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How is suicide risk assessed and managed among Ireland's third-level students and young adults?

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From the Editor:

Dear Colleagues,

I'm writing this while I'm on holiday in Kerry. I have particularly enjoyed swimming in the sea, walking in the hills, spending that extra bit of time with friends, family and myself. It's a time of coming back to self and percolating the joys and frustrations of life and trying to find equilibrium. I like to percolate a good cup of coffee also and enjoy it more slowly than usual. I hope you get to have a holiday too. Our work is intense and we tend to need them. We work with big challenges day to day.

With all the back to education hype in the Autumn, its easy to forget that third level college transitions can cause huge challenges for our young. Hayley O'Gorman is a Senior Counsellor in the Student Counselling and Wellbeing Service in the University of Limerick and her lead article is an eye-opener to the rise in the number of students accessing such services in Higher Education Institutions and in particular to the prevalence of suicidal ideation in that cohort. She explores suicidality in general and gives us an "on the ground" view of how suicide risk is assessed and managed in that environment.

Alex Delogu, philosopher, psychotherapist and musician is back with us, connecting more disparate writings on therapy and music and illustrating how both address something primal and fundamental within us. By foregrounding musical thought, we move towards thinking in a way that more fully embraces our interconnection. In humans, musical capacities are developed before linguistic ones and yet many of us have never considered the role of music in human attachment and relationship.

Humour also has a critical role in relationship. "Laughter is the shortest distance between two people" wrote Victor Borge, musician and humourist. That's why Kara Cronin, therapist, looks to explore its role in the counselling relationship with her clients. Like many of us, she finds herself laughing often with her clients and went about checking that this was okay. Her findings are reassuring to us all and yet open our eyes to the potential risks of misplaced humour in the therapeutic relationship.

Hamza Mahoney, addiction counsellor, contributes to our new category on "issues and controversies in counselling and psychotherapy". When you take one step forward, and two back, you don't reach your goal, and Hamza expresses his frustration at the futility of new legislation with regards to alcohol. Any counsellor should be concerned but especially those working with alcohol addiction.

We continue to encourage article submissions under our various category headings, and as you'll see in our book reviews and poetry section, we welcome the written word in all its various forms. Poems can be pithy and self-revealing and we admire the courage of their authors in submitting them. We thank all our contributors and also those who submitted work that was not chosen for publication on this occasion.

As a soft Kerry rain washes the fields and village streets, may you be refreshed by your reading of our journal and may it nourish your practice in the months ahead. As I return to work I will be looking to more regularly integrate "mini holidays" into my days because I like what they do for me. May you enjoy your own self-humanising ways as you continue your very valuable work ahead.

Hugh Morley (MIACP)
Editor

Academic/Research Article

Assessing and Managing Suicide Risk among Ireland's Third-Level Students and Young Adults

By Hayley O'Gorman

Introduction

Identifying vulnerable clients and suicide risk is arguably amongst the most important responsibilities of mental health clinicians (Lotito & Cook, 2015). While this is no easy task, counsellors are uniquely placed to identify and assess such risk (Roush et al., 2018). The author of this paper clinically practices in the University of Limerick, a large internationally-focused university. Thus, this paper explores suicidality in general and then particularly amongst third-level students in Ireland. In this context, both the method and administration of suicide risk assessment applied is critical. While the precise risk assessment tools used by counsellors are intrinsic to determining and understanding the client context of suicidality, focused research on therapists' experiences of working with such tools with suicidal clients is conspicuously limited (Pritchard, 1995; Firestone, 1997, cited in Kalsi, 2021; Picard & Rosenfield, 2021). Research conducted by the author in this area is therefore also summarised, with the Collaborative Assessment and Management of Suicidality (CAMS) (Jobes, 2016) risk assessment framework featuring prominently.

A Global Phenomenon

As the act of killing oneself intentionally (Joiner, 2005), suicide is a complex, multifaceted, and contextual phenomenon (Hjelmeland & Loa Knizek, 2020) which falls among the top 20 leading causes of death worldwide (World Health Organisation [WHO], 2019), claiming the lives of over 700,000 people each year (WHO, 2021). However, the worrying extent of this public health issue is underestimated given the fact that for every suicide, there are approximately 20 suicide attempts (WHO, 2014).

As the second leading cause of death among college students (Moskow, Lipson & Tompson, 2022), suicide accounts for 6% of deaths in young people globally (Rufino et al., 2021). Indeed, a meta-analysis of 36 college samples worldwide reaching 634,662 students, confirmed that almost 1 in 4 students had experienced suicide ideation of which 40-45% had engaged in suicide planning and 20%. had made suicide attempts (Mortier et al., 2018).

The 'WHO World Mental Health International College Student' initiative purports that the transition from second- to third-level education conflates with a period of heightened emotional sensitivity, at which time mental disorder is often prevalent (Cuijpers et al., 2019). In fact, at least one mental health disorder was detected in 35% of first-year students globally (WHO, 2018). Furthermore, the literature consistently identifies a history of depression, suicidal ideation, suicidal behaviour, suicidal attempts, suicide planning, and hopelessness as significant risk factors for suicide in college students (Chelmardi, Rashid, Dadfar & Lester, 2021; Dhingra et al.,

2019; Hayes et al., 2020; Wu et al., 2021). While risk factors may play a lesser role in counsellors' suicide predictions (Sommers-Flanaghan & Shaw, 2017), they help to address underlying suicidal "drivers" with clients (Jobes, 2016) via exploration of the clients' experience in conjunction with a suicide risk assessment (Reeves, 2017). Thus, it is imperative that counsellors are appropriately trained to effectively assess risk and support this cohort.

An Irish Phenomenon

From a national perspective, the 2021 Report of Psychological Counsellors in Higher Education Ireland (PCHEI) stated that 7% (approx. 16,500) of the overall Higher Education Institution (HEI) student population has sought the support of Student Counselling Services: a notable rise from 4% (3,863) in the 2007/2008 academic year (Howard et al., 2021). Horgan and colleagues' (2018) study of 220 first-year undergraduate students in Ireland found that 28.5% reported suicidal ideation: a figure which exceeds international norms. In fact, the Department of Health Connecting for Life (Ireland's National Strategy to Reduce Suicide) (HSE, 2020) report that Ireland has the fourth highest suicide rate of 31 European countries for the 15-19 age group.

Citing data from the National Suicide Research Foundation (2019), the Higher Education Authority's (HEA) National Student Mental Health and Suicide Prevention Framework (NSMHSPF) (2020) indicates an alarming 29% increase in self-harm among individuals aged 10 to 24 over the last 10 years (Fox, Byrne & Surdey, 2020). Moreover, a direct framework comparison with the 'My World Survey-1' (2012) and the 'My World Survey-2' (2019) demonstrates a rise in respondents who reported suicide attempts and thoughts that life was not worth living. Accordingly, in 2020 the HEA developed Ireland's first national suicide prevention framework, the NSMHSPF (Fox et al., 2020), in efforts to meet the Connecting for Life strategy to develop a national policy for suicide prevention in Higher Education (Surdey, Byrne & Fox, 2022). The strategy asserts that third-level institutions should provide robust assessment and intervention methods (Lipson et al., 2022) for proper assessment, management, and treatment of suicidality. Student Counselling Service clinicians are certainly in a key position to appropriately screen and/or assess suicide risk (Roush et al., 2017) among this population. Thus, they should ideally do so using evidence-based suicide-specific assessment and management strategies (Fox et al., 2020).

> *Data indicates an alarming increase in self-harm among individuals aged 10 to 24 over the last 10 years*
>
> *(Fox, Byrne & Surdey, 2020)*

Theories of Suicidality

While there is a dearth of empirically supported theories to explain the prevalence of student suicidality (Prinstein, 2008; Lester, 2013), the Interpersonal Theory of Suicide (IPTS) (Joiner, 2005), later expanded by Van Orden and colleagues (2010), made significant advances by investigating the transition from suicidal ideation to suicidal action and yielding insights into the etiology of suicide and a lens through which counsellors could observe suicidality. As a pioneer in the ideation-to-action framework of suicide, the IPTS influenced the development of subsequent configurations of this paradigm, such as the Integrated Motivational-Volitional (IMV) model of suicidal behaviour (O'Connor, 2011; O'Connor & Kirtley, 2018), and Klonsky and May's (2015) Three-Step Theory (3-ST) of suicide. Despite substantive differences, the theories concur that hopelessness is a significant factor in suicidality. The IPTS states that 'perceived burdensomeness' or 'thwarted belongingness' alone may trigger passive suicidal ideation, but both combined with hopelessness motivates active suicidal ideation. The 3-ST posits that ideation begins with the combination of high 'psychological pain' and hopelessness, whereas the IMV proposes that 'defeat' and 'entrapment' rests on an entrenched sense of hopelessness. The theories also agree that the 'capacity to suicide' (fearlessness of death/pain) distinguishes suicide 'ideators' and suicide 'attempters'.

Risk Assessment and Management

Large et al.'s (2016) meta-analysis concludes that suicide prediction accuracy has not significantly increased in the last 40 years despite broad research agreement that counsellors play a key role in screening and assessing suicide risk. In light of this, the use of validated screening instruments (Ryan & Oquendo, 2020) and/or evidence-based suicide risk assessment practice (Roush et al., 2018) is clearly vital. One such example is CAMS. This is a suicide-specific, evidence-based, and psychotherapeutically informed assessment, treatment, and intervention framework (Galavan, 2017; Jobes, 2016), specifically devised to understand a client's suicidality from a phenomenological perspective (Jobes, 2016) and prioritises the therapeutic alliance as the means of fostering a 'relational' space (Jobes, 2012). An integral part of CAMS is the Suicide Status Form (SSF) that serves

as a multipurpose assessment, treatment planning, tracking, and outcome tool through the course of treatment (Jobes, 2016). Another example is the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): a pragmatic multidimensional assessment tool which rates stressful life events, current/past suicidality, motivation for suicide, risk factors, and protective factors (Fowler, 2012; Ryan & Oquendo, 2020).

Suicide screening tools are helpful indicators of suicide risk and psychological distress. For instance, the 'Counselling Center Assessment of Psychological Symptoms' (CCAPS) measures psychological symptoms and distress as well as suicidal ideation in college students (CCMH, 2023). Similarly, the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) (Evan et al., 2000) evaluates wellbeing, psychological distress, functioning, and risk, pre- and post-therapy (CORE-34) and pre-session (CORE-10) (Almyroudi, Baban & Sidhu, 2021). However, in order to capture significant contextualised detail of client self-reported responses, dialogue is necessary to clarify interpretations of these measures. Nonetheless, the 2018 Suicide and Mental Health Task Force Recommendation Report note the lack of any currently available risk screening/assessment methods that can reliably identify who will or will not die by suicide. Clearly, continuing research into this issue is essential.

More about CAMS

CAMS is an ethical and therapeutic framework that can accommodate a variety of theoretical orientations and techniques (Jobes, 2016; McCutchan et al., 2022). Moreover, it provides qualitative and quantitative data that has evolved over 35 years of clinical research (Jobes, 2012). The CAMS approach

CAMS is an ethical and therapeutic framework that can accommodate a variety of theoretical orientations and techniques

(Jobes, 2016; McCutchan et al., 2022)

capitalises on the constructs and targets from the ideation-to-action theories of suicide by tapping into direct/indirect 'drivers' of suicide (Jobes, 2016). These include belongingness and burdensomeness (IPTS), psychological pain and hopelessness (3-ST), and impulsivity, shame, and access to lethal means (IMV). While such factors cannot provide insight to predictions of future suicide (Reeves, 2017), they nonetheless assist the counsellor to maximise the elicitation of relevant information. Furthermore, a separate pilot study, and a randomised control trial both of 62 college students (Pistorello et al., 2018; Pistorello et al., 2021) respectively assigned to either 'treatment as usual' or CAMS, provides strong positive evidence that CAMS can be used effectively within a short-term module suitable to Student Counselling Services.

CAMS in Practice

Kene et al. (2019) cite Wachter's (2006) research study which found that 30% of college counsellors felt that they did not receive adequate suicide training and maintain that many practitioners continue to rely on ineffective risk assessments/interventions, resulting in fear, and the complexities of assessing suicidality. These sentiments are echoed in literature that delineate how lack of such training instils anxiety and feelings of professional incompetency (Lund et al., 2020; Monahan, et al., 2020). This issue was directly addressed by the HEA support of 300 HEI counsellors' completion of CAMS training (Surdey et al., 2022).

The highly diverse student population at the University of Limerick, comprising individuals from a wide spectrum of nationalities, ethnicities, religions, ages, and socio-cultural backgrounds, present to the Student Counselling Service with various difficulties. Since students require flexible yet robust services in order to meet their unique needs (BACP, 2019), the provision of a client-centred approach is integral to engendering the collaborative and supportive relationship which corresponds to client "attitudes, beliefs, expectations, and preferences" (McLeod, 2012, p.21). As such, the author pluralistically utilises CAMS in terms of flexible, pragmatic, and ethical practice. Indeed, integrating CAMS while maintaining fidelity to the model, ensuring the claim of being evidence-based, has been accomplished through the collaboration of the Student Counselling Service team of management and counsellors who agree that students who present with 'suicide risk' or are identified as 'at risk' shall proceed to the CAMS framework. Moreover, while the Suicide Status Form is completed in its entirety, it is not approached systematically. Rather the counsellor begins more organically, at the point the clients' story commences in the room.

The value of the collaborative nature of the CAMS' process is that it inherently promotes student engagement and strengthens the therapeutic alliance by addressing suicidal drivers through meta-communication. Indeed, the initial CAMS session centres around collaboration between the client and therapist who openly discuss suicidality, lethal means, safety/stabilisation plan, potential cultural

resources, and goals for therapy. In line with the pluralistic stance in which the author is qualified, the entire treatment framework is elicited through client/therapist dialogue and thus can be tailored to the client's needs (McLeod, 2018; Cooper & McLeod, 2012) in a safe and ethical manner. Additionally, the pluralistic viewpoint that "attunement to client goals is paramount" (Finnerty, Kearns & O'Regan, 2018, p. 14) is captured in the goal setting section of CAMS. This is applied at every CAMS 'tracking session' to carve out the space to revise goals as necessary for the client to meet their own self-determined goals (Reeves, 2015) and to assist in change. To this end, while a pluralistic specific approach is not explored in literature in terms of assessment and prevention of suicide, it clearly lends itself to CAMS.

Author's Research

The author has conducted her own research on this subject as part of a masters' thesis, which is overviewed here. Her qualitative design utilised semi-structured interviews with six fully accredited counsellors currently practising in Student Counselling Services across five different HEIs in the Republic of Ireland. Clinical experience specifically in student counselling ranged from one to 18 years, and the racial profile of all participants was Caucasian.

The research examined what training had been undertaken by the counsellors to assist in assessing/managing suicidality, and the perceived adequacy by the counsellors of this training. It enquired about the strategies used to assess risk or to support students who present with risk. It assessed the uniformity of the risk assessment strategy and the challenges experienced with the approaches used. Finally, it explored positive outcomes experienced with these approaches. The semi-structured interviews were conducted with each participant via Microsoft Teams. Full ethical considerations were given at each stage and rigour applied to robust selection and data analysis methodologies. Five major themes emerged.

One participant discussed the Suicide Prevention and Self-harm Mitigation Training for the assessment and management of suicidality in young people, noting that risk can be mitigated but not eliminated

Theme 1: Suicide Training

Participants reflected on various non-clinical suicide-informed training undertaken over the course of their careers, with the most common being the HSE Safe Talk, Applied Suicide Intervention Skills Training (ASIST), and START Suicide Prevention training. These approaches assist in identifying people at risk of suicide, explain how to enquire about suicide clearly and confidently, and provide additional signposting. Two participants reported that a theoretical perspective of suicide was explored as part of their counsellor training. In terms of clinical suicide training, one participant discussed the Suicide Prevention and Self-harm Mitigation Training for the assessment and management of suicidality in young people, noting that risk can be mitigated but not eliminated. All participants cited CAMS in their responses, and most had engaged in CAMS training. For one participant, CAMS provides a common language and common approach for colleagues and was praised for its safety. Views on whether the counsellors were adequately suicide-specific trained were mixed. Furthermore, clinical experience was cited as instilling confidence to ask the direct questions around suicidality, such as current and past self-harm, suicidal thoughts, plans, intent etc.

Theme 2: Suicide Screening and Suicide Risk Assessment

All participants expressed enthusiasm for their clinical work with students and acknowledged the importance of appropriately screening, assessing, and managing suicide risk. One counsellor described CCAPS-34 as a robust screening tool to determine suicidality and risk and therefore uses it at every third session to enable the client and counsellor to review a map of the client progress/deterioration. One participant was adamant that he was not an 'assessor' but rather the screener, the therapist, and the sign-poster. He further warned that "If we go too quickly into "I'm assessing suicidality", we'll lose all the therapeutic". The same person regards CORE-34 as a "very useful tool" which separates personal distress and risk and therefore flags a conversation with the student when both factors are high, while the CORE-10 provides the opportunity to see objectively the subjective experience of the week.

While CAMS is used across all services, participants reported using it at different levels, some in its purest form and some to prompt particular questions such as access to lethal means. In one service, CAMS is implemented as a "second strategy" if the CORE risk scores are high. The service finds it impractical for both students and counsellors to automatically "default to CAMS" when risk emerges. Whereas three participants stated that their respective services move straight to CAMS where a high level of risk emerges, at intake or during

sessions, however, , they can tailor their approach to individual client needs as advised by Jobes and Chalker's (2019) "one size does not fit all". Some differentiated between risk management and therapy, prioritising them in that order. One claimed that the "succinct questions" in CAMS are helpful in "distilling down what the drivers are for suicidality, but it helps them {students} do that".

All participants deem clinical judgement and flexibility in their approach as essential aspects of clinical practice regardless of the suicide assessment or management approach they use. One counsellor welcomes the flexibility of CAMS acknowledging she will "go by what feels right for the client" rather than applying it uniformly for every client, whilst "maintaining the integrity" of the framework. Another asserted that while the CAMS framework is less suitable for the short-term student counselling model, he acknowledged that Section A and the Stabilisation Plan of CAMS are "definitely very good for a good assessment".

Theme 3: Collaboration

A collaborative approach emerged from the participants in terms of the client-therapist relationship and support within their services. It is evident that all participants hold their student-clients at the centre of the therapeutic process. Likewise, in all cases, it is clear that collaboration and the therapeutic alliance is axiomatic to practitioners' efficacy in suicide screening, assessment, and treatment as each participant stresses that risk exploration is a meaningful way to listen to client's experience of suicide (Leenaars, 1994): simply hearing their story and working collaboratively helps to keep the client's narrative in sight (Reeves, 2017). Thus, experiences of how counsellors and clients collaboratively work through a suicide-specific approach or simply use other therapeutic or relational strategies were very evident. One participant highlighted the use of the "core conditions" and holding a "very deep respect of phenomenological inquiry", which promotes an "authentic" and "congruent" relationship, "but not in a way that is attempting in any way to be disruptive". Another claimed that students "tend to be quite honest" once there's a good connection and therapeutic alliance. Most participants also referred to strong support within their respective Student Counselling Service, including weekly team meetings which allow space for discussions on clinical caseloads and difficult situations. One participant specifically cited the implementation of CAMS and how helpful it has been to "come together" at team meetings or group supervision to discuss individual experiences.

The inevitable limits of short-term therapy associated with student counselling was a determining factor for some participants in their decision not to fully integrate CAMS into their practice, while others found that it worked well

Theme 4: Intervention Strategies

Each participant placed significant emphasis on the stabilisation plan, which emerged as the most common intervention strategy. Several participants identified psychoeducational methods as helpful in engaging clients in the process of hope and in understanding where suicidality fits into their life, and indeed how suicidality does not comprise the whole of a person.

Other participants attributed the 'reasons for living' section of CAMS as a powerful tool to provide clarity to clients and in many cases, hope, without undermining where a client is at. All participants demonstrated awareness of the onward referrals to specialist services which occur when a student's mental health needs, or suicidality exceed the scope of practice for a short-term Student Counselling Service model. All participants acknowledged the initial imperative to obtain next of kin or emergency contact details for every student-client.

Theme 5: Challenges

While the emotive and challenging nature of the phenomenon of suicidality for the research participants is all too apparent, the positivity and genuine care for students shines through. This theme demonstrated diverse responses across all participants in terms of how they assess and manage suicidality among the student-client population. One counsellor stated that working with suicidality "weighs heavily on clinicians". As such, less experienced counsellors may raise the alarm more often that those with greater experience. However, she "would much prefer that happen than…the underreporting of it happen".

One alluded to the practical challenges she and colleagues faced when initially implementing CAMS in terms of time allocation for the initial session which encompasses a lot of information, while another wondered whose agenda does it become. The inevitable limits of short-term therapy associated with student counselling was a determining factor for some participants in their decision not to fully integrate CAMS into their practice, while others found that it worked well. Another participant found "more positives than…challenges" referring to CAMS, owing it to its "flexibility…

room for clinical judgement and… clear kind of treatment plan".

An ethical dilemma is identified for one participant, who respects his HEI policy around contacting a clients' emergency contact when concern arises but privileges the therapeutic alliance with the client. Other participants find safety in the informed consent obtained at intake stage which grants permission to contact the 'next of kin' within certain limitations of confidentiality. Participants who use CAMS maintained that its safety planning and treatment procedures fostered a collaborative effort to keep the client safe, which involved considering the people that the client or indeed the therapist could contact in the event of 'risk'.

Doubtless, challenges face counsellors when supporting client suicidality. Some participants were mindful of potential burnout, both personally and among team members, and sought to remain attuned to the pitfalls of working with high level risk cases. They also observe it unwise for counsellors to exclusively work with such client cases, with one participant succinctly asking, "How many CAMS clients would be inappropriate in the caseload?".

Author's Research Conclusion

The study afforded insight into six HEI counsellors' experience of screening, assessing, and managing suicidality among 'at risk' students. Although no single suicide screening or assessment tool can predict whether a person will ultimately suicide, the findings of this study indicate that counselling professionals can certainly maximise their efforts in promoting client safety and reducing suicide behaviours by utilising robust evidence-based mechanisms. However, the lack of perceived clinical training in suicide-specific evidence-based approaches could pose as a barrier for therapists. While participants revere the privilege of working with clients in crisis, others acknowledge the weighty responsibility of such work. While it is not always possible to predict what may emerge in the therapeutic space, clear HEI policies around counsellors 'at risk' client caseload could also inform important ethical responsibilities. Lastly, given how well received CAMS was among participants, further training on a national level in other evidence-based practices could further enhance how HEI counsellors work with students in distress. This study further indicates that a client-centred approach is integral to cultivating a collaborative and supportive relationship that accommodates students' unique needs and interpersonal challenges.

Assessing and managing suicidality among clients can cause stress and anxiety, particularly when the client is in crisis

Implications for Practice

Students require increasingly flexible yet robust services in order to meet their unique mental health needs (BACP, 2019). In light of this, the provision of a client-centred approach is integral to fostering the collaborative and supportive relationship corresponding to client's interpersonal challenges. In addition, effective suicide risk assessment strategies should routinely include the exploration of history and current status of mental health, suicidality, access to lethal means (Jobes, 2016), and hopelessness (Picard & Rosenfeld, 2021). While counsellors cannot determine whether a client will ultimately die by suicide, they can nonetheless use their assessment expertise to learn about the client's story and discern how suicide fits in to their life. To this end, it is crucial that counsellors can draw upon a combination of lived experience, clinical judgement, flexibility, and suicide training knowledge to properly screen, assess, and manage student suicidality.

Assessing and managing suicidality among clients can cause stress and anxiety, particularly when the client is in crisis. This echoes Leenaars' proposition that unless a clinician's caseload is delimited, they inevitably experience burnout (1994), emotional detachment and/or disillusion (Moore & Donohue, 2016) from the demands of the work. Indeed, the need to ensure that therapists working in suicide management are well supported is highly evident. As such, the author asserts that introducing evidence-based suicide-specific therapeutic models into professional training programmes for counsellors should be an ethical responsibility in education in order to better equip graduates for such an important phenomenon.

Hayley O'Gorman MIACP

Hayley is a Senior Counsellor in the Student Counselling and Wellbeing Service in the University of Limerick. Her thesis for the Master of Science in Pluralistic Counselling and Psychotherapy at IICP (supervisor Delores Crerar) focused on the Exploration of Counsellors' Experience of Assessing and Managing Suicidality Among Students in Third-Level Institutions in Ireland. She has also written on how CAMS Fits within a Pluralistic Paradigm and Vice Versa. This paper combines both works.

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Academic/Research Article

Living Melodies: Modes of Therapeutic Resonance

By Alex Delogu

Music is often considered a fanciful activity; a pleasant distraction from the seriousness of life. In this article, music is placed centre stage and its relevance for human attunement is explored across multiple domains.

Introduction

Music is everywhere. It plays at all times, through all cultures and has been considered by many writers to be a fundamental human trait, if not the distinguishing one (Blacking, 1973; Mithen, 2006; Sacks, 2008; Spitzer, 2021; Tomlinson, 2015). This article will review the psychoanalytic writing around music and demonstrate its importance for thinking about being human, specifically how to think about human experience through our ears. Since the topic is not commonplace, relevant background theory will be provided, although ultimately the focus will be on psychotherapy and a number of existing therapeutic trends relating to music.

From cradle to rave

In humans, musical capacities are developed before linguistic ones. This lends some credence to the idea that music came before language with respect to the idea that "ontogeny recapitulates phylogeny" (McGilchrist, 2010, p. 103). That is, what comes first developmentally gives clues as to what came first on an evolutionary scale.

The prenatal sound environment is thought to be fairly quiet, although certain biological sounds and environmental sounds seem to get through (Lecaneut, 1996). This is mostly comprised of low frequency sounds from the foetus and mother, along with nearby speech and environmental sound (Lecaneut, 1996, p. 7). As the cochlea — part of the inner ear — develops after approximately 20 weeks, the onset of auditory functioning begins to take effect (Lecaneut, 1996) and three to four months before birth the foetus will be experiencing a variety of sounds. By week 36 the ear is complete and interconnected to the brain (Spitzer, 2021).

A relevant and curious evolutionary detail suggests that the small hairs in the human ear are similar to the hair cells on fish cells that detect movement in water. Human cells do not respond to pressure waves as fish do, but rather to frequency transmitted through air. In this regard, "when we say music 'touches' us, as when a fish feels the tactile vibrations of water, we are not speaking metaphorically at all" (Spitzer, 2021, p. 108).

Most mothers know that their babies respond to sounds and this has been demonstrated both pre- and postnatally (Lecaneut, 1996). Babies are soothed by sounds they have been exposed to before birth and while this is primarily the mother's voice, it can

also be aeroplane sounds, music or, in one specific example, the *Neighbours* theme song (Lecanuet, 1996). Babies prefer lullabies with which they are familiar to ones with which they are unfamiliar, even when spoken by the same voice (Lecanuet, 1996), showing an awareness of linguistic patterns, not just voice. Infants of one week cry with their parents' accent (Cross, 2009) and can discriminate between the mother's actual voice and a recording of it (Spitzer, 2021, p.38). One study of mothers at home found that they all sang to their infants, even those that claimed to not have a singing voice (Mithen, 2006). "A good mother (or parent or caregiver) is a child's first music teacher" (Spitzer, 2021, p. 39). The baby exists within a "familial soundtrack that is a specific expression of the family group's psychic structure" (Grassi, 2021, p. 90).

Up until the age of three the infant becomes engaged by Infant Directed Speech (IDS) or motherese (emotional infant directed speech). This is the universal way people adopt to speak to infants and one that emphasises the musical elements of speech (Mithen, 2006). Infants are sensitive to and respond to this type of communication in which rhythm, tempo and pitch are exaggerated (Mithen, 2006). The purpose of this attentiveness is not solely for language acquisition. Three other key features are: engagement; emotional regulation; and communicating intentions (Mithen, 2006). Musical education begins at this early stage as parents intuitively 'speak' in this way, marking the earliest modes of communication (Papoušek, 1996). In tonal languages, like Chinese, where the pitch of a word changes its meaning, mothers often sacrifice the meaning of the word in favour of IDS-pitch variations (Mithen, 2006).

The manner of back-and-forth at this early stage is founded on improvisational exchanges, whereby exchanges between mother and infant occur not by simple repetition, but by expressive variation (Gratier & Apter-Danon, 2009). Predictable patterns of communication hold no interest for infants, whereas subtle variation provides expressive points of contact (Gratier & Apter-Danon, 2009). Strictly ordered time is not what comprises rhythm (Deleuze & Guattari, 2004). This 'improvisation zone' is a space between rigid repetition and unpredictable variation, a space in which communication is possible (Gratier & Apter-Danon, 2009). The authors liken this sensitive timing to psychological 'holding' à la Winnicott (Gratier & Apter-Danon, 2009, p. 314). They also ground their definition of belonging on this somewhat stable but variable process. "Belonging requires a balance between the known and the new, repetition and creativity, structure and variation" (Gratier & Apter-Danon, 2009, p. 305). Further experiments showed that lack of variation in the voices of borderline mothers resulted in infants who vocalized less (Gratier & Apter-Danon, 2009). The author of this article suggests that inexpressive vocalisation can be likened to an auditory 'still face'.

> *Infants are sensitive to and respond to this type of communication in which rhythm, tempo and pitch are exaggerated*
>
> *(Mithen, 2006)*

As language takes a more prominent role, musical aspects recede into the background. "The thread between child and adult is cut when language comes along and elbows music into its niche" (Spitzer, 2021, p. 42). Let us not forget, however, that music came first and, likewise, music outlives language in old age, as in people with dementia who are enlivened through music (Spitzer, 2021). In Buddhism they go so far as to say that the dying can be guided towards enlightenment with prayer, as they believe that hearing is the last faculty to fade (Padmasambhava, 2007).

Bodies in resonance

One view that is of great relevance to this discussion is proposed by Iain McGilchrist in his formulation of the role of each brain hemisphere. In brief, the two hemispheres process and constitute the world in vastly different ways. "Music is the primordial form of expression in the right hemisphere" (McGilchrist, 2021, p. 217). Using this background understanding, it is important to identify some of the key features of musical thinking.

Music is fundamentally about relationship or 'betweenness' (McGilchrist, 2010, p. 72). This means that the context is crucial, if not fundamental. The same note in a different contexts functions and is experienced differently. "The musical interval, which unites and separates two or more sounds, may be considered the root of human relationality" (Grassi, 2021, p. 107). To apply this to human relations and psychotherapy is to agree with Cohn when he states that the "client you meet as the therapist is the client who meets you. There is no client *as such*" (1997, p. 33). Each person we meet will draw out aspects of ourselves that may be familiar to us or not. This is not to say there is no underlying pattern (McGilchrist, 2010), but to appreciate the centrality of context. McGilchrist also notes the millisecond synchronisation of two subjects' right brains. "They really do 'resonate'" (McGilchrist, 2021, p. 202). Again, we see the accuracy of musical description.

In relation to the earlier statement about language, the importance of

tone, timbre, and pitch are crucial for carrying the emotional content of our vocal interactions. We saw earlier that vocal monotony disinterests an infant. Gilbert Rose notes the hollowness of depressed patients, which was further pronounced in near-term suicidal persons (2004).

A talk by Rébecca Kleinberger (2018) mentions research showing how we have slightly different but identifiable vocal patterns for everyone we speak with. We resonate differently when we are in different states and with different people. The importance of this can be seen by how music affects us directly, not indirectly through an act of interpretation. That is, we do not have to think about it, though we can do that too, we just feel it. "It is important to recognise that music does not *symbolise* emotional meaning, which would require that it be interpreted; it *metaphorises* it — "carries it over' direct to our unconscious minds" (McGilchrist, 2010, p. 96).

Vocal prosody speaks to us directly without our needing to interpret anything. It is immediate, in the sense of not being mediated. This does not mean we are always intuitively correct in what we pick up, but points to the way this communication happens. We can of course be more or be less attuned to each other — this is one of the aspects of music that appears to have troubled Freud. "Some rationalistic, or perhaps analytic, turn of mind in me rebels against being moved by a thing without knowing why I am thus affected and what it is that affects me" (Freud, in Cheshire, 1996, p. 1131).

Resonance is said to pose a challenge to our "modern dichotomies of subject/object or agent/acted upon" (Nylan, 2018, p. 71). "Resonance is of course the complete opposite of the reflective, distancing mechanism of a mirror … Where reason requires separation and autonomy, resonance entails adjacency, sympathy, and the collapse of the boundary between perceiver and perceived" (Erlmann, 2010, p. 9-10). In a similar manner, it moves beyond the signifier/signified distinction (Grassi, 2021).

A further aspect of music that is of relevance is that it is a process — a pure flow

A further aspect of music that is of relevance is that it is a process — a pure flow. There is no object that we call music that we can grasp, it is inherently ephemeral. "A song is a transitional object *par excellence"* (Sapen, 2021, p. 134). Not just songs, but music and sound itself. With this ephemerality we are confronted with the passing of time. On one hand, this brings to mind the loss and mourning of each passing moment (Grassi, 2021). On the other, we "do not regret the loss of each note of a melody as it is played: we do not regret the passing of each step in the dance" (McGilchrist, 2021, p. 935). Either way, time passes and us with it. We are not things that change, but processes that stabilise. "There is simply the continuous melody of our inner life — a melody which is going on and will go on, indivisible, from the beginning to the end of our conscious existence. Our personality is precisely that" (Bergson, 2007, p. 124).

Hearing problems

Many writers have noted, with some bewilderment, Freud's lack of interest in music (Chesire, 1996; Nagel, 2013; Sacks, 2008; Sapen, 2012). While the nature and the degree of this distaste is often overstated and hard to evaluate retrospectively, one of the more thorough examinations shows that, at the very least, Freud was conflicted towards music (Chesire, 1996). The confusion instigated by this conflict is that psychoanalysis is a "talking cure", mediated through speech and the ear, the organ that is "closest to the unconscious" (Bonnet, 2016, p. 143). The assumption here is that music, as the exemplar of auditory communication, would have played a more central role in this art.

Freud does ground some theory in musical concepts. He speaks of a *Zauderrhythmus,* or vacilating rhythm (Erlmann, 2010). This is the rhythm between the conscious and unconscious mind, one that both structures our perception of time and allows us to "step back from the urge to respond to each and every stimulus" (Erlmann, 2010, p. 273). Some biographical remarks show Freud thinking often in auditory terms, thus being described as an *auditif* (Cheshire, 1996). We hear also of Freud likening the analyst to a musician who "plays upon the psyche of the patient" (Cheshire, 1996, p. 1135). The examples are too numerous to recount here, suffice to say it is not as simple as Freud not liking music.

Freud's resistance to musical ideas appears in a number of ways. He describes himself as "tone deaf", as being "a completely unmusical person", and as being subject to an atrophy of his musical sensibilities (Chesire, 1996, p. 1131-1132). This final example appears in reference to a biographical account about a book he was reading by his near contemporary Theodor Lipps (Chesire, 1996; Barale & Minazzi, 2008). While Freud admired Lipps' work, he stopped short on a chapter dedicated to the relationship of sounds — a chapter in which sound was given primary status in the functioning of the psyche (Barale & Minazzi, 2008). Freud leaves this line of thought unexplored because of his own perceived lack of musical affinity. This is one of various reasons why music appears

only marginally in psychoanalysis. The authors state that "sound and music did indeed have no place in the model of the mind developed by Freud" (Barale & Minazzi, 2008, p. 939). Psychoanalysis was primarily interested in representational thought, primarily through language. This is precisely what music lacks. As we have seen, music does not represent anything.

One author names this non-representational aspect of music, or what he terms semantic indeterminacy, as "floating intentionality" (Cross, 2015, p. 23). This he argues gives music a signifying flexibility, "allowing multiple constructions of meaning" (Tomlinson, 2015, p. 276). There is an uncanny resonance here with Freud's "free-floating attention". The author of this article suggests that free-floating attention, despite Freud's difficulty with music, is a deeply musical way of attending. To put it another way, one requires free-floating attention in order to attend to floating intention. The formal connection is made here by Bollas: "If we submit to the unconscious communications then we will be carried off by the many different systems of unconscious expression like those one finds in listening to music" (2007, p. 49). Here, the analyst listens and drifts along with the unconscious, not playing it as in Freud's analogy, but playing with it.

Musical unconscious

Various analysts attempted to reintroduce the language of music into psychoanalysis. Writers also used musical metaphors in an attempt to explain a point or they applied analysis to music. Here, however, we are looking at writers who ground their ideas on musical concepts or metaphors. I am following Grassi in her prescription that "we do not need to apply psychoanalysis to music, but music to psychoanalysis" (2021, p. 37). She also offers the idea of a "musical unconscious that coincides with the origin of the unconscious psyche" (2021, p. 101). This kind of unconscious is like a sonic memory, formed through all those resonant experiences described earlier — the lullabies, caregiver exchanges, and the sound world.

One early view of the mind was the hydraulic view. Here, the mind is viewed as a closed system of forces, typically that of ego, id, and superego

The main exponent of the centrality of a musical mind is Steven Knoblauch. In his book *The musical edge of therapeutic dialogue* he uses the jazz band as a model for understanding the therapeutic relationship. He provides numerous examples of interacting at an embodied level, with a focus on rhythm and prosody. There is an increased focus on *how* something is said rather than on *what* is being said (2010, p. 98). The move here is from the representational content of speech towards the quality of the interaction process.

The move here to a resonant relationship is captured in his notion of resonant minding (Knoblauch, 2010). A brief outline of the significance of this shift is as follows. One early view of the mind was the hydraulic view. Here, the mind is viewed as a closed system of forces, typically that of ego, id, and superego. These interact in various ways, with certain interactions resulting in psychopathology. This view of an enclosed space of forces allows, theoretically, an objective view of someone's mind (Knoblauch, 2010). This idea was later expanded into the plastic model of mind. This model is characterised by a multiplicity of inner objects and relationships between these objects. The plastic model is still largely closed but has the capacity to open itself to the outside. New object relations can be formed, thereby changing the inner structural arrangement. Knoblauch summarises the factor for change in each: "In the hydraulic model transference of energy is the mutative activity. In the plastic model, reorganization of the structures and the relationships between them is the mutative activity" (2010, p. 93).

To overcome this gap between closed systems, Knoblauch suggests a resonant model of the mind. This account opens up the mind to the outside. It is a truly "interpsychic psychology" (Knoblauch, 2010, p. 97). There is no longer a closed off space that needs to be inferred logically; our states of mind are in our behaviour, or rather, in the in-between of our meeting. "Minding is not in one's head or that of another" (Knoblauch, 2010, p. 95). This betweenness is purely process, it is not a thing or a mental representation. Knoblauch draws our attention to the shape of this interaction as a "process contour" (2010, p. 60), the ups and downs of affective interaction by both parties. It is the analyst's process contour, his "participation in the resonant field which accounts for the therapeutic impact" (Sapen, 2012, p. 191). Participation in the movement of the shared space is more important than an interpretation.

In contrast to the previous two models, this framework describes pathology as either "too much rigidity" or "not enough predictability" (Knoblauch, 2010, p. 96). This hearkens back to the improvised mother-infant interactions outlined earlier.

The other theorist who moves towards a more resonant view of the

unconscious is Christopher Bollas. In his view of creativity he draws on writers, artists and composers (Bollas, 1999), although he does point to some unique aspects of music (Bollas, 2007). He describes therapy as getting to know the tone of the other. "It is the tone in which an individual expresses the self" (Bollas, 2007, p. 50).

Let us be clear at the outset that Bollas does "not intend for us to think of the unconscious as a symphony" (2007, p. 44). He is using it as a means of conceptualising the movement and articulation of the unconscious. However, by focusing on composition, and hence the score, the written material of a symphonic work, he misses out on the elements of live musical creation that are offered through jazz and improvisation — forms that do not rely as heavily on a score. Bollas is suggesting ways in which the unconscious is open to the outside world. He finds that two of the models of mind developed by psychoanalysis do not offer this. The two models he is moving from are the topographical model and the structural theory. The topographical casts the mind as composed of different spaces: conscious; preconscious; and unconscious. The structural theory gives us three opposing forces of id, ego and superego (Nettleton, 2017). He finds that the problem with these two is that they do not leave room for perception, communication and creation (Nettleton, 2017, p. 12-14).

To account for these he offers the idea of the "receptive unconscious" (2007, p. 36). This receptive unconscious is open to the outside and permits communication from one unconscious to another. "Right-brain to right-brain" we might phrase it. As perceptive, it is impressed upon from the outside world in a way that is not just repressed (Nettleton, 2017, p. 12). As a form of communication, it is happening when the analyst tunes into the analysand through "evenly suspended attentiveness" (2007, p. 36-37). As a creative force it is what permits unconscious creative thought, much like in our dreams (Nettleton, 2017). One point of disagreement here is that terming it receptive does not go far enough in capturing the bidirectional aspect of mind in the way that Knoblauch's resonance does. McGilchrist (2010) makes this point in describing consciousness as 'reverberative', over and above only being either receptive or generative.

The example of an orchestra is used to emphasise the particular perceptual gestalt involved in experiencing the group

Bollas looks for the unconscious in the movement between ideas. It is the in-between-ness, the quintessentially musical aspect, that is of importance. This is akin to the context of musical notes and the "process contour" mentioned above. "If we resist the understanding of sequences, if for example, we foreclose unconscious articulation through premature organization of material, then we will not learn to read the unconscious" (Bollas, 2007, p. 49).

Groups

In group analysis, music functions as a foundational metaphor. The example of an orchestra is used to emphasise the particular perceptual gestalt involved in experiencing the group. "If we hear an orchestra playing a piece of music, all the individual noises are produced each on one particular individual instrument; yet what we hear is the orchestra playing music" (Foulkes, 2018, p. 153). In group analysis the whole is what is primarily attended to, not to the exclusion of the individuals, but in concert with them. On this account the individual is an abstraction from the whole, be it the group, family, or community. This is Winnicott's notion of there being no infant as distinct from the mother writ large (1960, p. 587). This totality in flux is named the matrix. "The matrix is the "music" of the group, emerging from the creative space of the interactions between members" (Wotton, 2017, p. 107).

Since the orchestra was used as a model, there followed the idea that the facilitator was a conductor of sorts. The move here is to have the conductor as an equal element within the group, to minimise hierarchical structures from forming. The problem is that the conductor still smuggles in an element of superiority, i.e. it is the conductor that binds the group. We intuitively sense this — if we think of an orchestra without a conductor, we imagine an ensuing chaos. A harsh criticism is that it still poses a hierarchy and one that "fosters mechanical routine and passive submission" (Spitzer, 2021, p. 93). Bailey links the gradual elimination of improvisation with the rise of the orchestral conductor. "He is the living embodiment of the law, both positive and negative" (Canetti, in Bailey, 1993, p. 20).

In an effort to minimise the centrality of the conductor, there has been discussion over whether jazz proffers a better model than the orchestra (Christie, 2022). The jazz band has decentralised power even further. There is often no conductor, and everyone is afforded a freedom to improvise, to bring their own unique voice into the musical conversation. Jazz works from so called standard tunes, tunes with relatively simple forms, that everyone knows. This is the container for improvisational adventures.

The author of this article suggests that free improvisation has even less hierarchical structure — it often dispenses with a score, a written piece of music, and focuses purely on playing music with minimal pre-planning and direction (Delogu, 2021). This is not suggested in an effort of one-upmanship, but rather poses a rich practical and theoretical linkage, a new harmony. "Since improvisation is fundamentally cooperative, closer to group mind than singularity, it will exhibit entirely different characteristics, many of which will be out of step with the hierarchical, logocentric traditions of European pedagogy and its critical canons of genius" (Toop, 2016, p. 19). The role of the conductor has even taken on new meaning within improvised music (Not Right Music, 2018).

Conclusion

This article has sought to connect the various disparate writings on psychotherapy and music and bring them into one place so that they can resonate freely together on the same pages. Musical metaphors pepper therapeutic discourse and this article emphasised that music speaks to something fundamental in us. These metaphors appear through Freud in the founding of psychoanalysis and in contemporary psychoanalytic thought, in child development, group analysis and neuroscience. The approach here has been to take these metaphors seriously, as describing real phenomena. By foregrounding musical thought we move towards thinking in a way that more fully embraces our interconnection.

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Academic/Research Article

The Impact of Humour on Clients in Psychotherapy

By Kara Cronin

Introduction

Humour is recognised as "a universal phenomenon that occurs in all cultural groups and all settings" (Adamle & Turkoski, 2006, p. 639) and Franzini (2001) suggests that it is a potentially major therapeutic source that remains insufficiently evaluated and used. Whilst most of the literature supports the use of humour in psychotherapy with a wide range of beneficial effects being suggested (Franzini, 2001), there is also criticism of its use (Kubie, 1970). Positive and negative aspects of humour in psychotherapy need, therefore, to be evaluated. This article looks at humour in psychotherapy and summarises some of my own research findings on the matter.

Defining Humour

Sultanoff (2013) suggests that the client's experience of therapeutic humour is dependent upon the interaction between the client's qualities, the skills and qualities of the therapist and the nature of their relationship. Jiang et al. (2019) also highlights that culture, age, and many other factors influence what people experience and perceive as humorous. One of the difficulties in studying humour is the lack of agreement on a definition. For the purpose of this paper, I choose the following: Humour is "an affective, cognitive, or aesthetic aspect of a person, stimulus, or event that evokes such indications of amusement, joy, or mirth as the laughing, smiling, or giggling response" (Saper 1987, p. 364).

Scanning The Literature

Many theorists support the view that humour enhances the therapeutic relationship (Borsos, 2006; Dziegielewski et al., 2003 and Sultanoff, 2003, 2013). Gelkopf (2011) conducts a review of humour in mental illness and suggests that humour's primary contribution is its benefit to the therapeutic relationship. This supports Richman's (1996) theory that humour can enhance the therapeutic alliance by increasing clients' feelings of acceptance, perceived empathy and sense of belonging. Cann et al. (2014) proposes that humour also strengthens the therapeutic alliance by enhancing connection.

The view that humour contributes to the therapeutic alliance is supported by findings from a quantitative study conducted by Marci et al. (2004) which looks at skin conductance responses and the frequency of laughter of ten therapist /client pairs within a psychodynamic therapy session. Whilst the study doesn't explore how humour impacts on therapists and clients, it shows that shared laughter is a co-constructed activity that is highly coordinated. These findings are consistent with play theories which advocate the importance of humour in social bonding and connection (Morreall, 2016).

A mixed method study conducted by Longe (2018) explores clients' experiences of humour in psychotherapy. This is a comprehensive study in which 72 participants are surveyed, six of whom participate in semi-structured interviews. It finds a link between the presence of humour and a good therapeutic relationship and indicates that humour can enhance the therapeutic bond.

Another finding is the need for clients to feel comfortable with their therapist for humour to arise which is related to feelings of safety and trust in their relationship. This supports Thompson's (1990) view that humour in therapy should only be attempted after establishing a strong therapeutic relationship and Saper (1987) who suggests it is important to gauge whether a client is able to accept their therapist in a humorous role. A limitation of Longe's (2018) study is the use of trainee psychotherapists as clients', who may have certain biases towards the use of humour in psychotherapy. Findings therefore may not reflect a more general sample of clients and it is worth noting that participants primarily focus on the positive experiences of their therapist's humour in psychotherapy.

Psychotherapeutic Process

The potential positive effects of humour on psychotherapeutic processes are widely recognised by theorists from different theoretical approaches. Renowned existentialist Rollo May (1953, p. 54) proposes "humour is a healthy way of feeling a 'distance' between oneself and the problem; a way of standing off and looking at one's problem with perspective", and leading psychoanalyst Winnicott (1971) suggests humour can encourage and create a space to play, allowing for themes to be shared and explored in a non-defensive way. From a Gestalt perspective, Joyce and Sills (2018) suggest that humour can be used to bring into awareness disowned or split off parts of self and help clients become more flexible, see other possibilities and choice in their response. Kuhlman (1984, p. 2) says: "Humour can serve as a potent force in change processes and has a place within the psychotherapeutic relationship as it does in all other forms of human relationships." This

The potential positive effects of humour on psychotherapeutic processes are widely recognised by theorists from different theoretical approaches

view is supported by Sultanoff (2003) who developed a model proposing that humour has the potential to activate a "dynamic, interactive process between and among a client's feelings, behaviours, thoughts, and physiology, making it a potentially powerful tool in the psychotherapeutic process". (Sultanoff, 2013, p. 392). Richman (1996) asserts that humour can offer a sense of proportion and Sultanoff (2003) believes it encourages a different perspective towards problems. Gelkopf (2011) argues that humour can initiate a change in attitudes and encourage self-observation by briefly suspending taboos and creating some distance from obsessive thoughts.

Several theorists emphasise the potential for humour to be harmful to the therapeutic process. Kubie (1970) for example believes that humour can blur therapeutic boundaries, can result in collusion with client defences, can lead to clients feeling their issues aren't being taken seriously, and can be used inappropriately by therapists to defend against their own anxieties or to demonstrate their perceived superiority. Kubie's ideas are not based on empirical research but rather anecdotal evidence (Marci et al., 2004). Further concerns are raised by Kuhlman (1984) who believes that if poorly timed, humour can impair the therapeutic process by reducing trust. Saper (1987) also highlights how humour in psychotherapy can be harmful if it humiliates, or undermines a clients' intelligence, wellbeing or self-esteem.

A quantitative study by Panichelli et al. (2018) of 110 psychotherapy clients and their therapists, finds a strong positive correlation between the presence of humour and effectiveness of therapy which is identified by both clients and therapists. The study does not, however, explain the nature of the relationship between humour and the effectiveness of therapy.

Findings from a qualitative study by Gibson and Tantam (2018) that examine therapists' experience of humour, indicate that humour is a way for the therapist and client to reach out to each other. They also find that humour helps increase clients' awareness of ambiguities in their way of being and contributes to positive psychological shifts in clients. The study also highlights that if humour is poorly timed or used defensively by the therapist, it can limit the client's process by preventing self-awareness and interrupting deep understanding. A limitation of this study acknowledged by the authors is its focus on the positive impact of humour on clients with little mention of the negatives and it that it is all from the therapist's perspective.

My Own Client-Side Research

The purpose of my own recent research project on the matter was to gain a deeper understanding of the impact of humour in psychotherapy from the clients' perspective and to contribute towards research that informs therapists about clients' experiences of humour and the potential benefits and risks of using humour in therapy. I did a qualitative study, using semi-structured interviews to explore the impact of humour on clients in psychotherapy, using a phenomenological approach, providing specific, detailed information on how humour impacts on clients in psychotherapy. Ethical considerations were foremost in the work. A question guide consisting

of open-ended questions was used for the interviews which had been developed by me in consultation with research peers & research supervisors. Thematic analysis was used to analyse data as it related to phenomenology with emphasis on the participant's perspective and experiences. It also allowed for flexibility and theoretical freedom. From the thematic analysis approach, four themes were identified.

Theme 1: Therapeutic Relationship & Alliance

The impact of humour on the therapeutic relationship and alliance is a strong theme across all participants. Participants experience humour as enhancing understanding, mutuality and the felt connection with their therapist. They feel humour is beneficial when it emerges later in the therapeutic relationship. This aligns with Longe's (2018) study that finds humour generally occurrs once clients start to feel comfortable in the relationship with their therapist and safety and trust are present. It supports Sultanoff's (2013) theory that the strength of the relationship bond between therapist and client can enhance the experience of humour and act as a psychological buffer against humour being misunderstood. He believes when 'core conditions' (Rogers, 1957) are present, clients are more likely to perceive and positively receive humour.

Overall there is a strong indication from participants that humour enhances the relationship with their therapists, which is significant as research has shown the quality of the therapeutic relationship is key to success regardless of theoretical orientation (Cozolino, 2014). They emphasise that humour facilitates connection with their therapist which supports Cann's (2014) view. As the therapeutic alliance is considered one of the most influential factors of psychotherapy outcomes (Lapworth & Sills, 2010), this finding is relevant to the practice of psychotherapy.

All participants feel humour makes it more comfortable and easier to disclose

All participants strongly indicate that humour in psychotherapy is a shared experience, often referring to a feeling that they are in it together with their therapist. I believe this finding is consistent with play theories which highlight the role of humour in social bonding and suggest that humour and laughter are a social experience which develop connection (Morreall, 2016). This finding supports the view that humour is a co-creation that has the potential to heal through contact and connection. Evans (2012) suggests that humour can access the preverbal experience of the client, bringing laughter and joy which may have been lacking in infancy. Shared humour between client and therapist can meet the clients developmental needs by the therapist mirroring and being emotionally attuned. The feeling that their therapist was attuned and "got them" is strongly implied by study participants. Participants also infer that humour facilitates a sense of acceptance by their therapist, supporting Richman's (1996) belief that humour can increase feelings of acceptance, enhance empathy and a sense of belonging which strengthen the therapeutic alliance.

One participant alludes to humour being an authentic way of both her and her therapist relating, saying it provides a "window into my counsellor" and helps her gain a better understanding of her therapist. This experience is consistent with Olson's (1994, p. 197) view that humour provides "a common bond for mutually shared experiences" in which people drop their guard and relate authentically. Olson (1994) suggests through humour, therapists can demonstrate their humanness and help remove some of the perceived barriers in therapy, a view shared by Richman (1996).

Theme 2: Emotional Effect

There is a strong theme across all participants in my research of humour having a positive impact on their emotions. All participants indicate humour helps alleviate their pain or discomfort in counselling sessions. All participants feel humour makes it more comfortable and easier to disclose. It reduces burden and shame, a particularly strong theme for one participant being that she feels if humour is present she isn't overburdening her therapist, which is important for her.

Participants strongly indicate humour that alleviates their pain or discomfort when talking about difficult experiences or feelings, which supports relief theories that assert that humour releases pent-up energy caused by suppressing feelings and emotions (Morreall, 2016) and relieves emotional conflict (Rosenheim & Golan, 1986). My findings also support previous studies which indicate that humour reduces anxiety and negative mood (Strick et al., 2009), and that it brings about relief (Longe, 2018).

Like the findings of Gibson and Tantam's (2018) study, all participants' indicate humour is a safe means by which they can reach out to their therapist. This finding is consistent with Poland (1971) and Mindess (1976) who suggest laughter can reduce anxiety and can make it easier to share emotions, and McGhee (1979) who advocates that humour can foster contact by creating a relaxed atmosphere, thereby facilitating communication of sensitive issues and providing relief in a safe non-threatening way.

The theme of humour reducing shame and burden (which is strongly

indicated by one participant) supports Kaufman's (1989, p. 103) belief that ''laughter and humour, shared human activities that recruit enjoyment affect (smiling), are effective means of reducing intense negative affect, particularly shame''. Kaufman (1989) and Nathanson (1992) suggest that humour is a defence strategy used by humans to deal with shame which I feel fits with this participant's experience.

Theme 3: Changes In Perspective

All participants feel humour has changed their perspective. One remarks that seeing a funny side to her experiences makes them feel more manageable and another says that being able to recognise absurd and ridiculous elements helps her to see a broader perspective. Another strong theme identified by all participants is that humour positively alters their perspective which is consistent with Longe's (2018) study that finds humour helps reframe a situation and Gibson and Tantam's (2018) study that suggests humour can enhance clients' awareness. My findings support the view that humour can encourage self-observation by initiating the reorganization of attitudes, by providing a sense of proportion (Richman, 1996) and by advocating an alternative perspective (Sultanoff, 2003). Panchelli (2013) suggests that humour allows a therapist to offer a reframing of a client's perspective while remaining joined to the client, which I believe is reflected by participants in this study who indicate that when their therapist uses humour to gently challenge them or offer an alternative perspective, they feel their therapist is with them in humour rather than laughing at them.

Theme 4: No Experience Of Harm

All participants in the research say they have not had a negative experience of humour in their counselling sessions. Despite giving equal attention to asking participants about negative experiences of humour, like in Gibson and Tantam's (2018) and Longe's (2018) study, participants focus strongly on the positive impact of humour, recalling no negative experiences in their psychotherapy.

Theme 5: Potential to Harm

All participants give examples of how they believe humour could cause harm or be unhelpful. There is the risk of misunderstandings if humour is used over the telephone. Humour can potentially be hurtful if the therapist is using it to mock or minimise something important to the client or humour can be hurtful if used at the wrong time. If humour is introduced too early in a session it can blur boundaries and be a distraction preventing deep processing. When used as a defence strategy to deflect how the therapist or client are feeling, it can prevent real contact.

Participants imply that humour can cause misunderstanding, particularly in the early stages of relationship which supports Olson's (1994) view that therapists should know and understand their client before using humour in therapy. One participant indicated that humour has the potential to be harmful if used to minimise issues which supports Kubie's (1970) concern that humour in therapy may lead to clients feeling like their therapist isn't taking their problems seriously. Another participant highlights humour can be harmful if poorly timed. This is consistent with Kuhlman (1984) and Borsos (2006) who believe that introducing humour at an inappropriate time may have a negative impact in counselling and supports findings from Gibson and Tantam's study (2018) that indicate that poorly timed humour can disrupt the clients process preventing deeper understanding and awareness.

Participants highlight the potential for humour to be harmful when used as a defensive strategy which is consistent with Kubie's (1970) belief that humour could blur therapeutic boundaries and collude with clients' defensiveness. Cooper & Knox (2017) identify humour as one of the chronic strategies of disconnection and suggest that it is a technique learnt in early close relationships to protect ourselves from painful feelings. Interestingly, two participants indicate that even though they recognise humour can be a block to connection, when their therapist draws attention to their use of humour as a defence, it enhances their awareness which is helpful. Gestalt theory argues that if the process of awareness is increased then the client may receive feedback from themselves, others and the environment more efficiently (Yontef, 1993). Yontef (1993) also suggests humour as a deflection can be helpful when with awareness it is used to calm down a situation and allows us to stay in contact rather than to withdraw or to attack.

Limitations and suggestions for future study

To avoid attracting participants with only positive experiences, a future study focusing solely on the negative impact of humour in psychotherapy may be warranted. All participants struggle to recall specific examples of humour in their sessions, instead speaking generally about their experiences. Due to time constraints and difficulty accessing more clients, the sample size was small and therefore cannot be extrapolated to the wider population. A larger, diverse study of clients' experiences of humour in psychotherapy that takes into consideration differences between cultures, genders, racial and ethnic backgrounds would be beneficial.

Conclusion

In summary, the findings strongly indicate that humour has a positive impact on clients in psychotherapy. This applies particularly to the therapeutic relationship and alliance, clients' emotions and processes and how they perceive their experiences. Whilst no participants recall experiencing humour negatively in their psychotherapy, all acknowledged humour had the potential to harm or be unhelpful. Findings from this study strongly support previous research and theories that advocate the benefits of humour in psychotherapy and are consistent with Lapworth and Sills (2010, p. 30) belief that humour "can be a vehicle for insight, an affirmation of the working alliance, a true moment of meeting in the person-to-person relationship or a gentle means of confrontation."

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FLORESCENCE

A Single Golden Thread

By Caroline Singh MIACP

Sometimes it is a single golden thread, barely seen by human eye,
That offers hope, so fragile, and makes meaning as to why,
The road ahead uneven, at times challenging and austere,
And humankind so vulnerable to the manifest of fear.

A hard knock here, a setback there, and unkind word or deed,
A series of life's losses, none of which we want or need,
Shakes the road we journey on, until we fall and lose our way.
And no amount of bargaining will influence our day.

Worse still, we land in water and, weighed down, we start to sink,
Which magnifies fear further and brings us to the brink.
Down, we're sinking deeper, beneath the stormy waves,
A drowning or a surface storm, our only choices of what saves.

With fear of what the depths may hold, we thrash and fight for air,
Making progress blindly upwards, regardless of despair.
It's then we glimpse a golden thread, to guide us back to light,
And this gives hope to what turned out to be an endless, darkened night.

We reach out wildly, cling on tight, its brilliance a gift,
And slowly rise on upwards, then our realisation is swift,
That without a golden lifeline, we are doomed and cast adrift,
So be thankful and appreciative when a thread gives you the lift.

The truth is they're always near us and arrive to guide us back,
When our own resilience fails us, or there's something that we lack.
Wisdom grants appreciation for the golden threads abound,
And recognising the benefits of having them around.

Some threads bring solace to our loss, despair, or aching grief,
Others teach, comfort, soothe us, and are a huge source of relief.
Appreciate the message as they guide you on your way,
And be thankful of the countless times they illuminated your day.

A thread, let go, can drift away and soon it's out of sight,
A fear it's gone forever, may exacerbate our plight.
So, weave a cloak of gratitude from the threads that you acquire,
And your journey will be meaningful, and more likely to inspire.

The Invasion

By Sian Williams MIACP

His hands tightly clasped around
her neck,
His body pressed upon her chest,
A painful invasion of mind, body,
and soul,
She was only searching for someone
to hold.

For she was lonely, and he
was there,
And now the smell of terror hangs
in the air.
She can't cry or call out his name

As her body spasms and pulses
in pain.
He shudders and breaths heavy
in her ear,
How she is wishing to be anywhere
but here.
For now, she blinks realising she
is alone,

And deep in her bones she knows
he has taken her home.
He took what was scared
and what she held dear,
And her whole being now throbs
with fear.

And today she sits in this
therapist's chair
Hoping to let others know that they
are safe,
and she really does care.

Nirvana Explosive Pursuits For Me And For You

By Ray Walsh MIACP

My prospective vocation, my reason to be,
This is me; this is who I will be, a grath mo chroi,
An awakening; a blossoming of spirits and minds,
Hoping you are receiving the sweet birds and music
of chimes,

My trade, my building of bridges and roads succinct,
Mount Etna springs to mind though I choose
to be dormant and extinct,
My pursuit of intellectual and therapeutic explosions
in order to help others,
Trusting my pursuits bring no psychological damage
to my significant others,

Only the latter; bringing harmony and empowerment
to my sisters and brothers,
Leading to the dream and picturesque scenario;
Whereby growth and congruence deliver me
and others to the Promised Land,
No longer intellectually blind; on the contrary physically
and spiritually liberated and grand,

Psychosomatic self-actualization in
its full quintessential brand,
Transformation complete; you and I are free
to discover all the gems life grants,
The heavenly allowance of living your life
in symmetry with your ideal self,
Free to live; free to be you, free to be happy
in your own privileged self,

In my spiritual and intellectual quest to help others
by helping myself,
This is my dream this is me: this is who you are
and will be and I bid you adieu,
My nirvana explosive pursuits for me and for you.

Celtic Animal Wisdom

By Sian Williams MIACP

In ancient Celtic lands of old,
Where mystic tales and legends unfold,
Reside the power animals, wise and true,
Guiding shamans on their magical debut.

First, the stag, with antlers so grand,
Symbol of strength, grace, and command,
In forests deep, his presence is felt,
Leading souls to realms where secrets are dealt.

Next, the hawk, soaring high in the sky,
With eyes keen, piercing through the lie,
Messenger of spirits, across the veil it flies,
Carrying wisdom from realms beyond our eyes.

Then comes the bear, mighty and strong,
Protector of tribes, standing tall and long,
With courage and wisdom, it roams the land,
Teaching shamans the power of earth's command.

The salmon swims in rivers swift and clear
With knowledge vast, beyond mortal fear
Through depths of wisdom, its journey unfolds,
Revealing ancient truths, untold and bold.

The owl, wise and silent, takes to the night,
Seeking visions, hidden in the moon's soft light,
Goddess's companion, it holds ancient lore,
Guiding shamans to mysteries, forevermore.

Last, the fox, clever and quick,
With cunning and wit, its tricks doth stick,
Shapeshifter supreme, it dances between,
Realms of spirits, where ancient secrets convene.

These Celtic power animals, sacred and grand,
In shamanic realms, united they stand,
Guiding seekers on their mystical quest,
With their wisdom, the soul is truly blessed.

*THE PROCESS OF FLOWERING
OR DEVELOPING RICHLY AND FULLY

Issues and Controversies in Counselling and Psychotherapy

One Step Forward Two Steps Back

By Hamza Mahoney

As a nation, we introduced the Public Health (Alcohol) Act, 2018 to safeguard our population (especially the young) against excessive alcohol consumption. However, with the proposal and seemingly fast progress of the General Scheme of Sale of Alcohol Bill, will the signing of the Public Health (Alcohol) Act, 2018 have been futile? Every counsellor, and especially those working with alcohol addiction, should be concerned.

Excessive Alcohol Consumption

What direction are we moving in with the Public Health (Alcohol) Act 2018 and the General Scheme of Sale of Alcohol Bill 2022? There are more than 200 diseases, injuries, and other illnesses connected to the consumption of alcohol. Alcohol consumption increases the risk of developing mental and behavioural disorders, including alcohol dependency, in addition to serious noncommunicable diseases such as liver cirrhosis, various types of cancer, and cardiovascular disease (World Health Organization, 2022).

Historical research shows a relationship between alcohol availability and drinking problems in Ireland. Evidence of this dates back to 1925 when the Intoxicating Liquor Commission of Ireland recommended several control systems. This supports the argument that drinking problems are related to the ease of accessing alcohol (Butler, 2002). This relationship has impacted Ireland in a multifaceted way: in areas of crime, health (and alcohol-related admissions to hospitals) sociality, and workplace absenteeism.

The World Health Organization's 2014 findings from the global status report on alcohol and health rank Ireland exceedingly high among one hundred and ninety-four countries. Thirty-nine per cent of the population over fifteen years old engaged in binge drinking which is defined as consuming more than six standard drinks in a single sitting (World Health Organization, 2014).

According to the latest Heath Research Board (HRB) research on alcohol consumption, harm, and policy in Ireland, we rank ninth among the 38 member countries of the Organisation for Economic Cooperation and Development (OECD) in terms of alcohol consumption and eighth in the world in terms of monthly binge drinking. The conclusions of the research highlight the substantial harm that alcohol continues to do to the health of individuals in Ireland. In 2017, there were 1,094 alcohol-related fatalities, an average of three per day. Over 70% of individuals who died from alcohol-related causes were under the age of 65, underscoring alcohol's high rate of early mortality. Alcohol damage costs Ireland at least €3.7 billion per year (Alcohol Action, 2023).

Action Taken

On the 17th of October 2018, the Public Health (Alcohol) Act 2018 (Act 24 of 2018) was signed into effect by Michael D. Higgins, the President of Ireland, in a bid to reduce alcohol consumption and harm caused by alcohol in Ireland. The Public Health (Alcohol) Act 2018 introduced health warning labelling of alcohol products, minimum unit pricing, procedures about the exposure for sales, structural separation, and restrictions on advertising, marketing, certain promotional activities, and alcohol sponsorship (Houses of the Oireachtas, 2018).

With almost five years having elapsed since the signing of the Public Health (Alcohol) Act 2018, with its 31 sections and negotiations with the EU, 27 sections have finally been implemented as of July 2023. Section 13 of the act regulates the content of alcohol product advertisements, Section 18 restricts advertisements in publications, Section 19 focuses on the broadcast watershed, and Section 21 of the act provides for a review of certain sections of the act that have yet to be implemented (Houses of the Oireachtas, 2023). These sections are extremely important but fall short on addressing alcohol advertising on social media, especially on Facebook and Instagram.

Section 11 on minimum unit pricing is one of the Public Health (Alcohol) Act 2018 most prominent clauses. Several studies have proven that increasing the costs of alcohol has an impact on reducing the consumption of alcohol. As a result, drinkers purchase lower alcohol content beverages, and as a consequence, there's a significant decrease in alcohol-related deaths and hospital admissions. (Thompson, et al., 2016).

Ineffectiveness

Scotland implemented minimum unit pricing in 2018, and recent results show an estimated 13.4% decrease in alcohol deaths, a 4.1%, decrease in alcohol hospital admissions and a 3% reduction in alcohol consumption at a population level, as measured by retail sales (Public Health Scotland, 2023). Since its implementation in Ireland in January 2022, there is minimal evidence to demonstrate any such positive result. A significant impediment to the effectiveness of minimum unit pricing in Ireland is the reality of cross-border trade, whereby individuals from Ireland can purchase alcohol in Northern Ireland at lower cost, which costs the Irish Exchequer an estimated €94 million per year (Drinks Ireland Ibec, 2021).

> *Ireland is the first country in the EU and the second country after South Korea to introduce cancer warnings on all alcohol products*
>
> *(World Health Organization, 2023)*

Another important section in the Public Health (Alcohol) Act 2018 is Section 12 which concerns health warning labelling on alcohol products. This requires that alcohol products sold in the Republic of Ireland follow mandatory labelling requirements (Drinks Ireland Ibec, 2021). A warning label detailing the link between alcohol and fatal cancers, or detailing the dangers of consuming alcohol while pregnant, or outlining calories and grams are examples. Ireland is the first country in the EU and the second country after South Korea to introduce cancer warnings on all alcohol products (World Health Organization, 2023). Health warning labels are designed to provide consumers with knowledge regarding the harm caused by alcohol while also seeking to dispel erroneous cultural notions such as wine being beneficial for one's health. The introduction of this section has been delayed until May 2026 to provide companies ample time to prepare for the change. This delay is simply too long.

The Public Health (Alcohol) Act 2018 was intended to reduce alcohol use by 20% but has yet to achieve this target due to a lack of progress on important restrictions.

Hindrance and Harm

There is another hindrance to this intention by means of a new Bill called General Scheme of Sale of Alcohol, introduced in October 2022 by Minister For Justice, Helen McEntee. All stages of this Bill are expected to be completed by this year, 2023 (Health Research Board, 2022). This bill aims to create a single piece of modern legislation to regulate the sale of alcohol in Ireland, creating a balance between maintaining the current approach to licensing the sale of alcohol, whilst simultaneously supporting the wider economy around hospitality and night-time culture (Houses of the Oireachtas, 2023b). The bill will encourage alcohol consumption, as it aims for a general extension of all licencing hours for pubs and restaurants from 11.30 p.m. to 12.30 a.m. Late-night bar hours will be extended until 2.30 a.m. and nightclub hours will be extended till 6 a.m. The implementation of cultural amenity permits allows for extensions in venues that do not generally have them, including galleries, museums, and theatres. The requirement to extinguish a licence before opening a new site is also eliminated (Alcohol Action Ireland, 2023).

Moreover, the General Scheme of Sale of Alcohol Bill aims to regulate online alcohol sales by requiring payment in advance and requiring the person delivering the alcohol to verify that the person receiving it is 18 or older. This lays sole responsibility on the person delivering to verify the recipient's age. Could the General Scheme of Sale of Alcohol Bill not have put in

place more stringent age restrictions to prevent unlawful underage alcohol consumption?

"*The bill could contribute to increased alcohol consumption and alcohol-related harm.*" according to Professor Tom Babor of the University of Connecticut School of Medicine who examined the Bill. An example of a one-hour extension of closing times in Amsterdam resulted in a 34% increase in emergency calls for alcohol-related injuries (O'Keeffe, 2023).

Futility

As the World Health Organisation (2022) encourages governments to develop and implement a variety of appropriate policies to reduce the burden of harmful alcohol use, including regulating and restricting the availability of alcohol, it seems evident that the General Scheme of Sale of Alcohol Bill is working in the opposite direction with the wider availability of alcohol and longer hours to obtain it. Dr Anne Dee, Chair of the Public Health Committee of the IMO puts it plainly, "This Government does not have a coherent policy on alcohol. It makes no sense that, on one hand, it is looking to extend alcohol licensing laws while on the other, it is also looking to reduce alcohol consumption by 20%. This move is, at best, not thought through and, at worst, regressive and ultimately harmful." (IMO, 2022) Increasing the hours of operation of establishments that sell alcohol could result in increased consumption of alcohol which contradicts the fundamental goal of the Public Health (Alcohol) Act 2018.

Finally, there appears to be an inconsistency between the new General Scheme of Sale of Alcohol Bill's rate of advancement and the delayed implementation of the sections of the Public Health (Alcohol) Act 2018. Yes, the General Scheme of Sale of Alcohol Bill will improve alcohol licencing and cultural offerings, but is this more important than reducing Ireland's alcohol consumption? It seems like an exercise in futility. The General Alcohol Scheme Bill is an imminent threat to the Public Health (Alcohol) Act 2018.

Alcohol is and will continue to be a major part of Irish culture. High alcohol consumption and misuse will always exist. The Public Health (Alcohol) Act, 2018 and its many sections was designed to better safeguard the Irish population (especially children) by reducing excessive alcohol use and its subsequent harm. However, with the proposal and seemingly fast progress of the General Scheme of Sale of Alcohol Bill we are taking one step forward two steps back.

Hamza Mahoney

Hamza holds a first-class honours degree in BA Counselling with Addiction. He will begin a master's degree in September and currently works in the Midwest region, as a counsellor, working with individuals and families who are impacted by alcohol and substance misuse. Hamza is passionate about mindfulness, addiction rehabilitation, and bereavement/loss. He delivers mindfulness workshops and has a private practice in Kerry.

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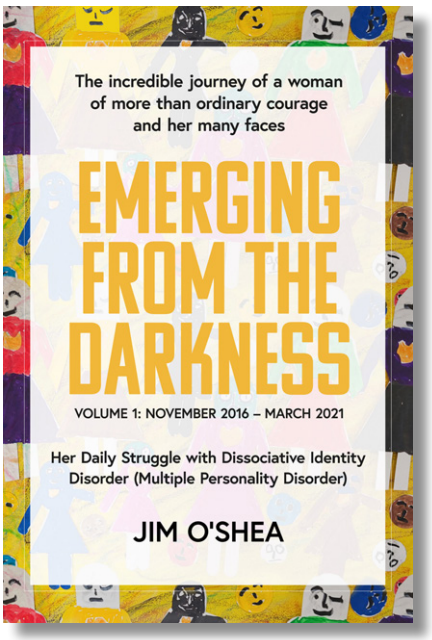
Book Review

Title: *Emerging From The Darkness. than*
Author: *Jim O Shea*
Published: *Furze Publications 2022*
ISBN: *ISBN 978-1-9999930-2-3*
Reviewed by: *Laura Burke Hurley (MIACP)*

This book is about Margaret, a survivor of childhood abuse, who entered into a long-term therapeutic relationship with the author, Jim, back in 2016. This book, which is volume 1 of 3, documents their relationship and the therapeutic journey they embarked on from 2016 to 2021. Volumes 2 & 3, yet to be released, will document Margaret's poetry and the latter part of the therapy.



Margaret's story is a shocking and horrific account of sexual, physical, verbal and emotional abuse during her childhood which resulted in her shutting down and dissociating from her pain. Dissociation is accessible in early development when trauma presents, it facilitates the childs ability to manage upsetting or painful events by splitting overwhelming feelings, beliefs and memories. Margaret's personality fragmented, a condition described as structural dissociation, in fact Margaret's identity was split into eighty-seven personalities. What transpires in this text is a vivid portrayal of the unique first-hand experience of the life and struggles of a person with structural dissociation.

The decision to write the book came after Margaret had been in therapy for three years. The author and Margaret, (a pseudonym used to protect the client's identity) believe that this book might be inspirational for others who have suffered abuse and have experience of this disorder, and because the process of therapy has been so beneficial to Margaret's understanding of herself. Any case study of this type must contend with the ethical issues of client confidentiality and this was adequately dealt with in the book.

The author divides the book into two parts: Part 1 gives a background to Margaret's life before entering therapy. It portrays a lifetime of abuse and heartbreak. It explores the horrendous impact of extensive childhood abuse, as well as prolonged coercive abuse as an adult and the death of her twelve-year-old son. There is some very accessible writing by the author in well-researched chapters that offer an understanding of the impact of early childhood trauma on the developing infant and child. The outcome of this for Margaret was the fragmenting of her personality and the subsequent diagnosis of Dissociative Identity Disorder (DID), this facilitates the reader's understanding of the how and why of structural dissociation.

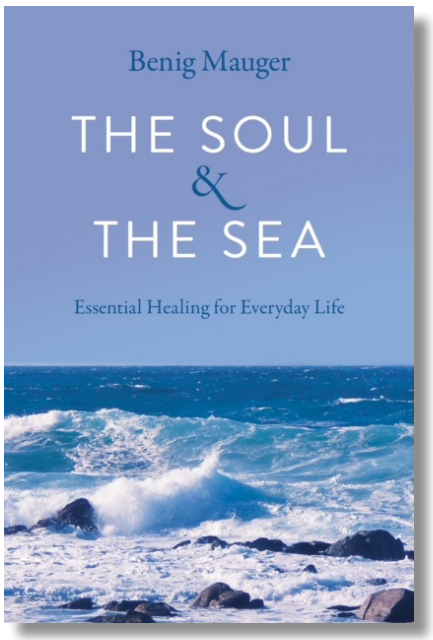
Part 2 represents the therapeutic journey they embarked on. The physical weight and size of this book is significant and reflects the weight of the trauma carried in Margaret's story. The therapy is unconventional, there are multiple correspondences between therapist and client in between sessions, mainly through email counselling. However unorthodox that may seem, this is to facilitate the emergence of the many parts of Margaret's personality. As is evidenced in the book this individually designed therapy worked for Margaret as integration of parts is seen to be possible over time. I found this section of the book difficult to read. This is partly due to the content but also the style the author has committed to, transcribing the email correspondences between the parts and the therapist was a formidable challenge. He has attempted to address this issue by writing his own reflections in bold, however this reader is left wondering if a more integrated approach to writing this case study including the instinctive but also theoretical basis for his interventions would make for easier reading and understanding of what was happening during the therapy. That said, I would recommend this book to any counsellor or client living with or working alongside an individual who has experience of DID or who has survived abuse in childhood.

AUTHOR'S NOTE: Due to Brexit, the paperback of this book is not currently available to Irish customers on amazon.co.uk. You can put it on your wish list at amazon.co.uk or get it immediately from amazon.de. Otherwise, the author can supply it for the same price. Contact 087 821 1009.

Book Review

Title:	*The Soul & The Sea: Essential Healing for Everyday Life*
Author:	*by Benig Mauger*
Published:	*John Hunt Publishing 2023*
ISBN:	*1803411279*
Reviewed by:	*Ursula Somerville (MIACP)*

I am pleased to write this review of Benig Mauger's new book *The Soul & The Sea: Essential Healing for Everyday Life*. Benig is known for her previous pioneering book *Songs from the Womb: Healing the Wounded Mother* and *Reclaiming Father: The Search for Wholeness in Men, Women and Children* and her last book *Love in a Time of Broken Heart: Healing from Within.* She is known as an inspirational teacher as well as a psychotherapist and spiritual hearler.



This book has Personal, Jungian and Spiritual aspects, birthed from within Benig, and contained within 215 pages. Benig's unique style of writing, invites the reader to lean into the story in the pages and visit the "Rooms" she cleverly offers to rest a while and ruminate in the memories which come to visit. It would be useful to have beside you a pen and paper to record your own creativity that will open up within you. If I had a critique to make of the book, it would be that it does not provide the loose blank pages at the back of the book, to record musings and creative wonderings that could be kept within the vessel of the book on reading it.

While I read the *Soul and the Sea: Essential Healing for Everyday Life* there is a real felt-sense because of how it is written and I was instantly brought to a soulful place as I settled into the beautifully presented book. Lovingly placed between the covers, which is sea blue has a spray of waves on it, is an invitation for the reader to engage with the author and you want to know more. Benig tells us she wrote this while in lock down in the early days of Covid 19 in her "soul home" in Connemara on the Wild Atlantic Way. It looks back on her life as a woman who was born to love and she weaves both Jungian depth psychology and Spirituality to help bring to life her experience as a loving woman and as a therapist. She uses inspirational quotes from Rumi and Rainer Maria Rilke and Mary Oliver. Perhaps, most importantly, she introduces us to her Spiritual Master, Sai Maa as she describes her influences on her and, in part, dedicates the book to her.

She tells us, early on, that *"… healing was not simply a matter of will… I understood the mystical nature of transformation and healing"* (p. 1). This sets the tone of the book and she deftly brings us through coloured rooms, each colour representing a healing nature: The Red Room, The Pink Room, The Blue Room, The Rose Room, The Green Room, The Purple Room. The room I wanted to remain in was the green room which starts out with Nature and the Soul. This section opens with a beautiful quote from Heraclitus: *"You could never arrive at the limits of the Soul, no matter how many roads you travelled, so deep is its mystery"* (p. 113). Once in the green room, Benig is accompanied by the Earth Goddess who tells her: "*Write about creativity; write about renewal and new life, write about how deep is our soul"* (p. 112). In this room we visit our complexes and Benig asks us to "trek our soul" by this she means be creative and do not be led astray by a strong ego, rather, go to the deep sense of self. In the green room she introduces us to "inner archetypes" which may get in our own way and names them as "Victim, Prostitute, Child and Saboteur". I understand, from Benig's writings, that we must not be afraid of meeting these archetypes if we can become creative. Before we leave the Green Room, we will have been exploring a "healing from within" and, to augment the creative side of healing and transformation, she offers a "workbook and exercises" section which help us "change our patterns".

I have highlighted just some of the "rooms" but there are also rooms for Birth, Life and Death all of which are powerful testaments to our living experience. I would certainly encourage reading this book as it will open your creative side and much more besides. For such a small book there is a wealth of resources in it for everyday living as both a human and a psychotherapist.