

Levant, R. F. & Pollack, W. S. (1995). *A New Psychology of Men.* Perseus Books Group.

Levant, R. F. (1996). The new psychology of men. Professional Psychology: Research and Practice, 27, 259-265.

Levant, R. F. (2004). *Gender-role strain.* In M. S. Kimmel & A. B. Aronson (Eds.), *Men and masculinities: A social, cultural, and historical encyclopedia.* Santa Barbara,

Levant, R. F. (2011). *Research in the psychology of men and masculinity using the gender role strain paradigm as a framework.* The American Psychologist, 66(8), 765-776.

Levant, R. F., Allen, P. A., Lien, M. C. (2014). Alexithymia in Men: How and When Do Emotional Processing Deficiencies Occur? *Psychology of Men & Masculinity,* Vol. 15. (3). 324-334.

Mahalik, J. R. (2000). Gender role conflict in men as a predictor of self-ratings of behavior on the interpersonal circle. *Journal of Social and Clinical Psychology,* 19, 276-292.

Meth, R, L. Pasik, R, S. (1990). *Men in Therapy. The Challenge of Change.* Guilford Publications.

McKelley, A. R. (2007). Men's Resistance to Seeking Help: Using individual Psychology to Understand Counseling-Reluctant Men. *The Journal of Individual Psychology.* Vol. 63. (1). 48-57.

Mintz, L.B & O'Neil, J.M. (1990). Gender Roles. Sex, and the Process of Psychotherapy: Many Questions and Few Answers. *Journal of Counseling & Development.* 68, 381-387.

Mintzer, E. & Halpern, J. (1980). Effects of Sex of Therapist and Client on Therapists' Attitudes Toward Assertiveness Problems. *Journal of Clinical Psychology.* 36(3), 704-708.

Ó'Beaglaoich, C., Sarma, K.M & Morrison, T.G. (2013). New Directions in Gender Role Conflict Research. *Masculinities in a Global Era.* J. Gelfer (ed). 17-51. Springer Science & Business Media.

O'Neil, J.M. (1981a). Male sex-role conflict, sexism, and masculinity: Implications for men, women, and the counselling psychologist. *The Counselling Psychologist,* 9, 61-80.

O'Neil, J.M. (1981b). Patterns of Gender Role Conflict and Strain: Sexism and Fear of Femininity in Men's Lives. *The Personnel and Guidance Journal.* 203-210.

O'Neil, J.M., Helms, J.H., Gable, R.K., Laurence, D.,& Wrightman, L.S. (1986). Gender-Role Conflict Scale: College Men's Fear of Femininity. *Sex Roles.* 14, 335-350.

O'Neil, J. M., Good, G. E., & Holmes, S. (1995). Fifteen years of theory and research on men's gender role conflict: New paradigms for empirical research. In R. Levant & W. Pollack (Eds.), *A new psychology of men* (pp. 164-206). Basic Books.

O'Neill, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the gender role conflict scale: New research paradigms and clinical implications. *The Counseling Psychologist,* 36(3), 358-445.

O'Neil, J.M & Luján, M.L. (2009). Preventing Boy's Problems in Schools Through Psychoeducational Programming: A Call to Action. *Psychology in the Schools.* 46(3), 257-266.

O'Neil, J.M. (2013). Gender Role Conflict Research 30 Years Later: An Evidence-Based Diagnostic Schema to Assess Boys and Men in Counselling. *Journal of Counselling & Development,* (91) 490-498.

O'Neill, J. M. (2015). *Men's Gender Role Conflict. Psychological Costs, Consequences, and an Agenda for Change.* American Psychological Association.

Pleck, J. (1981). *The Myth of Masculinity.* C. MIT Press.

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S.

Pollack (Eds.), *A new psychology of men* (pp. 11-32). Basic Books

Ridge, D. Emslie, C. White, A. (2011). Understanding how men experience, express and cope with mental distress: where next? *Sociology of Health & Illness.* Vol. 1. 145-159.

Robertson, S. (2008). *Theories of Masculinities and Men's Health-Seeking Practices.* Nowhere Man Press.

Rochlen, A.B. (2005). Men In (and Out of) Therapy: Central Concepts, Emerging Directions, and Remaining Challenges. *Journal of Clinical Psychology.* (6) 627-631.

Rochlen, A, B. Rabinowitz, F, E. (2014). *Breaking Barriers in Counselling Men. Insights and Innovations.* Routledge.

Rowan, J. (1997). *Healing the Male Psyche. Therapy as Initiation.* Routledge.

Shafer, K., Douglas, W. (2015). Men's Mental Health: A Call to Social Workers. *Social Work,* Vol, 60. (2). 105-112.

Sharpe, M.J & Heppner, P.P. (1991). Gender role, gender-role conflict, and psychological well-being in men. *Journal of Counseling Psychology,* 38, 323-330.

Sullivan, L., Camic, P, M.,& Brown, J, S, L. (2015). Masculinity, alexithymia, fear of intimacy as predictors of UK men's attitudes towards seeking professional psychological help. *British Journal of Health Psychology,* 20. 194-211.

Schwartz, J.P., Buboltz, W., Seeman, E.A., & Flye, A. (2004). Personality styles: Predictors of masculine gender role conflict in male prison inmates. *Psychology of Men and Masculinity,* 5, 59-64.

Watts, R.H & Borders, L.D. (2005). Boy's Perceptions of the Male Role: Understanding Gender Role Conflict in Adolescent Males. *The Journal of Men's Studies,* (12) 267-280.

Wester, S.R., Vogel, D.L.,& Archer, J. (2004). Male Restricted Emotionality and Counseling Supervision. *Journal of Counseling and Development.* 82, 91-99.

Wester, S.R., Vogel, D.L., O'Neil, J.M., & Danforth, L. (2012). Development and Evaluation of the Gender Role Conflict Scale Short Form (GRCS-SF). *Psychology of Men and Masculinity,* 13, 199-210.

Wexler, D, B. (2009). *Men in Therapy. New Approaches for Effective Treatment.* W.W Norton & Co.

White, A. (2009). Big boys really don't cry: Considering men's reluctance to engage in counselling. *Counselling Psychology Review,* Vol. 24. No. 3. The British Psychological Society.

Wisch, A.F., & Mahalik, J.R.,Hayes, J.A.,& Nutt, E.A. (1995). The Impact of Gender Role Conflict and Counseling Technique on Psychological Help Seeking in Men. *Sex Roles.* 33, 77-89.

Wisch, A.F., & Mahalik, J.R. (1999). Male Therapist's Clinical Bias: Influence of Client Gender Roles and Therapist Gender Role Conflict. *Journal of Counseling Psychology.* 46, 51-60.

Practitioner Perspective

Trust
An analysis of that which we can never take for granted

By Coleen Jones, co-researched with supervisees

It seems that trust is ubiquitous and essential to every relationship. One is left wondering about its origins. Does trust need to be cultivated or is it inherent? Where and how does trust arise and how does it manifest itself in the therapeutic or supervisory relationship? How is trust modelled within counselling institutions and organisations?

Introduction

"*The transcendent function enables thesis and antithesis to encounter one another on equal terms … offering the possibility of a new synthesis*" (Samuels et al: 1992, p150.)

The aim of this article is to assemble the concepts and qualities inherent in 'trust' and to examine the part played by trust in counselling and psychotherapy. Does trust lie at the very heart of the therapeutic process? Perhaps there is a chain linking client, therapist, supervisor and professional organisation. If so, it needs further examination to see how it might work best. This might be analogous to the human circulatory system flowing and clearing the system, with circulation through the heart allowing for re-oxygenation as well as discharge of what is no longer sustaining of life. This article will give thought and space for 'trust' to be unpacked.

In examining these questions, the author – a psychotherapist and supervisor – has drawn on the contributions of a group of eight experienced supervisees (four women and four men), who articulate the essential ingredients of trust from their individual perspectives. The contributions are encoded with their initials as they discuss trust from their wealth of experience.

Supervisees' Experience

Expanding on the contributions of the supervisee, one can start with freedom and willingnessto reveal themselves. "*Trust in the supervisory relationship enables me to connect with and reveal my shadow and times when I don't get it right*" (MI). This supervisee expresses being given the space to be himself without hiding, pretending or feeling that he is under censure. It encourages him to be his authentic self – to be the 'wounded healer' – to eschew perfectionism – to be real and thereby avoid getting tangled in an uncomfortable egoistical dance. It also indicates the freedom for him to embrace the idea of 'not knowing', of not being the *expert,* which is the grounding of the work of psychotherapy in a process of enquiry and discovery, as opposed to a medicalised diagnostic method. He is further afforded the opportunity of being spontaneous by working in the 'here-and-now' rather than the 'there-and-then', both with his client and with his supervisor. He is freed from case formulations

and the need to be anything else but himself. The shadow is welcomed into the work as an expansion, as a way of growing and individualising. Jung describes the shadow as "the negative side of the personality, the sum of all those unpleasant qualities we like to hide, together with the insufficiently developed functions and the content of the personal unconscious" (Jung, 1997, p 87).

The next contributor, MA, says that "*trust goes both ways*". This way of viewing the relationship as interconnected may be described as intersubjective, where there is an interchange – subject to subject – such that there is not a hierarchy with one individual looking down on the other. This suggests an openness to interpenetration. We know that if the therapist is not able to be affected by the other, that there is not likely to be any expansion or healing. The very nature of empathy is about being affected. The affects of one participant in a dyad need to be received by the other in order for there to be contact and intimacy. It was Abraham Lincoln who suggested that only if people were rightly and fully trusted , would they return the trust.

"*With trust in place, the clients may begin to reveal who they really are*" was the view expressed by S, an experienced counsellor familiar with Roger's (1980) core concepts. According to Rogers: "When I am somehow in touch with the unknown in me … then simply my presence is releasing and helpful to the other" (Rogers, 1980, pp129, 159-160). It indicates that trust develops in the unformulated space where both parties enter and open to the other, bit by bit, discovering and revealing what may have been most feared. This happens in the process of building a relationship, entrusting precious ideas, examining old beliefs and re-aligning

> *While both relationships are two equals meeting, they are not symmetrical, there is a power imbalance*

misperceptions that may have clouded the field. Trust requires not the expert, but the therapist who is willing to stand naked and be vulnerable without hiding behind theories, methods and formulations made in advance of the client or supervisee. What is also suggested in the word 'presence' is a time frame that is neither past nor future tense, but arising in the immediate 'now' – spontaneously.

"*While both relationships are [about] two equals meeting, they are not symmetrical, there is a power imbalance*" says contributor AN. If this is the case, it requires that one party has to risk and stretch in order to feel safe enough to engage in and continue the work. This is an intuitive process requiring the practitioner to level the playing field as much as possible in the initial sessions. It could take the form of careful self-disclosure and sharing on the part of the therapist. Being aware of, and sensitive to, the power-disparity may be enough to address and ease the imbalance. Supervisee AN mentions a phrase relating to '*having skin in the game*' - which means having an investment in the process - having something to lose that affects both parties. Professional organisations carry a great deal of power as the licensing authorities. This is weighted against practitioners who feel vulnerable in relation to getting reaccredited. It is imperative that professional organisations remain supportive rather than authoritarian and that they stay empathically and respectfully connected in the chain from client to therapist to supervisor to professional organisation.

The participant J said that "*trust

is foundational to any therapeutic relationship – so foundational in fact that it might be overlooked in any list of ingredients for such a relationship*". One wonders how it was omitted from Rogers' list of core concepts relating to counselling and psychotherapy. Covey (1989, p, 134) states that: "Trust is the glue of life. It is the most essential ingredient in effective communication. It's the foundational principle that holds all relationships." Psychotherapists work on a daily basis with lack of trust in intimate and romantic relationships, with work-related relationships, with parent and child relationships and with social relationships – essentially where individuals relate and connect to others in their environment. Relationships are predicated on the earliest experiences of attachment to a significant other(s). This might be secure, or it might be insecure or disorganised, such that it hovers between yes and no in a schizoid way –thereby never resting or connecting nor even engaging in a process of reproachment. "Without a felt sense of safety, no exploration is possible".

For MIC, "*Trust equals safety and safety equals possibilities*". Trust is thus the bedrock of the work of therapists, which needs the support and solidity of knowing that there will never be censure, only enquiry as to what has meaning. Diverse relationships rest on this bedrock. Trust is not inherent; it is not a given but has to be built, grain by grain, by each party committing to the relationship. It is built with consistency, with reliability, which means that each time it is weighed in the mind of the other that its the same, that it never deviates or fluctuates. Trust is delicate, subtle and fragile, yet it is the bedrock on which the relationship rests. It is the bedrock on which psychotherapy happens and the bedrock on which

the profession rests. Trust starts with truth and ends with truth.

According to AE, *"trust involves both the therapist and the client being together in the pauses, in uncertainty and in the unknown … believing in the power of healing and transformation and developing from ongoing experiences of revealing vulnerabilities"*. It requires that one is patient, allowing the emergence – as a butterfly emerges from the cocoon and cannot be hurried. It requires one to 'hasten slowly', pause along the way and rest in the unknown. Psychotherapy is not predicated on experts, but in waiting for the client to unfold into safety. This waiting is the catalyst that builds trust; nothing is more important than the client finding his way, inch by inch, while the therapist stays close to herself listening, staying close to her sensations and to her body, trusting both exteroceptors and interoceptors within the body and mind to feel her way into the unknown.

According to L, *"trust is a set of conditions that allows the other to open more fully, for trust in the environment to be restored to support openness and growth"*. It is likened to a flower opening to the sun. He stresses that the qualities of goodness and light have always been there, but may have been obscured or may have closed in order to protect life. *"Trusting requires a firm belief in the existence of what is good and true and beautiful"* (Ken Wilber, 2007, p19) . Trust is attributing the most generous interpretation of what is happening in or to the other, believing and holding for the best imputation and understanding of the other.

Summary
"The Trickster is both a mythical figure and an inner psychic experience … whenever he appears

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> *Trust operates on a sliding scale, on a spectrum that stretches from pole to pole*

… he brings the possibility of transforming the meaningless into the meaningful" (Samuels et al; 1992; p152).

Some of the key concepts and phrases suggested as being essential to trust in this explication are: *"unconditional positive regard"*, *"congruence and authenticity"*, *"empathy"*, *"a non-judgemental attitude"*, *"honesty"*, *"vulnerability"*, *"power balance"*, *"openness"*, *"respect"*, *"containment"*, *"presence"*, *"sincerity"*, *"safety"* and *"the process (therapeutic, relational or supervisory)"*. Trust is described as *"foundational"* and *"core"*.

Trust operates on a sliding scale, on a spectrum that stretches from pole to pole, where the one pole is experienced as paranoia, while the other is fraught with over-naivete. When we trust we need to stay in, what Jung (1997) calls the third space the middle ground, the emerging creative rather than polarising at either end of the spectrum or swinging backwards and forwards in a dichotomous dance; an either/or digitalised version of life. Psychotherapeutic work is about employing the transcendent function to create a synthesis from the marriage of thesis and antithesis – integrating what is visible while also revealing what is obscured. ◗

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REFERENCES AND BIBLIOGRAPHY

Adams, W. (1999) The Interpermeation of Self and World: Empirical Research, Existential Phenomenology and Transpersonal Psychology: *Journal of Phenomenological Psychology* 30(2), 39-60.

Bion, W.R. (1970) *Attention and Interpretation*, Tavistock Publications.

Bohm, D. (1980) *Wholeness and the Implicate Order*, Routledge.

Buber, M. (1958) *I and Thou* (2nd ed.) T&T Clark.

Clarkson, P. (2003) *The Therapeutic Relationship* (2nd ed.) Wiley.

Feldman-Barrett, L. (2020) *Seven and a Half Lessons About the Brain*, Houghton Mifflin.

Gendlin, E. (1996) *Focusing-oriented Psychotherapy: A manual of the Experiential Method*. Guilford.

Gladwell, M. (2006) *Blink - the power of Thinking without Thinking*. Penguin.

Hillman J. (1997) The Soul's Code; Bantam Books

Hillman. J (1990) *The Essential James Hillman*: A Blue Fire: Routledge

Holmes, C. (2005) The Big Picture: in *How does Psychotherapy Work?* Confer/Karnac.

Jung, C. (1997) *Man and his symbols*. Bantam Doubleday Dell

Mahrer, A. (2004) *Theories of Truth, Models of Usefulness*. Whurr.

Mc Gilchrist, I. (2009) *The Master and his Emissary*. Yale University Press.

Rogers, C. (1980) *A Way of Being*. Houghton Mifflin.

Samuels, A. Shorter, B. & Plaut F. (1992) *A Critical Dictionary of Jungian Analysis*. Routledge.

Schroedinger, E. (1969) *What is Life? And Mind and Matter*. Cambridge University Press.

Stern, D. (2004) The *Present Moment in Psychotherapy and everyday Life*. Norton.

Wallin, J.D. (2007). *Attachment in Psychotherapy*. Guilford Press.

Watson, G. (2008) *Beyond Happiness; Deepening the Dialogue between Buddhism, Psychotherapy, and the Mind Sciences*. Karnac.

Wilber, K. (2007) *Integral Spirituality* Integral Books.

Yalom, I.D. (1995) *The Theory and practice of Group Psychotherapy*. Harper.

Young, R (2005) Containment: The Technical and the Tacit in Psychotherapy: in *How does Psychotherapy Work*. Karnac.