

# The Irish Journal of Counselling and Psychotherapy

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- The Individual and Work: Politicised Psychotherapy
- Let's Talk about the F word!  
A reflection on fees
- Dark and Light – What Our Psychotherapy Heroes  
Reveal About Ourselves and Our Profession
- Shelter From The Pandemic:  
Notes On Nature
- When the closing session is final  
A therapist's journey with her client through  
terminal illness and death

## Reflections with purpose



Irish Association for Counselling and Psychotherapy

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## From the Editor:



Dear Colleagues,

We wish you a very warm welcome to the Winter 2021 edition of the Irish Journal of Counselling and Psychotherapy. As I write, we have again reached that time of year when the clocks have fallen back, the evenings stretch longer before us and we quiet somewhat and claim some space to restore and reflect. Whilst not yet over the effects of the Covid-19 pandemic, and with it all of the upheaval and loss, we also have had enormous opportunity for careful, considered reflection on ourselves, our practice, our clients and our profession. In this context we are delighted to present five articles from professionals in our field who explore very different themes and experiences. The thread which binds them all together lies in each author's ability to weave their reflections on these themes into colourful tapestries of words and images which in turn prompts our own reflections with purpose.

In our first article, Alex Delogu explores the topic of *Politicised Psychotherapy*. As we are social creatures, our wellbeing is tied up with societal forces (including politics) which, in turn, shape our needs, expectations and place enormous demands on us as individuals. We cannot escape the impact of these forces. Therapists play a part in society because we are members of the same society from

which our affected clients emerge. In this piece, Alex skilfully articulates many of these tensions and outright conflicts by illustrating the impact in selected client vignettes offering us an opportunity to explore our part in maintaining potentially problematic social pressures.

Our second article addresses a hot topic at present (as illustrated by the number of motions on the topic of protecting the value of counselling and psychotherapy at the recent IACP AGM). Here, Brendan O'Shaughnessy's *Let's talk about the F word*, explores the area of fee setting from his professional practise perspective. Brendan's approach is to explore the practicalities, ethics and business aspects of this often challenging and overlooked aspect of our work. Overlooked in the sense of the need for careful, purposeful and data-driven decisions necessary to inform us about what our work is worth. Though money alone will likely never really represent the actual value of therapy for clients and for ourselves, it is an important aspect of our financial wellbeing.

Coincidental with the recent news of the passing of Aaron T. Beck (1921-2021), father of cognitive behavioural therapy, Emma Redfern turns her attention to the topic *Dark and light – what our psychotherapy heroes reveal about ourselves and our profession*. She does so in a thoroughly self-reflective, descriptive and open way, illustrating the influences of veritable giants in our field. She notes that though all of us likely have our own therapy heroes (those people whose work has been formative and foundational in our identity as therapists), we need to remain vigilant for objectifying them as idealised others and land with the shadow each necessarily

includes so that we can see them as real people. We thus meet ourselves in our own realness along the way.

Our fourth work offers us some much needed respite from talk of Covid-19, and redirects us to the topic of respite. Here, Siobhan Maher's work, *Shelter from the pandemic: Notes on nature* explores the many ways we can be in nature and the many benefits this has on our physical and psychological wellbeing. Biophilia, fractals and elemental natural forces are described as important resources to offset the way we live today, with our ever increasing reliance on screens and indoor living. Siobhan makes a strong case for a return to nature as solace and shelter.

Our last prose work – *When the closing session is final*, Margaret Plunkett, in a remarkably human, courageous and compassionate mode, reflects on her lived experience of working with a client in the last stage of their life, from diagnosis of terminal illness to their death. This is a piece which is both moving and hopeful. With enormous grace, Margaret charts those final months with her client, V and shows us all what the soul of a therapist looks like when faced with such a terrible situation. I think this piece is a fitting end to our Winter Edition. The editorial committee would like to express our profound gratitude and support to Margaret for sharing such a sacred experience.

And finally, as we continue our formal poetry section of the journal, we hope you enjoy the works from five different poets on a range of topics and the theme of this quarter's issue – *Reflections with Purpose*.

**Mike Hackett, Editor**  
and **Lynne Caffrey, Co-editor**

## Academic Article

# The Individual and Work: Politicised Psychotherapy

By Alex Delogu



*individuals and work and the impact that these ideas have on physical and mental well-being. Identity and work are intertwined (Gertz, 2019, p. 127). Before looking at these two aspects, let's explore the critique in more detail.*

## The Critique

I first encountered this critique through the work of philosopher Mark Fisher who wrote insightfully about the effects that culture and politics have on the psyche of individuals. As a biographical note, Fisher was open about his struggles with depression and sadly took his life in 2017 (Colquhoun, 2020, p.2; Fisher, 2021a). I mention this as sometimes philosophers can have a reputation of operating at a theoretical distance from their subject, but in this instance, we have a person thinking and philosophising through their lived experience.

Fisher's most influential book *Capitalist Realism* (2009) is concerned with how the political system at the time stunted our capacity to even imagine an alternative society beyond that of the doctrines of capitalism, leading us down a bleak imaginative cul-de-sac that makes "it is easier to imagine the end of the world than it is to imagine the end of capitalism" (Fisher, 2009, p. 2). The focus here is that the social environment has a direct impact on our capacity to imagine and on mental health more generally, which will be returned to later.

## Introduction

There exists a rather worrying critique of psychotherapy in that it may exist in service of harmful societal forces. To put it concretely, the risk is that psychotherapy is used to rehabilitate people to return to a societal system that itself harms and breaks them. This is not a criticism of psychotherapy itself, but rather a particular function that psychotherapy risks

adopting. This is not something interior to psychotherapy but rather a demand that is placed on it from the outside. How should psychotherapy respond? The aim of this paper is to show that this is a demand that must be resisted if one is to maintain the ideal of doing no harm seriously. The problem itself appears in the unusual conjunction of our commonly held ideas about

From a mental health perspective, Fisher's main concern was that this connection between our environment and mental health was being undermined by the idea of the "atomistic individual" (Fisher, 2009, p. 37). By over-emphasising the individual, the political and social causes of mental illness are diminished. By extension, the impetus to change things at a social and political level are similarly diminished (Fisher, 2009, p.37). If we become blind to the causes of our distress, how can we possibly change them? It is this disconnect that led psychologist David Smail to state that "psychotherapy does not work" (Smail, 2001, p. viii), where he argued that a psychotherapy that aims to heal people but ignores the societal causes of mental illness will fail from the start. It would simply end up treating a symptom, something many therapists would reject. This adds a nuanced danger to the popular idea that the only thing you can change is yourself.

To counter this trend means that psychotherapy must become socially and politically aware in its functioning (Fisher, 2009, p. 37; Totton, 2003, p. 49). Psychotherapy should not simply be a tool to adjust people to social norms but something that holds these norms into question. It is important to note that this is not an excuse to ignore developmental and family contributors to distress. The political and social are simply inherent dimensions of that very process.

### Pathological Individualization

The idea of there being an absolute individual exists only as an abstraction. The reality of our situation is that the social nature of being human precedes any notion of individuality. "There's no such thing as the individual" says Fisher

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*Belief in the common idea that "you can achieve anything" has become more and more a reality today.*

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(2021b, p. 119). I have argued similarly elsewhere (Delogu, 2020).

The detrimental effects of an over-emphasis on individuality can hardly be overstated, especially in a society that glorifies individuality. The pandemic has no doubt had an enormous impact of the focus on individuality. "Loneliness hangs over our culture today like a thick smog" (Hari, 2009, p. 88). Loneliness can occur because of social isolation but exists even in the presence of others. As the adage goes, the loneliest place is amongst a crowd. Hari points to a key factor in reducing loneliness and that is being together with others who hold shared meaning or values (2019, p. 100): just being together with people is insufficient. One might think the internet helps in this regard, and no doubt it does to a degree, but it is a paltry substitute for real togetherness (Hari, 2019, p. 108).

These isolating social conditions have an impact on how we see ourselves in the world. Nolen Gertz puts it well:

"So a system built on life, liberty, and the pursuit of happiness can induce nihilism by treating lifelessness, oppression, and unhappiness as *personal feelings*, as feelings that reveal a person's pathological inability to be happy, the result of which is that we respond to our suffering with the nihilistic desire to *change ourselves* rather than with the political demand to *change the system*" (2019, p. 169).

This is not an argument against personal improvement. Rather, the danger is that mental health difficulties come to be viewed as a personal failing where in fact it is often a reasonable and understandable reaction to systemic demands that are detrimental to physical and mental well-being. The difficulty is in identifying these connections. It is much the same as exploring someone's developmental history and connecting past and present difficulties, except in this situation, the net is cast a little wider into the cultural domain.

There is a discourse and language that goes with this individualization, of which I am sure many are quite familiar. Belief in the common idea that "you can achieve anything" has become more and more a reality today. Smail calls this "magical voluntarism" - "the belief that it is within every individual's power to make themselves whatever they want to be" (Fisher, 2021a). This idea is clearly false. Obviously, it is important to have belief in oneself, but that "you can do anything" is an unfulfillable expectation. Should one not achieve these expectations the outcome is regarded as a personal failing. Believing in this also entails its opposite: "It is the flipside of depression – whose underlying conviction is that we are all uniquely responsible for our own misery and therefore deserve it" (Fisher, 2021a). This sort of view is unfortunately all too common in positions which discriminate against people from lower socio-economic backgrounds: "We have begun to think: I will look after myself, and everybody else should look after themselves, as individuals. Nobody can help you but you" (Hari, p. 101).

Byung-Chul Han makes some acute observations about the

direction this type of thinking in his book *The Burnout Society* (2015). Han sees burnout, depression, ADHD, borderline personality disorder as exacerbated by modern living and this illusion of infinite potential. “They are pathological conditions deriving from an excess of positivity” (2015, p. 4). We live in a society more inclined towards individual achievement, driven by the ideals of “freedom, pleasure, and inclination”, where everyone “must be a self-starting entrepreneur” (Han, 2015, p. 38). This is the downside to there being less constraints on how we choose to live; we are confronted by choice paralysis. Echoing Fisher, the implicit contemporary burden - the illusion of absolute freedom is exhausting, collapsing into its depressed opposite, that “Nothing is possible” (Han, p. 11). It becomes an individual failure for people who cannot achieve their potential. There comes a weariness from *too much* freedom, from having to constantly become something better. Leading society towards competitive performance between individuals, “a space where solidarity and empathy are only dangerous distractions weakening the warrior that you are obliged to be” (Berardi, 2019, p.46).

It should be clear how insidious this type of thinking has become. Obviously, people want to achieve their potential, to be free. But to demand it, expect it, and make it the order of the day is a form of violence that becomes internalized. It is oppression that becomes internalized and invisible because who wouldn’t want more freedom? A paradoxical control through the promise of infinite possibility.

### Vignette 1

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*The thing that I found challenging was that he would nearly always circle back to the idea that it was down to his lack of will power or motivation for not being able to move past his anxiety and enjoy even basic things in his life.*

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I was working with a client, let’s call him Bob, who was quite depressed. Bob had stopped enjoying things pretty much altogether. He did a lot of exercise; a lot more than I do in fact. He was on medication for depression and had noticed no change. He came to therapy because of an upcoming job interview which he aced but could not face starting the job and was subsequently dismissed. He had no traumatic family history, if anything they may have been distant, but it was hard to establish how much. How do you quantify an absence? The thing that I found challenging was that he would nearly always circle back to the idea that it was down to his lack of will power or motivation for not being able to move past his anxiety and enjoy even basic things in his life. “It is ultimately my responsibility to change” he would say, as if everything hinged on him alone. His conviction on this point at times had me struggling to think otherwise. My interventions never really evoked more thought around this core conviction. The short-term therapy came to an end.

### Work

These profound ideas about

our individuality and identity impact how we organise our work lives. Work has a profound effect on self-worth. The first question likely to be asked of a stranger is “What do you do for a living?” (Graeber, 2019, p. 240). In his philosophy of existentialism, Sartre cautioned against rigidly identifying with a distinct archetype, “there is the dance of the grocer, of the tailor, of the auctioneer, by which they endeavour to persuade their clientele that they are nothing but a grocer, and auctioneer, a tailor” (Sartre, 2004, p. 386). We collapse our potential into easily digestible archetypes. This goes for therapists as well. To not simply become a therapist, to keep your being an open question (Bion, 2018, p. 30).

Work leaves not solely an ideological mark. The toll which workplaces upon the body is often visible through strains, injuries, or illnesses. The body is thus the site where work leaves its mark. The “body is political” (Totton, 2003 p. 47). There are marks particular to the “labouring body” and the “consumerist body” (Totton, 2003, p. 49-50) and following Han let us coin the modern “achievement body” (2015, p. 8). As a subtlety, we are called to see the damage from what anthropologist David Graeber calls “spiritual violence” (2019, p. 67). That is, the detrimental impact of meaningless work, lack of values, and an increasingly uncertain future (Hari, 2019; Graeber, 2019; Gertz, 2019, p. 124-138).

The proposed solution to the ills mentioned above is often more work. “Some have done better than others because they’ve worked harder than others. *If you want to do that well, you should work hard too*” (Fisher, 2021, p.



122). All this even though “[m]ore often than not, individual wealth owes more to luck, laws and regulations, inheritance or fortunate timing than to individual brilliance” (Standing, 2017, p. 32). There are thus many more factors than individual motivation. Though likely preaching to the choir, many who do not work don’t do this by choice. Often, some relational difficulty or trauma gets in the way for those who want to work. I feel like I am defending idleness here. Let it be said that people shouldn’t need an excuse to be idle, there is nothing wrong, lazy or otherwise, about idleness and leisure (Standing, 2017, p. 117).

I think it is very important however, to carefully interrogate any inherited social assumptions we carry about work because they can carry into therapy. As Graeber points out, many think “that those who avoid work entirely should probably drop dead” (2019, p. 242). Work is considered a fundamental human trait. To not work is viewed as pestilent. Even within psychiatry “having a job is considered one of the major characteristics of being a high-functioning person” (Wang, p. 51). Again, this is political standpoint, as “a capitalist society values productivity in its citizens above all else, and those with severe mental illness are much less likely to be productive in ways considered valuable: by adding to the cycle of production and profit” (Wang, p. 51).

There is a connection between how work is also valued in monetary terms. There is a long history of the devaluation of women’s labour (Federici, 2014, p. 92-96) or what today can be called “caring labour” (Graeber, p. 236; Block, Croft, Schmader, 2018). In other words, work that has traditionally been

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*“If we all woke up one morning and discovered that not only nurses, garbage collectors, and mechanics, but for that matter, bus drivers, grocery store workers, firefighters, or short-order chefs had been whisked away into another dimension, the results would be equally catastrophic”.*

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done or assumed to be done by women, e.g., cleaning, raising children, teaching, nursing, etc. Psychotherapy as a line of work can be similarly included. “The more your work helps and benefits others, and the more social value you create, the less you are likely to be paid for it” (Graeber, 2019, p. 207). So, we have this societal devaluation of jobs that are of enormous benefit to the social fabric of our lives.

The hypocrisy of this position was highlighted during the pandemic. “Unskilled labourers” magically became “essential workers”. Graeber, writing pre-pandemic, proposed a thought experiment: “If we all woke up one morning and discovered that not only nurses, garbage collectors, and mechanics, but for that matter, bus drivers, grocery store workers, firefighters, or short-order chefs had been whisked away into another dimension, the results would be equally catastrophic” (2019, p.208). Many of these jobs tend to be the ones that generate the most scorn during strike action taken to secure better pay or working conditions.

## Vignette 2

I had a client, let us call him Jeff. When Jeff was a child, he would be beaten for not helping in his father’s business operated from home. He would be paid little or nothing for his long day’s work. This happened intermittently over several years. Jeff now becomes retraumatized by the mere mention of work and all that this word symbolises. He would work in manual labour types of jobs (caring labour) and is extremely sensitive to the disparity in pay between himself and the people he would work for, that is, the managers or coordinators would be making a lot more money than him. In therapy Jeff fluctuates between wanting to work to make a better life for himself and not wanting to work because of the stress it causes him. He receives disability pay to sustain life’s basics. Jeff gets along somewhat better with his father. Work remains traumatising.

## Commentary

It was clear that there was a strong connection between Jeff’s mistreatment by his father and his ongoing difficulties with work. This developmental aspect was explored on many occasions but is not the focus here. I was struck however by the fact that the things that were triggering him revealed an injustice. Specifically, management earning much more money for the same or fewer hours. A classic capitalist arrangement. This seems to be something that others take for granted but because of Jeff’s heightened sensitivity, it could not be ignored.

It seemed to be that rather than his father being the source of his future difficulties that he was a conduit for these social forces of workaholicism. Culture

is not something outside of the family, but the family is our first encounter with culture. "The family is permeable to environmental forces and exterior influences" (Guattari, 2009, p. 201-202). In Jeff's case, his father had embodied this work ethic to an authoritarian degree, and he was encountering a variation of this same theme in his adult work life. To say that his difficulties with work are solely to be resolved through exploring his past would be the sort of nihilism inducing interpretation mentioned earlier.

"If the symbolic father is often lurking behind the boss—which is why one speaks of "paternalism" in various kinds of enterprises—there also often is, in a most concrete fashion, a boss or hierarchic superior behind the real father. In the unconscious, paternal functions are inseparable from the socio-professional and cultural involvements which sustain them" (Guattari, 2009, p. 201).

I often felt compelled, especially early in the therapy to intervene with anxiety management to help Jeff to cope and continue to work. However, I resisted this compulsion. On reflection, it would have been a mistake. Further, it was not Jeff's goal. Had I pursued this intervention, it would have been based on my assumption that helping Jeff to endure work was the correct course of action. Though he wanted to work, I wondered whether this desire was socially conditioned, or was it something he wanted. His father valued work above all else. I tried to proceed in a way that kept the possibilities of these questions open, at least in my mind. To simply treat

*I often felt compelled, especially early in the therapy to intervene with anxiety management to help Jeff to cope and continue to work. However, I resisted this compulsion.*

the therapy as rehabilitation for work would have fallen into the trap mentioned at the outset, facilitating my client's exploitation and his inner self-exploitation.

### Conclusion

The purpose of this work is to show how society and politics shapes our ideas of individuality and our attitudes to work. We are permeable in our most intimate mental functioning; we are not closed off. These attitudes affect everyone, both therapists and clients. For therapists, we have a responsibility to not simply reiterate and reinforce this social and political structure but to create a space for radical reassessment of all assumptions. What has been in question here are ideas of individuality and how these may become pathological coupled with scrutiny of the many social contradictions and attitudes to work. ☺

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### REFERENCES

- Berardi, F. B. (2019). *Futurability: The age of impotence and the horizon of possibility*. Verso.
- Bion, W. R. (1980). *Bion in New York and Sao Paulo: And three Tavistock seminars*. The Harris Meltzer Trust.
- Block, K., Croft, A., & Schmader, T. (2018). Worth Less?: Why Men (and Women) Devalue Care-Oriented Careers. *Frontier Psychology*. <https://doi.org/10.3389/fpsyg.2018.01353>
- Colquhoun, M. (2020). *Egress: On mourning, melancholy and Mark Fisher*. Repeater.
- Delogu, A. (2020). One and many: Reflections from Bion. *The Irish journal of counselling and psychotherapy*, 20:1, 4-7.
- Federici, S. (2014). *Caliban and the Witch: Women, the body and primitive accumulation*. Autonomedia.
- Fisher, M. (2009). *Capitalist realism: Is there no alternative?* Zero Books.
- Fisher, M. (2021a, September 12). Good for nothing. *The Occupied Times*. <https://theoccupiedtimes.org/?p=12841>
- Fisher, M. & In Colquhoun, M. (2021b). *Postcapitalist desire: Mark Fisher the final lectures*. Repeater.
- Gertz, N. (2019). *Nihilism*. The MIT Press.
- Graeber, D. (2019). *Bullshit jobs: The rise of pointless work and what we can do about it*. Penguin Books.
- Guattari, F. (2009). *Chaosophy: Texts and interviews 1972-1977*. Semiotext(e).
- Han, B.-C. (2015). *The burnout society*. Stanford Briefs.
- Hari, J. (2019). *Lost connections: Why you're depressed and how to find hope*. Bloomsbury.
- Marino, G. (2004). *Basic writings of existentialism*. The Modern Library.
- Smail, D. (2001). *Why therapy doesn't work*. Constable & Robinson.
- Standing, G. (2017). *Basic Income: And how we can make it happen*. Pelican.
- Totton, N. (2003). *Body psychotherapy*. Open University Press.
- Wang, E. W. (2019). *The collected schizophrenias: Essays*. Graywolf Press.



## Practitioner Perspective

# Let's Talk about the F word!

## A reflection on fees

*By Brendan O'Shaughnessy*



### Introduction

In researching and writing this article I have become more aware of the therapeutic, personal, ethical, and business issues involved with fee setting. I hope it will be a source of interest and reflection for you, but first let's look at what prompted me to explore this issue.

Prior to an initial meeting with a prospective experienced supervisee, I sent a draft contract and my fee scale for supervision. Subsequently, we had a phone conversation where she expressed her shock at my concept of a fee scale. We had a very open discussion about this, and I committed to reflect on how I came to this method of fee setting. This

article is part of my reflection and an examination of my reasoning. It is my hope that this will be useful in your fee determination.

Coincidentally, I was reading some comments on the Irish Association for Counselling & Psychotherapy (IACP) Facebook page (Irish Association for Counselling and Psychotherapy, 2021) about the commoditisation of therapy in Ireland. Therapy and Employee Assistance Programmes (EAP) providers are advertising low rates and then paying therapists a portion of this. The comments were highlighting the conflict between making therapy more accessible to more people and a race to the bottom in terms of fees that may follow.

Finally in my work as a supervisor with students I have become aware that their expectations regarding making a living may be too optimistic. I share a financial model with them that may provide a more realistic view of private practice. More on this later.

### My own Background

My attitude to fees is strongly influenced by my life experiences. For most of my 40-year working life, I held senior management positions in several multinational electronic companies. This experience encouraged data analysis as a prerequisite to developing strategies. For 28 of those years, I also worked as a part-time counsellor with a charitable organisation that offered low-cost professional counselling to people who may not otherwise have access to therapy. In 2019, the charity was dissolved and I set up my own private therapy and supervision practice. I also retired early from my position in the electronics industry. I am in the lucky position to be able to work at therapy and supervision for two days a week and not be reliant on it as my main source of income. I realise that this is not the case for everyone and I recognise this influences my attitude to fee setting.

We will explore the topic of fee setting then in four sections; the therapeutic bit; the ethical bit; the research bit and the business bit. I will then conclude with my thoughts and observations on the topic.

### The Therapeutic bit

From a client's perspective fees can be viewed positively and negatively. In writing about fees and the therapeutic relationship McLeod notes:

Freud and other psychoanalysts have argued for the 'sacrificial' nature of the fee. The assumption here is that, as a means of maximising the motivation of the patient for therapy, and signalling the importance of their commitment to therapy, a fee should be set that is the maximum affordable by the patient. This implies that sliding fees should be operated: a fee that represented a major personal commitment for one client might be insignificant for another, more affluent client. (McLeod, 2019, p. 43)

This would seem to support the notion of a fee scale.

On the other hand, payment may also have a negative impact on the therapeutic relationship, as clients may feel the therapist is only in it for the money; "he/she is only pretending to value me because they are being paid" (Wills, 1982, p. 56).

From a therapist's perspective fees can also have different meanings. On the one hand fees may be a tangible measure of how the client and the therapist values the service provided. However, as McLeod noted "Some therapists experience 'fee guilt' arising from the conflict between being wanted to be perceived as a 'helper' and being involved in a business that involves making a living and a profit" (McLeod, 2019, p. 152). On a more sinister note, "If a therapist's income is contingent on a client remaining in therapy, he or she might subtly find ways to prolong treatment" (Kottler, 1988, p. 154).

From a personal perspective my earliest experience with fees was when the charity I worked with began asking for donations. Most clients were happy to donate between €5 and €10 and I became used to making this clear at the initial meeting with a client/clients. One client whom I remember well was an older woman who suggested a €1 donation. As I came to learn later this was not easy as she was in difficult financial circumstances. At the end of one of our sessions she was searching in her handbag for the €1. I assumed she was not able to afford it that week and I made the terrible mistake of telling her it was OK not to pay for that session. She fished out the €1 and let me know in no uncertain terms that this was her counselling, and she was paying for it. I came to treasure that €1 more than any I have received since for what the experience taught me.

### The Ethical bit

So, what advice as we get from codes of ethics on the topic of fee setting? The IACP Code of Ethics briefly mentioned fees in section 2.3 where it mandates that therapists

- a) Take responsibility for the setting and monitoring of appropriate, boundaries within the practitioner/client relationship, making these explicit to the client.
- b) Take responsibility for making a clear contract with the client to include issues such as availability, fees, and cancelled appointments... (Irish Association for Counselling and Psychotherapy, 2018)

The British Association for Counselling & Psychotherapy (BACP) makes no mention of fees, but does suggest that therapists

communicate "any benefits, costs and commitments that clients may reasonably expect" (British Association for Counselling and Psychotherapy, 2018).

The American Counselling Association (ACA) notes that

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. If a counselor's usual fees create undue hardship for the client, the counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services (American Counselling Association, 2014).

Due to the scant advice above, I wonder if this reflects a professional sense of "fee guilt" mentioned by McLeod above?

### The Business Bit

When setting up in private practice, a personal challenge involved challenging my own attitude toward fees. Having spent the previous 28 years in a counselling organisation that transitioned from no fees, to asking for donations to setting a minimum negotiable fee, I had little experience with how to ask clients for money. As I tend to be more instinctive in my counselling life, I did not make any detailed analysis of fee setting but did start out with a scale based on an evaluation of client's income levels.

Had I adopted my prior business approach (data analysis), I would have completed several steps before setting up my own practice. So, for the purposes of this reflection, I now present the steps which now guide my fee setting.

1. Budgeting: Prepare a budget for practice running costs and identify my income goals.

2. Competition Comparison:  
Discover what other therapists charge.

3. Market Analysis: Investigate what can clients afford.

### What do in need to charge (Budgeting)

For illustration, I present a sample budgeting model based on several goals and assumptions. Particularly, with respect to income, the goal of earning the average Industrial wage as measured by the Central Statistics Office (Central Statistics Office, 2021). Note: Microsoft Excel has a function called Goal Seek, where, based on your goal (in this case the average Industrial wage), you can calculate the fee you need to charge. You will see this number highlighted in the yellow cell in Figure 1.

If anyone wants to adapt and use the budgeting model for their own circumstances, please email me and I would be happy to share it.

### Competition Analysis: What do other therapists charge?

The following analysis (Figures 2 to 4) is based on IACP website "Find a Therapist" Section (Irish Association for Counselling and Psychotherapy, 2021) as of July 11th, 2021. Of the 2,762 therapists listed 2,566 mentioned a fee. Many fees are negotiable, but I assume this is interpreted as negotiable downwards rather than upwards by most clients. 490 IACP members did not state a fee, but said fees were negotiable.

### How many IACP Therapists work fulltime?

Based on the above analysis, it would seem that most IACP therapists do not earn the industrial average. So how do they survive? According to the IACP member survey (conducted during the Covid 19 pandemic) Figure 5, only 9% of members work more

### Budgeting Model:

	Daily	Weekly	Annual
	5	46	230
Start Time	09:00		
Finish Time	18:00		
	9.00		
Hours per Client	1.50		
	6		
<b>Clients per day</b>			
Plan	6		
Can't Fill/No Show/Cancellation etc %	30%		
Actual	4.2		
Rounded	4	20	920
Average Fee per Client	€69.08		
<b>Income</b>	€276	€1,382	€63,556
<b>Expenditure</b>	Per Session		
Room Rental	€12		€11,040
Professional Fees (IACP Membership)			€410
Training & CPD	Sessions @ 30:1 Ratio	Per Session	€500
Supervision	31	€ 70.00	€2,147
Office Supplies			€500
Website and Advertising			€1,000
Professional Indemnity Insurance			€105
Bank Charges and Payment Processing fees			€1,274
Heat, Light Power			€200
Travel			€600
Phone and Internet			€600
Miscellaneous			€500
Total Expenditure			€18,876
Net Income	Avg Industrial Wage		€44,680
Tax, PRSI, USC etc			€13,404
Net Income	€120	€601	€31,276

### Assumptions in the model

1. 5 Day working week from 09:00 to 18:00.
2. 6 Weeks allowed for holidays, Christmas, Easter, Training, and self-care.
3. 55 Minute sessions and 35 minutes between each client to allow time for notes and preparation.
4. 30% allowed for not being able to fill each slot each day or cancellations/no shows.
5. Supervision is based on 30:1 ratio and at €70 per session
6. Room Rental is based on paying €12 per hour on sessional basis. Some people may opt to work from a home office saving this cost, but work/life balance and safety issues ought to be considered in this case.
7. So, if I want to earn my desired income, I need to charge €67.58 on average per session.

Figure 1: Budgeting



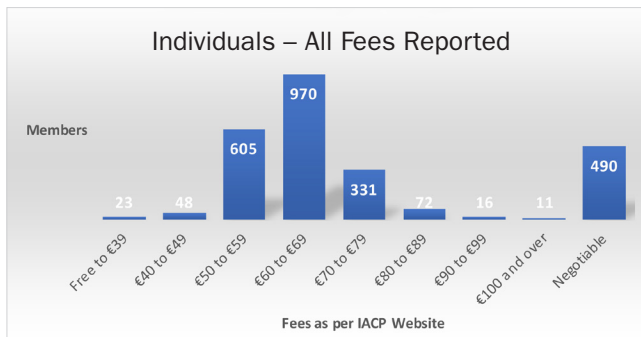


Figure 2: Fees for Individual Therapy

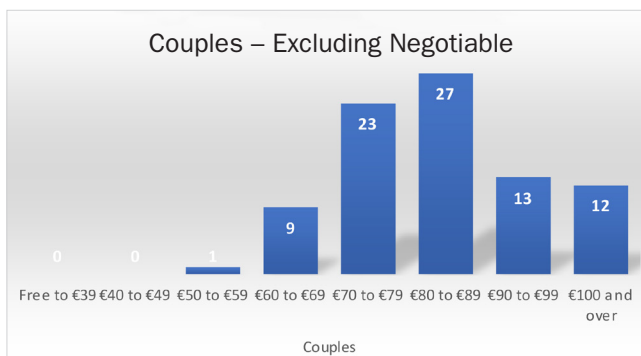


Figure 3: Fees for Couples Therapy

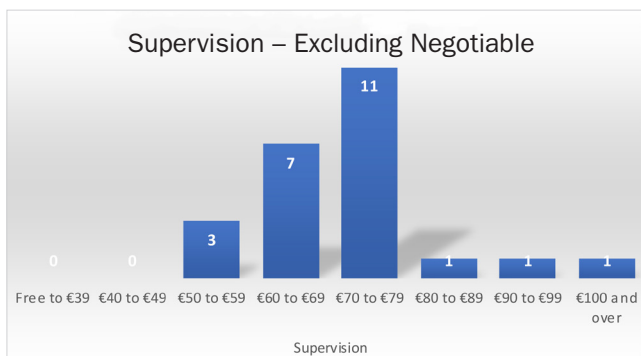


Figure 4: Fees for Supervision where specifically mentioned

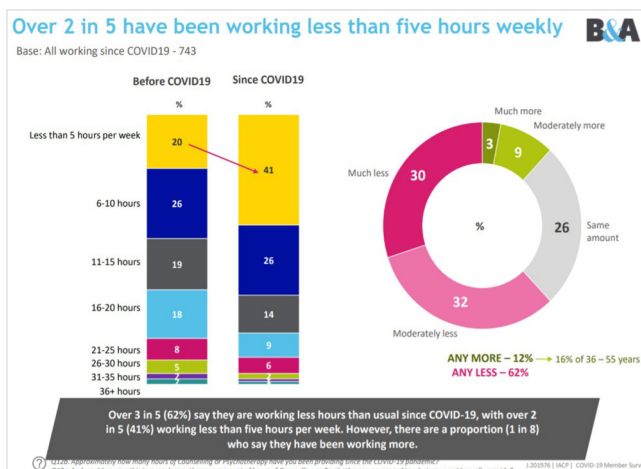


Figure 5: Extract from IACP members survey on Covid 19

than 26 hours per week (no change from a prior survey). The majority of respondents, 63%, worked less than 15 hours per week before the Covid 19 member survey and 67% since (Behaviour & Attitudes Limited, 2020).

This is consistent with the 2013 survey which noted “7 in 10 work in counselling/psychotherapy on a part time basis but fewer than a half (44%) have another occupation” (Irish Association for Counselling and Psychotherapy, 2013)

It appears then that the majority of therapists are opting for the average industrial wage area of €60 to €69 per hour and work part time. It would appear that counselling is not therapists' primary source of income.

### Market Analysis. What Can Clients afford?

One of the things I have learned is that clients with higher incomes can usually claim a set number of session fees from their health insurance provider (Voluntary Health Insurance (VHI), Laya etc). Further, excess fees may be claimed as tax relief at 20%. It is worth acknowledging though that clients on lower incomes are unlikely to have Health Insurance or pay tax.

Figure 6 illustrates two extreme examples for the net cost to two couples. Example A is of a couple with a joint income of €100,000, good VHI plan and able to claim tax refund. Example B is of a couple with a joint income of €30,000, no health insurance and not paying any tax.

This brings up some interesting questions about social equity and the redistribution of wealth in Ireland.

	Example A	Example B
Annual Income	€ 100,000	€ 30,000
Weekly Income	€ 1,923	€ 577
Cost per Session	€ 105	€ 60
VHI Refund @ 80%	-€ 84	-
Tax refund @ 20%	-€ 4	-
Net Cost	€ 17	€ 60
As % of Income	1%	10%

Figure 6: Affordability for clients

It has also encouraged me to appreciate to the real cost to clients on lower incomes. By using a fee scale based on clients' incomes, it could be argued that clients on higher incomes are thus subsidising those on lower incomes. That seems fair to me.

Following discussion on this topic with my supervisor, another interesting aspect arose. How do my fees reflect how I value what I offer to clients? By setting too low a fee am I saying my service is only worth x amount? By setting too high a fixed fee am I overestimating my value and excluding people who can't afford my fees?

Finally, part of the why I do counselling is to assuage my sense of social responsibility. I am lucky to be in a position where fees are not my only source of income. I learned the hard way to value what clients can pay and to be able to structure my fees to make it more affordable for more people.

The table in Figure 7 then, provides an illustration of a scaled fee structure.

## Conclusion

So, what have I learned from this?

Broadly, our profession appears primarily part time one and the range of fees offered vary considerably. My own experience with supervisees would lead me to believe that few are fully aware if starting a private practice that can be financially sustainable, while also expressing a desire to work full time in counselling.

At the same time, it appears there are and will be more companies setting up commercial counselling/psychotherapy services which also impact on the earning potential of therapists.

Fees are a far more complicated topic that I had originally considered. One that cannot be ignored from a therapeutic relationship or private practice perspective. Also found myself considering social justice issues and the concept of fee guilt.

Income Levels	€ Per Session	
	Individuals	Couples
Income over €101k per year	85	105
€51k to €100k per year	70	80
€31k to €50k per year	60	70
Less than €31k or on Social Welfare	50	60
All Negotiable depending on family financial circumstances		

### Some observations on the above structure:

**GDPR:** You are not collecting client income data. e.g., it is possible for someone on €40,000 income per year to have huge mortgage and only pay €50. To ensure you comply with General Data Protection Regulation (GDPR) regulations you should only keep a record of the agreed amount and not how it was calculated and as with all client data only use it for the purpose of the therapy.

**Practical Billing:** I use payment platform to process payments from clients. Initially, I used a debit/credit card reader for payment at the end of each session, but when I moved to online was able to use a billing feature of my payment platform to create an invoice which is emailed to the client with a link so that they can pay online. On resuming in-person work, I continued this practice as it is easier for me to keep track of payments and saves time at the end of each session. It more secure than dealing with cash and less covid risky. I also believe this is a more professional way of issuing receipts. Summary information can be extracted for accounting and taxation purposes. The cost of this service is currently 1.69% of each transaction.

Figure 7: Illustration of a scaled fee structure

Whether we use fee scales or fixed fees seem less important than how this reflects the cost of the service we offer, both for ourselves and our clients. To provide a sustainable service to clients, whether this be free, low cost or fee based, I think we have a responsibility to consider the costs involved so we can continue to serve our clients.

I hope you have gained some insight from this, and it has provided you with some food for thought. ☺

## Brendan O'Shaughnessy

Brendan is an IACP accredited Counsellor/Therapist/Supervisor in private practice. He worked part time with the Cork Marriage Counselling Centre for 28 years and has a Higher Diploma in Counselling from UCC. Brendan has been on the board of directors of various charities including the National Domestic Violence Agency.

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## REFERENCES

American Counselling Association. (2014). *Code of Ethics*. Retrieved from [www.counseling.org](http://www.counseling.org).  
Behaviour & Attitudes Limited. (2020). *COVID-19 Membership Survey*. B&A Research and Insight.  
British Association for Counselling and Psychotherapy. (2018). *Ethical Framework for the Counselling Professions*. Retrieved from BACP: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions>  
Central Statistics Office. (2021, 07 11). *Earnings*. Retrieved from Central Statistics Office: <https://www.cso.ie/en/statistics/earnings/earningsandlabourcosts/>  
Irish Association for Counselling and

*Psychotherapy*. (2021, April 1). Retrieved from [https://www.facebook.com/IACPdot.ie/?ref=page\\_internal](https://www.facebook.com/IACPdot.ie/?ref=page_internal): <https://www.facebook.com/groups/241219326763908>  
Irish Association for Counselling and Psychotherapy. (2013). *IACP Membership Survey 2013*. Retrieved from IACP: <https://iacp.ie/files/UserFiles/IACP-Members-Survey-Report-2013-1.pdf>  
Irish Association for Counselling and Psychotherapy. (2018). *IACP Code of Ethics*. Retrieved from IACP: <https://www.iacp.ie/iacp-code-of-ethics>  
Irish Association for Counselling and Psychotherapy. (2021, 07 11). *"Find a Therapist"*. Retrieved from IACP.ie: <https://www.iacp.ie/page/therapists?co=&cat=>

Kottler, J. A. (1988). *On being a Therapist*. Jossey-Bass.  
Mallon, T. M. [Tracy]. (2021, April 1). *Corporate health Ireland is a private business so no doubt their service provider will be asked to work for less* [Online forum post]. Facebook. <https://www.facebook.com/groups/iacpmembersgroup/posts/738648113687691>  
McLeod, J. (2019). *An Introduction to Counselling and Psychotherapy: Theory, Research and Practice* (6th ed.). Open University Press.  
Wills, R. (1982). *Insight-oriented marital therapy [Treatment manual]*. Detroit: Wayne State University.

# FLORESCENCE

## Winter

By Sian Williams

The land laid bare as winter crept in,  
Cleansing away the seasons of hurt and sin.  
Gifted with these lands of beauty and  
wonder,  
But her expansive resources we chose to  
plunder.

Raping her of all she possessed  
Striving to make mankind tower above the  
rest.  
We robbed for the lands, the plants, and  
seas,  
Listen now for the reaper is coming to  
collect his fee.

Consumerism grew as a vague distraction  
Now the separation of real soul connection  
is holding traction.  
Vast unsupported media truths are causing  
desolation,  
Watch the rivers run red as fighting kin fall in  
all great nations.

The wise Lakota spoke of a common  
tongue,  
Where all who walked the land would be  
one.  
Instead, we pushed against the free flow of  
the tide.  
Blinded by ego mankind is drowning in greed  
and pride.

Too late, to late the wise one cried,  
And sadly, the earth she softly sighed.  
Because she trusts that seasons change,  
and the land will grow  
But mankind this wisdom will never know.

## You and I

By John Edward Basil  
Keenaghan

I sit, listen and observe  
To all you say and do  
I take it all in  
To try and understand you

I try not to judge or doubt  
To empathise if I can  
I sit with you in hope  
To try to lend a hand

You talk and tell your story  
To express how you feel  
You cry laugh and gaze  
To see what is revealed

You then may pause awhile  
To let it all sink in  
You reflect, repeat and relive  
To question, lose or win

We then meet together  
Without a word being said  
To wander through this journey  
For a while we are wed

We gently come to realise  
That ease has just begun  
It may take a little longer  
Until your song is sung.  
But you are singing



## The Work of Group

By Eileen M Higgins

Seeing my life laid out on the floor  
Seeing the things  
I had never seen before  
Reaching deep from inside  
Trusting all will coincide  
Transported by time  
Whilst sharing the smiles  
Burdens there too  
Veiled in our eyes  
Taken to pieces  
And reassembled again  
Here to be found  
Sorrow, joy, hope and pain  
There in that space  
In every face  
We're putting the pieces together again  
Wholly rewarding an endeavour  
For now, I know 'me' that little bit better.



## The Word

By Margaret Walsh

Lost in thorns and brambles left with  
deep wounds invisible to all, a moment of  
change the words that captured me, "you  
are strong" thorns shifted in form, resulting  
in soft moss. I could sit stop and think.  
"Strong", strength not weakness. But  
now new thoughts. I felt the cushioning  
of the moss the warmth of its comfort I  
could stand again, not fully steady but I  
could balance, and I knew I knew that took  
strength.

## The Bridge on Glendermackin

By Paul Hewer

Flowers know the way  
Always finding the best path home  
Growing through earth's fractured spaces.

Three brothers came to the village  
Over the mountain with Glendermackin  
Pit gear on a donkey.

This is father's landscape not mine  
He was the bridge to these ancestors  
But that has gone now.

Blencathra was his grandmother  
Only he knew her by another name\*  
And I never really knew him.

He knew every well and wall in the parish  
And every country with a port  
But somehow he was lost.

Always on the outside waiting  
Sitting on the front step  
To come in, to come home.

Standing by the forever stone  
With a lantern's brightness  
I sing you back to your bones.

Come back from where you're lost  
And grow whole again  
Like the sunflower.

\*Saddleback



## Reflective Article

# Dark and Light – What Our Psychotherapy Heroes Reveal About Ourselves and Our Profession

By *Emma Redfern*



## Introduction

In this article I introduce the concept of the psychotherapy hero. I touch on why we might have psychotherapy heroes and how having them can be helpful. I encourage the reader to reflect on who theirs might be and what those choices say about the chooser. I introduce four of my own current psychotherapy heroes, each of whom is a leading

professional working in the field of psychotherapy. Three of them are American, one British; one is a woman and three are men, all are white. They are: Byron Katie, developer of The Work; Richard Schwartz, founder of Internal Family Systems Therapy (IFS); David Read Johnson, trauma specialist, dramatherapist and founder of an embodied psychotherapy known as

Developmental Transformations (DVT); and Robin Shohet founder of the seven-eyed model of supervision.

## Living and working through the pandemic

I count myself fortunate that when the UK went into lockdown in March 2020, I was already working online with both clients and supervisees, and I continued to be able to do so. Add editorial work and the usual CPD and I had plenty to keep me feeling productive, focused, and safe enough. This article is a product of that time.

I imagine I am not alone in having been bombarded since the beginning of Covid-19 with emails offering countless opportunities to learn new therapy skills, gain extra and specialist qualifications, while saving money on discounted deals. Without already having developed a sense of the people whose thoughts, skills and experience I value, I would probably have been 'at sea', feeling the pressure of grasping as many opportunities as possible, or feeling like a failure for letting countless opportunities pass me by. Thankfully, when it came to booking core CPD for 2021, I already knew what I value learning about and from whom, partly because I was already aware of my psychotherapy heroes.

Each of the four psychotherapy heroes I introduce has probably passed the standard UK retirement age. Even without the threat of Covid-19, they are not going to last forever (and neither am I). I want to expose myself to more of their wisdom while I can and while some of them take advantage of online delivery (due to physical challenges, I don't travel as well as I did). Also, through this article, I want to acknowledge to myself and to others my gratitude to, and appreciation for them.

### Who I am influences my choice of psychotherapy hero

I have had different psychotherapy heroes at different points in my journey. My top ten would include Maya Angelou, Brené Brown, and Alice Miller - all of whom have had a huge impact, from a distance, on my personal growth and/or professional development. (Note, my psychotherapy heroes are not all psychotherapists themselves.) However, my current psychotherapy heroes have all had a closer impact, not least in that I have completed in-person training with all but Byron Katie (though I did get to see her do *The Work* at a large event in London once).

Due to my history and personal demographics (white, cisgender female, Western, educated, English speaking and privileged), it makes sense to me that my current psychotherapy heroes are all white, Western professionals. In addition, I position myself as a 'wounded healer', having had a significant trauma history, and in my understanding, each of these people recognise, understand, welcome, and work with suffering, trauma, and the shadow within us. While my choice makes personal sense, it may also

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*Byron Katie is not a trained psychotherapist. Yet, since hitting rock bottom and then experiencing her own 'awakening' in February of 1986, she devised a powerfully therapeutic practice she calls *The Work*.*

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reflect how much society and I need healing.

### What is a psychotherapy hero?

As a psychotherapist, I believe that psychotherapy has great potential to benefit individuals and society. Perhaps every therapist who has kept working throughout the stresses and strains of the global pandemic is worthy of being considered a psychotherapy hero. However, I am thinking on the scale of those worthy of receiving a lifetime achievement award because their professional careers in therapy have conferred great benefit to humanity.

Over decades, these four professionals have made long-term, impactful contributions to mental health through therapeutic work with people; training of therapists; supervisors and ordinary people; writing of articles and books; and direct contact with the public in person, through their websites, recordings, and so on. Imagine, if you will, this article is my nomination, using my own criteria, for each of these people. These are my criteria: a pioneering spirit, outstanding achievements, admirable professional and personal qualities, and being real not

idealised.

### What a psychotherapy hero is not

My gratitude to these individuals is not that of a victim saved by a superhero such as SpiderMan or Wonder Woman in comic books or films. The individuals I introduce are not saints or saviours, each is a regular Joe, or Joanna. White and privileged, yes, yet also knowing shame, trauma, healing, and transformation from the inside and having faced trials and tribulations of their own. Each has feet of clay, and a shadow side just like the rest of us.

### Someone who is pioneering

Richard Schwartz has shown courage in embracing the unwelcome failure of a family therapy trial with young people with eating disorders which was not giving the results he hoped for (Schwartz & Sweezy, 2020). Instead, Dick became curious about his clients' inner worlds which was largely *verboden* in his field at the time and, in response to what he learned, he rigorously and scientifically 'followed the data' to devise Internal Family Systems therapy. IFS is currently one of the most rapidly expanding and countercultural therapy trainings in the world.

David Read Johnson was a pioneer of dramatherapy with adults before the title dramatherapist even existed. Like Schwartz, this meant having the courage to go against prevailing cultural tides in society and the healthcare community. This is demonstrated by an experience earlier in his career as a dramatherapist when he found that the nursing home expected him and his dramatherapy group to share a room with a deceased resident being stored there temporarily

(Read Johnson, 1999). Like Schwartz, Johnson created a form of psychotherapy (DvT) which has transformation at its core. In DvT, the therapist becomes the client's physical and emotional 'play object', and all that arises in the therapeutic encounter is encouraged into the 'playspace' including our survival patterns, intimacy, power, race and trauma.

Byron Katie is not a trained psychotherapist. Yet, since hitting rock bottom and then experiencing her own 'awakening' in February of 1986, she devised a powerfully therapeutic practice she calls *The Work*. This arose out of her realisation that her own suffering was optional, and that her true nature is love and joy. *The Work* is a meditative enquiry consisting of a series of four questions and the 'turnaround'. As well as sharing these in her books, information, guidance, and live videos of Katie leading people through the process are available on her website.

Robin Shohet has been running supervision training courses since 1979 through the Centre for Supervision and Team Development (CSTD). He specialises in the subjects of love and fear in supervision, appreciative enquiry and supervision as spiritual practice. Such is his courage that, like Schwartz, Johnson, and Katie, he remains open to 'what is' no matter how potentially painful or risky, and trusts the process of doing that. (Robin has been deeply influenced by *The Work* of Byron Katie.)

### **Someone who has outstanding achievements**

I leave it up to the reader to research these four figures in terms of the numbers of books

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*As someone who enjoys quality training and CPD, I have completed all three levels of IFS training. I was fortunate to have a session as client with Schwartz as my therapist during two of those trainings.*

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and articles written, any faculties they are linked to and charitable organisations and programmes their work supports. Here, I take a broader view. Schwartz, for example, due to his passion, drive, and sense of fulfilling his mission or personal calling has been a spokesperson for IFS and inner multiplicity for decades and is much sought after as a presenter.

David has for decades successfully run a trauma centre, which hangs on its walls artwork by trauma patients as well as displaying a piece of the Twin Towers in the reception area. He explains that for those who are traumatised it makes sense that the building itself makes certain statements obvious: 'We deal with trauma here', and 'When you are ready to go to the pain and do your healing, we'll be here for and with you.'

I echo Ben Fuchs (Shohet & Shohet, 2020) in suggesting that Robin Shohet has been instrumental in the cultural shifts in the UK that have taken place to enable self-aware, self-reflective, relational supervision (including relational feedback) to become more mainstream and to be taken seriously. Another of Robin's achievements is in acknowledging

the presence of fear in human relationships and that supervision offers '... a space where fear can be brought into consciousness and shared together.' (Shohet & Shohet, 2020, p 177).

Of the four, I have had the least direct contact with Byron Katie, having attended only one live, large event of hers some years ago, in addition to reading many of her books and watching the videos on her website. Despite not being a psychotherapist herself, *The Work* has influenced many mental health professionals and helped millions of laypeople to access their inner wholeness, truth, and love. Like Schwartz who followed the data presented by his clients and by his own internal enquiries, Katie's method was rigorously tested in the laboratory of her own experience. She has dedicated decades to her mission, she 'walks the talk' and I have seen her 'sit in the fire' with those who suffer during the course of everyday living and its bittersweetness. Perhaps part of what makes her a hero is that she has created an accessible and equitable way for people to do *The Work* wherever they live; no training fee or qualifications required.

### **Someone who possesses professional and personal qualities I value**

Inspired by my reading of *Principles and Techniques of Trauma-Centered Psychotherapy* (Johnson & Lubin, 2015), I have compiled the following list of some professional qualities, attributes, and skills possessed by each of these four. They are:

- capable of creating a safe relationship with another in distress by way of their honest, open communication about



the potential risk and pain involved in the therapeutic endeavour, while also holding and communicating the hope that said endeavour will be worthwhile;

- intentional and disciplined in therapeutic relationship and in their interventions (knowing why they do what they do and how it will be of service to the relationship and the distressed other);
- aware of and respectful of avoidance as a given of human existence while not letting it dominate;
- curious and welcoming toward fear and the whole gamut of human emotions;
- curious about what is not being said or shared; and
- skilled at differentiation and enabling others to differentiate at multiple levels (across time, between people/events/thoughts/feelings/behaviours).

As someone who enjoys quality training and CPD, I have completed all three levels of IFS training. I was fortunate to have a session as client with Schwartz as my therapist during two of those trainings. In each demonstration he negotiated with protectors for my healing Self-energy to be available so that an exile (in each case a wounded pre-verbal part of me) could be accompanied through the IFS steps of healing to transformation. Schwartz embodied Self-energy which enabled me to do the same. That Self-energy is characterised by the 8 Cs of curiosity, compassion, calm, connectedness, confidence,

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*I experienced a playful, accepting, connected, curious, creative encounter, after which I felt more alive and present to myself and in the world.*

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courage, clarity, creativity, and the 5 Ps of presence, patience, persistence, perspective, and playfulness.

Like Schwartz, Byron Katie embodies these qualities, especially, courageousness, clarity, and presence. There is a phrase I have come across in horse riding and IFS which is 'to hold one's seat', i.e., not be unseated. Another phrase from IFS is that of being 'the 'I' in the storm' (Schwartz & Sweezy, 2021, p. 44). Byron Katie does the former and is the latter in the presence of intense suffering, though she does not use these phrases.

Around the same time as I came across IFS, I attended CSTD's group supervision module taught by Robin Shohet and Joan Wilmot (now Shohet). Since then, I have attended one-day workshops on topics close to Robin's heart, including a recent webinar (Shohet, 2021) in which he seemed to be talking, in his terms, of the IFS concept of Self-leadership. Shohet teaches that where we listen from, and the eye from which we view the other, has an impact. If we are not looking and listening from a place of love, the other with whom we interact may become defensive and hide. In IFS terms, Robin is describing either a Self-led openhearted relationship, or a parts-led protective or "defended"

relationship. What of Robin's playfulness and presence? Interestingly, he has a passion for improvisation and is part of an improv group for fun as well as using improv therapeutically.

David Read Johnson I know as a trauma-centered psychotherapist and DvT trainer. Here I share an excerpt from an individual demonstration session with David as part of a DvT training day in the Southwest of England. The playspace was delineated psychologically and physically (away from the audience, with the rest of the group down one end of the hall) and we joined each other in the centre. Two physical beings, me a 5ft 4in, small-boned female and him over 6ft of solid, confident, American male. Each willing and able to use the other's bodies, and the space to embody whatever emerges to be embodied. I find myself behind him (I recall not wanting him to see me) holding his hands behind his back by holding a thumb in each hand. We walk single file across the stage with me doing a funny walk and getting some laughs (which I loved). We near a wall and suddenly David flings himself against it as if I had thrust him violently into the wall. A laugh of delight erupts from me. "I thought you'd like that," he says, and we do it a few more times. Later, he leaves me, and sits alone in 'the witnessing circle' where the client cannot go. I wander around the space searching, and calling, "I can't find you." In time, I think he improvised a phone and called me from inside the witnessing circle. I experienced a playful, accepting, connected, curious, creative encounter, after which I felt more alive and present to myself and in the world.

### Being real, not idealised

My sense is that none of my four psychotherapy heroes would wish to be idealised, they do not seem to seek positive transference and they are not strangers to failure and messiness. For me, a psychotherapy hero is real and fallible, with little desire to 'play nice'. I do not seek to whitewash their shortcomings nor elevate them as being above the rest of humanity. It is important to me that they share something of their stories, for example, their failed marriages, their poor parenting, professional challenges, and mistakes, but not in the form of a boast or to gain status.

In a chapter entitled: 'The Beast from the East: an account of a challenging supervision training', Shohet shares details of his missteps, fallibility and breaking of boundaries which led to - perhaps enabled - shadow material being forcefully expressed in and by the group, which led to positive transformation for attendees. One of the group members, writes:

*Robin held fast, with much skill, determination, courage and balls. He held us in our unfurling of secrets, shadows, polarities, cruelty, compassion, love, death, and of each other. ... I had expressed things that had made me feel toxic, violent and cruel, and I had expressed wisdom, truths, love and compassion. ...*

*I came away a changed person from completing this supervision training.*

(Shohet & Shohet, 2021, p. 191)

### Why might I need a psychotherapy hero?

My sense is that some of us need

*Something else I recognise is that by thinking of these individuals in this way, I allow myself some small portion of earned secure attachment. I feel I belong, have a place, a therapeutic lineage, if you will.*

role models like us who we can emulate as we train. Others of us can push against or reject such larger-than-life yet approachable figures, and grow and develop by doing so. Also, as my choices say as much about me as they do about those I have chosen, I can reflect on myself, my current style of being a therapist. Perhaps my style is more 'pragmatist' than 'mystical guru'; someone who welcomes the transcendent while having my feet firmly planted; someone who likes to be and to do. I could go on.

Something else I recognise is that by thinking of these individuals in this way, I allow myself some small portion of earned secure attachment. I feel I belong, have a place, a therapeutic lineage, if you will. This is a gift that many without the protection of white skin in the still white-dominated field of psychotherapy might find themselves denied. I wonder who my BIPOC (Black, Indigenous, People of Colour) colleagues around the world perceive to be their psychotherapy heroes? I imagine some might choose James Baldwin, Robin DiAngelo, Resmaa Menakem. But in reality, who might they choose? In time, as I become further acquainted

with BIPOC authors and speakers, trainers, and psychotherapists, and as the many worlds of psychotherapy address the inequity and lack of justice within their structures, memberships, and trainings, perhaps my psychotherapy heroes might not all be white.

I believe psychotherapists need psychotherapy heroes because we need storytellers, truth seekers, transformational leaders, somewhere to belong, reasons to be grateful, and mirrors within which to see ourselves reflected. ☺

### Emma Redfern

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### REFERENCES

- Hawkins, P. & Shohet, R. (2012). *Supervision in the helping professions*. Open University Press.
- Read Johnson, D. (1999). Shame dynamics among creative arts therapists. In: Read Johnson (Ed.) *Essays on the creative arts therapies* (pp. 66-75). Thomas Books.
- Read Johnson, D. & Lubin, H. (2015). *Principles and techniques of trauma-centered psychotherapy*. American Psychiatric Association.
- Schwartz, R. C. & Sweezy, M. (2020). *Internal Family Systems therapy* (2nd ed.). The Guilford Press.
- Shohet, R. *The supervisory relationship: Difficulties and Delights*. [Webinar] Stanton Psychological Services, Stanton Ltd, 30th January 2021.
- Shohet, R. & Shohet, J. (2020). *In love with supervision*. PCCS Books.

## Reflective Article

# Shelter From The Pandemic: Notes On Nature

By Siobhan Maher



*“Nature does not hurry, yet everything is accomplished”.*

Lao Tzu

## Introduction

What paradoxical times we have lived through in these past months of Covid-19; separate yet together, apart yet connected, alone yet united. The pandemic posed severe challenges. It was a testing time, a time of upheaval, of isolation and of digging deep within ourselves. We were distant from Nature and in danger of losing a part of ourselves. This

article looks at our connection as humans with the concept of Biophilia. It acknowledges the appeal of the natural world to us. The fractal patterns in Nature are identified as a source of consolation and connection for us. The cultivation of a garden and the appreciation of its bounty and beauty are extolled as life-affirming. The impact of Nature on us as therapists is discussed. Ultimately Nature is presented as

a source of solace and healing for us all, as a shelter from the Covid storm.

## Use of time

The Covid-19 crisis gave many of us, not directly on the frontline, the gift of time: time to have a look inside. Many of us had been forced to hit the pause button and thus were given time to reflect on our precious lives. Every crisis brings some opportunity. We became especially inventive and resourceful in the confinement days. Many of us turned to create in the kitchen. There was an avalanche of banana bread and sourdough starters! We knitted, held Zoom quizzes, sang in virtual choirs, painted the house and garden furniture, decluttered our homes, and overindulged on movies. At the same time, many were confounded by home-schooling or compelled to work remotely. We had to extend ourselves. Some of us took the opportunity to dig deeper inside ourselves, to have a look at our core values and see where our priorities lay. Technology, often derided for overloading and distracting us, served us well and kept us connected and less isolated than ever. We may have been warned that “algorithms eat empathy” (Haig, 2019, p.107), but in the Covid days of confinement, we ate them avidly and repeatedly. However, on another level, we became more aware of the space beyond us.



Perhaps we already knew that Nature was a healing force. Still, its potency was amplified when the Coronavirus came a calling. With the arrival of the pandemic, we were suddenly constricted, shut-in and deprived of Nature. Some of us were lucky enough to have a garden or even access to a few plants on a balcony, but with Covid-19 we were unable to be in the natural environment as before. Could this disconnect from the natural world impact our wellbeing and mental health? In the months of confinement, many of us had limited access to Nature. The distance we had to endure from wild places, from shorelines, rivers, lakes, mountain walks, forests, gardens and parks during the pandemic days was a source of privation. These places of ease, calm and healing were unfortunately beyond many of us as we were obliged to adhere to the restrictions around movement from home.

### **Nature and us humans**

What is it about Nature's appeal? What is it about the primacy of Nature and its immense importance to us human beings? It has long been hailed as a source of solace, contemplation, nurturing and healing. Nature's elemental forces, its grandeur, beauty, form, complexity, and yet simplicity have long inspired awe and calm in us. In his 1802 sonnet "The World is too much with us", William Wordsworth was critical of the distance we were putting between ourselves and Nature. "Getting and spending, we lay waste our powers; Little we see in Nature that is ours; We have given our hearts away, a sordid boon!" (Wordsworth in Turner Palgrave 1964, p.299). In this new pandemic world, it might be prudent for us to ponder

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*These patterns are  
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about how frenetic our lives can be, with the emphasis on doing and achieving. However, Nature can teach us that elusive art of just being. It teaches us to be in wonder of its biodiversity. It helps us experience a sense of connectedness. (Thorne 2002, p. 43). In pandemic times, we were seeking connection. That intrinsic need was amplified and yet we were compelled to stay distant. As humans, we are hard-wired for connection. The quality of our connection impacts deeply on our contentment. Our confinement raised barriers in our relatedness with others and with the natural world - a potent source of solace and connection.

Pre-pandemic, we have been increasingly spending more time indoors. The EU Commission (2003) reports that some 90% of Europeans spend less than 10% of their time outdoors. Similarly, a study in the US revealed that more than half of adults reported spending five hours or less in Nature each week and that parents of 8-11 year old children said that their "children spent three times as many hours with computers and television screens each week as they do playing outside" ("U.S. Study Shows Widening Disconnect with Nature, and Potential Solutions", 2017). The same study highlights the social, economic and health benefits of spending time in Nature. In essence our connection to Nature

is indispensable for our wellbeing. There is a serious disconnect with the outdoors. Children are spending less and less time in Nature and discovering its joys. Our lives and those of our children are increasingly sedentary and removed from the elemental experiences of the natural environment. Yet our identification with and attraction to Nature is something embedded deep within our psychology (Kellert & Wilson, 1993).

### **Biophilia**

Biophilia has been described by Eric Fromm, the German American psychoanalyst and social philosopher, as "the passionate love of life and all that is alive" (Fromm 1973, p.438). But it was a biologist, Edward O. Wilson, who turned to studying the positive effects of the natural world on humans. Wilson described Biophilia as "the innately emotional affiliation of human beings to other living organisms. Innate means hereditary and hence part of ultimate human nature", (Kellert & Wilson, 1993, p.31). His work explored Nature's positive effect on our psychological health and wellbeing. Wilson also highlighted the decline in the earth's biodiversity as harmful to the 'spirit' of the human species and to our mental health. (Kellert & Wilson, 1993, p.39).

Studies have found that stress hormones are reduced when we are exposed to the natural world. (Hunter et al, 2019). Being out in Nature positively impacts our nervous system. (Robbins, 2020). The parasympathetic nervous system slows down, affecting heart rate and the dilation of blood vessels. Physical and mental health benefits accrue from time spent out in Nature.

When our sympathetic nervous system is rested, it benefits our ability to emotionally regulate ourselves and this impacts positively on our cardiovascular health (Jones, 2020). Similarly, the Japanese practice of Shinrin-Yoku or Forest-bathing, both a psychological and physiological practice, impacts positively on the immune system. (Robbins, 2020). Our removal from Nature has implications for our physical wellbeing and our mental health. Nature is thus “not only nice to have, but it’s a have-to-have for physical health and cognitive functioning” (Louv cited in Robbins, 2020).

### Fractals in the natural world

Benoit Mandelbrot, a Polish-born, American-based mathematician coined the term fractals in the 1980’s (Mandelbrot, 1983). His theories have since been influential in the Sciences, Arts/Humanities, Economics and even on Social Media (Lipton, 2020). A fractal can be defined as “a non-regular geometric that has the same degree of irregularity. Fractals can be thought of as never-ending patterns (TechTarget Contributor, 2016). These patterns are all around us in Nature. They are evident in trees, shrubs, plants, mountains and even on coastlines. The human brain responds to these fractals. They engage with the Para hippocampus which is helpful in our emotional regulation (Taylor cited by Williams et al., 2017). Physicist Richard Taylor has studied fractals intensively and has suggested that “our visual system is in some way hardwired to understand fractals, and the stress-reduction [of being in Nature] is triggered by a physiological resonance when the fractal structure of the eye matched that of the fractal

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*What benefits might we bring to our clients when we first nourish ourselves through a ramble in the countryside, a walk in the woods, a forage in the hedgerows, a stroll through the garden, a climb of a mountain or a wild-water swim?*

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image being viewed” (Taylor cited by Williams et al., 2017). Some evidence exists that doctors are increasingly offering ‘nature prescriptions’ to their patients. Scottish NHS doctors may now issue so called ‘green scripts’ which prescribe time outdoors in nature as part of their patients’ health care (Sheikh, 2020). Furthermore, a recent monitor of engagement with the natural environment study in the UK revealed the positive effects of people spending two hours or more a week outdoors. Those hours impacted positively on the health and wellbeing of those who ventured out into nature as opposed to those who did not (White et al., 2019).

So, when we take time to wander in the park, to walk in a forest, to hike in the mountains and be out in Nature, we are taking care not only of our physical, but also of our mental health. In observing Nature our stress levels are lowered. It has been suggested that there is a kind of kinship between our brains and the natural world (Taylor cited by White et al. et al., 2017). Our senses are stimulated while also soothed by Nature. As Eckhart Tolle wrote “Look at

a tree, a flower, a plant. Let your awareness rest upon it. How still they are, how rooted in ‘just being’. Allow Nature to teach you stillness. When you look at a tree and perceive its stillness, you become still yourself” (Tolle, 2018).

What benefits might we bring to our clients when we first nourish ourselves through a ramble in the countryside, a walk in the woods, a forage in the hedgerows, a stroll through the garden, a climb of a mountain or a wild-water swim? The calm we experience there is the very antidote to anxiety and stress. Not alone as therapists but as human beings we need that solace and connection with ourselves and with Nature. The words of the late John O’Donohue emphasise the centrality of this connection; “as humans we need a forceful dialectic of physical, sensuous, elemental interaction with landscape (O’Donohue, cited by Quinn, 2015, p.70).

### The Garden and Psychotherapy

*“Il faut cultiver notre jardin”*  
Voltaire.

Voltaire’s exhortation brings us back to the garden; not only as a physical but also a mental space which offers quietness, connection, time, wonder and work. To work in the garden gives an opportunity to be alone, to enter inwards, to have the senses ignited, to work with the clay and ponder our own mortality. It can become a place of sanctuary and of solace when uncertainty and fear trouble us.. To plant is to place hope centrefold. A gardener is inherently optimistic, always looking ahead to the future crop, the future flowering. Seeds reek of tomorrow. Hope and resilience are inherent in them. Jung believed that every human should have a plot of

land. He grew his own vegetables. He believed that we humans had become alienated by technological life from the “dark, maternal, earthy ground of our being” (Jung cited by Smith, 2020).

Carl Rogers was similarly a lifelong gardener. His concern was always for humans to achieve their potential, to ‘flower’; “My garden supplies the same intriguing question I have been trying to meet in all my professional life. What are the effective conditions for growth?” (Rogers, 1980 cited in Van Hesteren, 1988, p.7). He believed that providing the right conditions for the plants in his garden was analogous to adhering to the core conditions of his person-centred approach to therapy. This was the fostering of the human being’s innate potential to heal themselves and to flourish. More recently, during the Covid-19 crisis, Michael Harding extolled the gifts of a garden in that it “roots you to the ground

*We have an opportunity to care for ourselves and be present to our clients through our interaction with Nature.*

and opens you to the cosmos” (Harding, 2020, 04:18:00) Such is the paradox of Nature’s power to embed and yet to liberate.

### Conclusion

As human beings and as therapists we have an opportunity to care for ourselves and be present to our clients through our interaction with Nature, e.g. digging in the garden, delving, planting, listening to birdsong, walking in a forest, being aware of the landscape and experiencing the enigma and essence of Nature’s healing force. As we rediscover Nature in this “era of virtual worlds and fake facts, the

garden brings us back to reality.” (Smith, 2020, p.13). We can learn from this pandemic. We need to stay connected to Nature. Ultimately, it is possible for us to kindle our awareness of Biophilia, to become more emotionally resilient, and to allow ourselves to be sheltered in Nature’s pervasive fractals. ☺

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### REFERENCES

- European Commission, (2003). *Indoor air pollution: new EU research reveals higher risk than previously thought*. [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_03\\_1278](https://ec.europa.eu/commission/presscorner/detail/en/IP_03_1278)
- Fromm, E. (1973). *The Anatomy of Human Destructiveness*. Holt, Rinehart and Winston.
- Haig, M. (2019). *Notes on a nervous planet*. Canongate Books.
- Harding, M. (Host) (2020). *Spring light* [Audio podcast]. RTÉ Radio One. <https://www.rte.ie/culture/2020/0413/1130278-listen-spring-light-with-michael-harding/>
- Hunter, M. C., Gillespie, B. W. & Yu-Pu Chen, S. Y.-P (2019). Urban Nature Experiences Reduce Stress in the Context of Daily Life based on Salivary Biomarkers. *Frontiers in Psychology*, 10 722. <https://doi.org/10.3389/fpsyg.2019.00722>
- Jones, L. (2020). *Losing Eden: Why our minds need the wild*. Allen Lane.
- Kellert, S. R. & Wilson, E. O. (1993). *The Biophilia hypothesis*. Island Press.
- Lipton, G. (2020). *The fractal nature of almost all things*. Landscape News. <https://news.globallandscapesforum.org/43195/fractals-nature-almost-all-things>
- Mandlebrot, B. (1983). The fractal geometry of nature. In F. T. Palgrave (Ed.), *The Golden Treasury: Of the Best Songs and Lyrical Poems in the English Language*. Oxford University Press.
- Quinn, John. (2015) *Walking on the pastures of wonder: John O'Donohue in conversation with John Quinn*. Veritas.
- Robbins, J. (2020). *Ecopsychology: How Immersion in Nature Benefits Your Health*. YaleEnvironment 360. Retrieved from: <https://e360.yale.edu/features/ecopsychology-how-immersion-in-nature-benefits-your-health>
- Smith, PD. (2020). *The Well Gardened Mind by Sue Stuart-Smith review – unwinding with nature*. The Guardian. <https://www.theguardian.com/books/2020/may/06/the-well-gardened-mind-by-sue-stuart-smith-review-unwinding-with-nature>
- Sheikh, K. (2019, June 22<sup>nd</sup>). *Nature calls: why we should spend two hours a week outdoors*. The Irish Times. <https://www.irishtimes.com/life-and-style/health-family/nature-calls-why-we-should-spend-two-hours-a-week-outdoors-1.3930729>
- TechTarget Contributor. (2016). *Fractal*. Retrieved from: <https://whatis.techtarget.com/definition/fractal>
- Thorne, B. (2002). *The mystical power of person-centred therapy*. Whurr.
- Tolle, E. [Eckhart Tolle]. (2018). Look at a tree, a flower, a plant. Let your awareness rest upon it. How still they are, how deeply. Twitter. <http://twitter.com/eckharttolle/status/1001499537054339073>
- Van Hesteren, F. (1988). Carl Rogers (1902-1987): Friend, gentleman and scholar. *Canadian journal of counselling*, 22(15).
- Voltaire. (1991). *Candide*. Dover.
- White, M. P., Alcock, I., Grellier, J., Wheeler, B., Hartig, T., Warber, S., Bone, A., Depledge, M.H. & Fleming, L. (2019). Spending at least 120 minutes a week in nature is associated with good health and wellbeing. *Scientific Reports* 9. <https://doi.org/10.1038/s41598-019-44097-3>
- Williams, F. (2017). *Why fractals are so soothing*. The Atlantic. <http://www.theatlantic.com/science/archive/2017/0/why-fractals-are-so-soothing/514520>



## Reflective Article

# When the closing session is final

## A therapist's journey with her client through terminal illness and death

By Margaret Plunkett




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*It was some time before I heard from V, when he got in touch again he informed me that he had undergone tests and was having treatment. At this stage it was “so far, so good”.*

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started counselling I felt he was treating it like a work project but on himself.

Over the years we had a number of sessions and then he would go off and look at implementing some of his new-found discoveries and practices into his life. He came back to me a number of times. The therapy room was a safe place for him to talk, free from judgement, to consider what changes he needed to make. During this time he became a more relaxed man, got married, and started a family.

He continued to explore what he would like from life and what further changes he needed to make. Around this time he began to feel unwell and, while his symptoms seemed innocuous, I suggested he go to the doctor which started a series of tests. (I mention this as some of his symptoms could have been seen as being caused by stress.)

It was some time before I

### Introduction

When I first met V some years ago, he came because he was somewhat dissatisfied with his life. He was stressed and anxious. He appeared very frightened and prone to panic attacks.

V came from a large family who all seemed to be quite close. His contact with them was frequent. He came across as quiet but from what I learned was that when it came to parties he liked to sing. He held a very responsible job and when he

heard from V, when he got in touch again he informed me that he had undergone tests and was having treatment. At this stage it was “so far, so good”, albeit he said there was still some way to go.

Some time later we met and the prognosis was not the best but he was told that with treatment this could be managed. However, as is the case with a lot of these situations, his condition changed and he became quite ill. We met again during his treatment when he had no hair and had lost a lot of weight. He spoke of the beautiful love between himself and his partner and the family. He spoke of his plans for the future, quality time with the family, watching the children grow up and focussing on progressing in his career. Our work was about his connection with himself, being more self-compassionate and feeling worthy of the gifts he had received. During the session, I had this rising up of a great admiration for this man. I felt he was really brave in saying how he felt about the situation that was laid out before him.

Due to his illness he texted to keep me up-to-date with his treatment. The next time we met he was still planning for the future. He had at this stage been told that his time was limited. I asked him how he felt about hearing that news. He replied, “shit”. He laughed, I laughed. He asked, “Why me?”.

He questioned me about death. What would it be like? I answered, “that as we had made our way into this world there must be a mechanism to allow us to exit”. Obviously I had no concrete experience of anything else. I quoted from a book I had read called Birth and Death

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*I remembered a quote from The Tibetan Art of Living, that dying people feel love intensely when it is directed towards them. Love creates an immediate connection which reassures the dying person they are protected.*

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(Saraswati, 1993) ‘The fear of death haunts the mind of even the bravest of people. The only way to avoid death is to avoid being born. It is not possible to be born and not to die.’ (Saraswati, 1993, p. 9).

And:

We fear death because, under the influence of delusion, we have forgotten ourselves (Divine Self). And it is this forgetting of the Divine Self which makes for us all the troubles we get. It is not a God who is the maker of our troubles. (Saraswati, 1993, p. 10).

He wondered what he would need to do in preparation. So there were practicalities as well. These we discussed. All the time he was there taking notes. I quoted from the book *The Tibetan Art of Living* about dealing with his affairs: ‘Assisting with unfinished domestic matters. Dying with few attachments to this life and a calm sense of having put things in order.’ (Hansard, 2001, p.261) This would be useful to deal with material matters and thereby bring rest for him.

He wondered about God - where was he now? While not being a very religious person he said he had believed in a god and also believed that there is something after death. At the same time

he had no anger towards God. His acceptance was growing. We made another appointment.

When we next met he told me he was receiving palliative care as there was nothing further that could be done. I asked him did they give him a time limit. He replied, “a matter of weeks”. The deterioration of the physical body was apparent but he was still taking notes and making plans. He wanted to do things. Clearly, these were limited because of his condition. However, knowing V as I did, I asked him would he like to write something? Would he like to write letters to his children letting them know what he found to be valuable in his life and what he would like for them as they grow up and meet the world?

Would he like to write what he has learned from his illness so that it might help others not be fearful if in a similar situation some day? He was busy writing. All this time I was there, holding myself and V in a place that I can only describe as loving and divine. I was hoping for divine inspiration. I stayed completely present to V and the situation. I felt completely in tune with him. Totally connected. I remembered a quote from *The Tibetan Art of Living*, that dying people feel love intensely when it is directed towards them. Love creates an immediate connection which reassures the dying person they are protected. On a personal

note, I feel this is such an important piece, as how else would we like anybody in our care to make their departure from this world.

He described the wonderful care he received from the medical profession and from his partner and family and described the love from his partner as “priceless”. He also said at this stage there was no need to worry saying, “What is the point?”

A lesson we could all do well to remember.

He described how he had felt such empathy from friends since they had received this news. He was surprised because people he had worked with had told him how they had felt about working with him. In fact, he was quite surprised at their kindness. I asked him would he have believed that people could show so much love. He replied, in normal circumstances, no. I said that these people love you, are showing you love in different ways because this is what people do when their family member or friend has been dealt such news. I added that over the years he has “mattered” to me too. I meant this.

I wondered how we were going to end. So I asked, “What about us?” He said, “I think we have come full circle.” I agreed. So how would this therapeutic relationship end? I said, “I am not going to say goodbye.” I asked him to give me a moment to consider what I might say. There was silence. Then he spoke. “Margaret, this work with you has been life-changing for me. You have been more of a friend than a therapist to me over the years.” I was blown away. He said this with such strength in his voice. I was not expecting that and I thanked him.

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*The divine love that was experienced really touched me and his bravery and strength in the teeth of adversity. I feel I learned a lot from this relationship.*

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I again said to V, “I will not say goodbye.”

The reason I did not want to say goodbye is my belief that somehow it is not really a “goodbye”. From my early days in school we were told that death is not the end. The body decays but the Spirit lives on. With death the relationship changes, it does not end. In The Apostles’ Creed it talks of the Resurrection of the body and life everlasting. At some level I take this not just as psychological optimism but rather something that makes real living sense. And the bond lives on.

I joined my hands in prayer and said, “I give you all my blessings. All my blessings.” He said “Goodbye.” I said, “God Bless” I looked at him and he said, “God Bless,” with a big smile on his face.


Shortly after our last meeting I was informed that V had died peacefully in the arms of those who loved him. I offered my sympathies and complimented them on their care of V.

Later, I found myself getting really upset and I wondered what is it about this man? The divine love that was experienced really touched me and his bravery and strength in the teeth of adversity. I feel I learned a lot from this relationship. V had mattered to me from early on as I felt he was

struggling, he always mattered and as he began to find more meaning in his life he ultimately mattered in his own life.

He approached death with courage and fearlessness, accepting finally that this is how it is for him.

It was an open, honest relationship and I cared for him to the end. It was a sacred and a spiritual encounter. This indeed has been a most wonderful privilege for which I am very grateful. Somehow I feel that this special encounter with V will always be a reference point in my life and will not be forgotten. Such is the importance of our work as therapists.

Thank you V. 

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**Margaret Plunkett**

Margaret Plunkett is a fully accredited member of IACP, working in private practice in Churchtown, Dublin, for the past 15 years. She holds a B.Sc in Counselling and Psychotherapy. She has undertaken courses in Integrative Bodywork, Philosophy and Mindfulness and has a keen interest in body / mind / emotion relationship and the effects of trauma.

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*Note: Details have been changed to protect client confidentiality.*

#### REFERENCES

- Saraswati, S. (1993). *Birth and Death*. The Study Society.
- Hansard, C. (2001). *The Tibetan Art of Living*. Hodder and Stoughton.