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- Existential – Humanistic Supervision:
Paying Attention to Lived Experiences
- Mandatory Reporting of
Historical Abuse For Supervisors
- Exploring Improvisation in Psychotherapy
- A Simulated Interview with Carl Jung:
Part 2 – Learning to Channel Mental
Energy

Supervising

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Our Title

In Autumn 2017, our title changed from “Éisteach” to “The Irish Journal of Counselling and Psychotherapy” or “IJCP” for short.

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

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From the Editor:



Dear Colleagues,

As we go to press, we are emerging tentatively from the pandemic. It looks like a summer of many recovered freedoms and a slow coming to terms with what we have been through together. Talk of a return to normal, or even a new normal is comforting but deceptive. There are few who know for certain how our emergence will play out. Once again, we will draw on our experience and then make it up as we go along. May we continue to keep a close eye on each other in the process.

Our summer edition celebrates those who keep a close eye on therapists, for the sake of clients. Our supervisors have held us steady through difficult times. They have had to improvise a lot to do so. For those who learned to zoom, to unmute, to access the cloud, to download apps and to update criteria, we salute you!

Supervising (with its structures and standards) and improvising (with its spontaneity and uncertainty) have become even more necessary bedfellows.

While supervision is scaffolded with theory, models, criteria and structures, we know that live relationships are the still at the heart of it all. Real dialogue, by its nature, is “in the moment”, improvisational and uncertain. In the opening article, Fiona Smith and Dr Rita Glover revisit the existential and humanistic nature of supervision and exhort us to take time to jointly mine the gold-seam of lived experience.

Supervision has onerous responsibilities, too, of course. Marilien Romme and Dr Kate Kirk write on the mandatory reporting of historical abuse for supervisors. They question if practitioners, for the benefit of society, should send clients into a system that has the potential to retraumatise them. The paper is a qualitative study

of the ethical dilemmas facing today’s supervisor, and is based on original research.

Our call for creative submissions on the theme of supervision got a large response, mostly poems, so we publish our favourites in a two page spread. We’ve called it “Florescence” to celebrate our re-emergence.

The lyrics continue as Alex Delago introduces the swing, syncopation and bum notes of jazz to the world of therapy in the third article. As a musician and therapist, he embarks on a long and engaging riff on the benefits of improvising. The article spells out the guts, openness and trust needed to leave the score behind and to join in immediate shared experience. His hypothesis is well supported – therapy being described as the “improvisation of relational moves” (Wallin, 2007, p. 261).

After this, we rejoin Dr James Overholser’s dialogue with Carl Jung, the master over-seer. The simulated interview provides some interesting ideas about mental energy and how it can be understood and directed.

In our book section, we review books written from supervisee and supervisor perspectives respectively.

If our journal is a bit thicker for summer, it is published in the hope that we will have an extra bit of space after all the busy-ness to reflect on our work. Through the ongoing challenges of our time, take good care of yourself as you would your clients. The nature of our work requires it, and, yes, so do our supervisors.

Hugh Morley

Academic Article

Existential – Humanistic Supervision: Paying Attention to Lived Experiences

By Fiona Smith and Dr Rita Glover



In this article the authors advocate that supervisor and supervisee take sufficient time and space to engage in deep exploration of lived experience to make more intelligible what is actually happening in counselling and psychotherapy practice.

Introduction

The practice of supervision is influenced by both theory bound approaches and conceptual models that enable supervisors to become proficient in the ‘how’ of supervision. In this article we offer the view that it is also necessary to pay close attention to the ‘what’ of supervision, that is to say, what is actually happening in therapeutic and supervisory encounters in order

to uncover and consider the impact of clients’, therapists’ and supervisors’ lived experiences on therapeutic processes and therapeutic change. As a therapist, the first author’s professional training and development focussed on attending to here-and-now human experiencing. Existential-humanistic [EH] therapy facilitates attention to focussing on ‘lived experience’ and it has greatly enhanced her clinical

practice and client outcomes. Furthermore, recent training in clinical supervision has offered the potential to apply the EH approach in her supervisory practice. The second author utilises an existential-humanistic approach to supervision to assist supervisees to raise awareness of what is really happening in their interactions with clients and in supervisory encounters. EH therapy and supervision provides a real, in the moment, opportunity to understand and get a sense of how clients and therapists experience their world and their social interactions (Van Deurzen & Arnold-Baker, 2005; Van Deurzen & Young, 2009c; Van Deurzen, 2012). Therefore, EH supervision is an integrative approach to supervision that focusses primarily on uncovering and making meaning of the lived experience of clients, therapists and supervisors.

This article sets out the proposition that EH supervision is an effective approach in its own right, depending on the client’s presenting issues, and the therapeutic and supervisory contexts. However, the authors consider that there is also untapped potential to integrate aspects of EH supervision into theory bound and conceptual models of supervision, due to the therapeutic benefits of privileging the lived experiences of clients, therapists and supervisors as they are uncovered and reflected upon within therapeutic and supervisory relationships (Glover, 2017).

The concepts of EH psychotherapy

Existential therapy emerged from philosophy and concerns itself with the phenomenological level of human existence (Van Deurzen, 2005). Its foundation lies in understanding subjective lived experience whilst recognising the continuing psychological conflict between freedom, responsibility and the limits of humanity (Farber, 2010; Farber, 2012). The focus is on the client's worldview and four dimensions contained therein, including the world in which they physically exist, or embodiment; the social or relational world and how they experience their interconnectedness to others; the personal world that contains their sense of self and the spiritual world and how they put meaning to transcendental existence (Van Deurzen & Arnold-Baker, 2005; Van Deurzen, 2012). Existential therapy seeks to understand the client's struggles to cope within these dimensions of experience, their search for a sense of well-being, and in doing so to develop the ability to tolerate the challenges and tensions of human existence (Van Deurzen, 2005; Van Deurzen, 2012). It recognises the subjectivity of 'being-in-the-world' (Heidegger, 1927/1962) and that 'one truth does not fit all'. Van Deurzen (2012) describes it as understanding the client's lived experience so they can reflect more deeply on how they live.

Humanistic therapy also has philosophical roots (Passer et al, 2009). Carl Rogers (Cain, 2007) was concerned with exploring and understanding clients' lived experience. Rogers proposed that the pathway to understanding lived experience is through the therapeutic relationship (Rogers, 1957/2007). This process requires the need to 'bracket' our biases, hypotheses and potential

Presence can be defined as the ability to focus concurrently on the client's process, as well as the therapist's own process, whilst actively listening for verbal and non-verbal emotional cues

(Malan, 1995)

diagnoses of clients and rather just 'be' in the therapeutic space and let human experiencing unfold, in and of itself (Farber, 2010). Humanistic therapy recognises that human beings possess an innate drive for self-actualisation, to strive for continuing personal development despite their circumstances (Mearns & Thorne, 2007). According to Cooper (2007) people react and respond in the best way they can to their lived experience and strive to find meaning and purpose in their lives whilst simultaneously accepting the limitations of human existence (Silva & Sousa, 2018). EH adheres to the position that clients have a conscious capacity for change and growth within a supportive therapeutic environment wherein the therapist pays close attention to their lived experience (Cain, 2007; Cooper, 2007; Farber, 2010; Glover, 2017).

Roger's core conditions and therapeutic presence are central to working relationally (Cain, 2007; Cooper, 2007; Rogers, 1957/2007). Presence is a way of being that the EH approach views as definitive to the work (Suri, 2010). Presence can be defined as the ability to focus concurrently on the client's process, as well as the therapist's own process, whilst actively listening for verbal and non-verbal emotional cues

(Malan, 1995). It necessitates the capacity for deep empathy and remaining present during times of highly intense emotional expression (Farber, 2010). This reflexively enhances relational depth and the client's capacity to be more self-aware and self-present. Immersing presently in this 'live' way uncovers lived experience (Clarkson, 2004). EH comprises the therapist's ability to be authentic and accepting, in order to promote dialogical openness not only about the psychotherapeutic process but also with regard to the therapeutic relationship itself and human experiencing (Farber, 2010).

EH informed supervision

EH supervision closely mirrors EH and applies the same principles (Du Plock, 2009a; Farber, 2012). It takes a broad view of how clients and supervisees are 'present' in the world and how they present in the world (Van Deurzen & Young, 2009c). The underlying principles of existential supervision are the enquiry into the "widening circles of life" (Van Deurzen & Young, 2009c, p. 3) as it relates to the client. These circles include the client, the therapist, the interaction between client and therapist, the supervisor, the client's life, the therapist's life and life itself (Van Deurzen & Young, 2009c). Du Plock (2007) describes EH supervision as real enquiry into 'relationship'; an investigation into how the client, the supervisee and the supervisor meet each other within the therapeutic and supervisory space, and then make sense of the encounter(s). The supervisor's attentiveness to their own 'being-in-the-world' (Heidegger, 1927/1962) provides a model of learning for the supervisee which can then permeate into the therapeutic relationship (Du Plock, 2009a). Furthermore utilising the supervisory relationship in this way

allows space for reflection on the therapist's "availability to encounter the lived-world of the client" (p. 303).

EH supervision: a phenomenological enquiry

Glover (2017) advocates 'privileging' lived experience within the supervisory space (p. 31). This allows for reflection-in-action (Calvert et al., 2016) and moment-to-moment engagement in order to uncover the hidden nuances of how supervisees and their clients experience each other (Glover, 2017). This supports the supervisee to develop their awareness of and focus on 'being' within the therapeutic relationship rather than seeking answers from knowledge based structures, enabling the development of presence to and tolerance of ambiguity and uncertainty in human experiencing (Van Deurzen, 2009; Glover 2017).

An important aspect of supervision is that "the-therapist-who-meets-the-client is in the room" (Du Plock, 2009a, p. 302). Supervisory phenomenological enquiry concerns itself with the intersubjective triadic lived experience of client-therapist-supervisor. This incorporates the supervisee's perspective of the client's lived experience; the supervisee's perspective of the therapeutic relationship and both the supervisor's and the supervisee's interrelatedness within the supervisory space (Du Plock, 2009a; Spinelli, 2015). The supervisor will never directly encounter the client or their lived experience and is therefore reliant on the supervisee to bring the client's lived experience into the supervisory space (Pagdin, 2013).

EH supervision has the capacity to uncover the worldview of both supervisee and client and in doing

Working solely in private practice often affords a certain amount of freedom to integrate various theoretical modalities whether working with clients or supervisees

so illuminates the potential for resonance or dissonance (Van Deurzen, 2009). This requires both supervisor and supervisee to set aside their assumptions, biases, beliefs and values (Längle & Klaassen, 2019; Pagdin, 2013). This includes client and supervisee narratives, diagnoses, theory bound approaches, as well as the supervisee's and supervisor's clinical experience (Carpendale, 2002; Pagdin, 2013; Van Deurzen, 2009). Instead the focus is on what is actually being experienced within the supervisory space and to consider and give meaning to this material. Phenomenological enquiry encourages both supervisor and supervisee to assume nothing and be open to new experience. Bringing each such worldviews to the fore provides rich insight into the client's world (Glover, 2017). Authenticity, congruence and open discussion of supervisor and supervisee processes in real time highlights "how this might influence supervisory and therapeutic practices" (Glover, 2017, p.36).

Contexts for EH supervision

The supervisor's role is multiplex with a number of responsibilities to be attended to such as developing understanding of theoretical notions, application of appropriate theoretical models to client work

and gatekeeping (Spinelli, 2015; Van Deurzen & Young, 2009b). Supervisory models such as the Cyclical Model (Page & Wosket, 2015), the Seven-Eyed Model (Hawkins & McMahon, 2020) and Integrative Developmental Model (Stolenberg & McNeill, 2010) oversee much of this formative, normative and restorative function whereas EH supervision privileges and pays close attention to human experiencing. The approach is mainly experiential and explores interconnectedness and relatedness to enhance self-awareness, insight and professional development. Current thinking advocates working relationally with clients and supervisees (Angus & Kagan, 2007; Calvert et al., 2016; McMahon, 2014). The EH approach to supervision specifically enhances the potential for relational learning and deeper engagement with human experiencing.

Working solely in private practice often affords a certain amount of freedom to integrate various theoretical modalities whether working with clients or supervisees. We suggest that EH supervision is especially suited to working within a private practice setting. Supervision of private practice within a private practice setting is not subject to the potential constraints present in organisational settings where other factors can take precedence, for instance restrictions on time allocated for supervision (Tantam & Kumar, 2009). Similarly private practice is not limited to crisis intervention work (Lybbert et al., 2019) or evidence based practice (Hunot et al., 2013; Thomason, 2010). Consequently there is time and space for engaging in more long-term work as an effective means of change (Huber & Klug,

2017). A study conducted by Vaštakė and Kočiūnas (2017) found that supervisees valued how EH supervision facilitated an open, measured and deliberate enquiry within the supervisory process. Participants described the supervisor's slowing and calming of the exploratory space as permitting more in-depth reflexivity.

Supervision: a 'seeing-over' process

Spinelli (2015) splits the word supervision into super-vision. He describes other theoretical approaches and conceptual models as 'over-seeing' the supervisee's practice. This concept implies that the supervisor is 'more-knowing' with the focus on the formative, normative and restorative functions. However, Spinelli views EH supervision as a 'seeing-over' process; observing the supervisee's engagement with the client's lived experience. Spinelli (2008) refers to this as 'the I-focused realm of encounter' (p. 61). From a seeing-over standpoint it requires posing the question to the supervisee: how did I experience myself in my interaction with the client? (Spinelli, 2008). This 're-viewing' offers an opportunity to reflect on the actual interaction between the supervisee and the client in order to look at what really happened; what may have been overlooked and to explore the reasons the interaction unfolded as it did (Spinelli, 2015).

The focus is mainly on the supervisee's lived experience of the encounter in order to evaluate their real experience against their idealised version of being a therapist (Spinelli, 2015). This exploratory process considers the 'worldview' of the supervisee with regard to what it means to be a therapist; the

The focus is mainly on the supervisee's lived experience of the encounter in order to evaluate their real experience against their idealised version of being a therapist

(Spinelli, 2015)

ideal circumstances to practice therapy; and how engagement with clients enriches or inhibits their professional practice (Spinelli, 2015). This also provides an opportunity to explore any potential 'blind spots' that may be impeding work with a particular client or the supervisee's clinical practice in general (Du Plock, 2009a). Spinelli (2015) stresses that this aspect of phenomenological enquiry may elicit a sense of personal therapy so the supervisor must be aware and ensure the phenomenon being explored is centred within the therapeutic relationship. This requires holding a boundary between personal and professional development in supervision and personal therapy. Spinelli describes this seeing-over approach as "embodying an existential phenomenological way of being" (p. 174).

EH supervision in practice: a vignette

The following vignette typifies the process of EH supervision with regard to the interaction between supervisor and supervisee. It demonstrates how attention to human experiencing provides rich insight to client-supervisee-supervisor worldviews.

An EH supervisor and supervisee, Alison, were discussing recent sessions about a male client during which Alison

had been trying to address the client's anger. However, the client was strongly resistant to exploring this. In the course of the previous two sessions Alison had experienced herself stuttering and stumbling over her words leaving her anxious and confused. She indicated that she had experienced significant frustration and irritation after the sessions. The supervisor was curious about how she experienced the client's way of being during the session. Alison considered this momentarily and pointed out that whenever she tried to explore his anger he looked at her in a way that she could only describe as disdain and then he remained silent. The supervisor then tried to uncover what she noticed physically about him in that moment. Alison realised that when he stared intently at her she experienced great difficulty in maintaining eye contact with him.

The supervisor wondered if Alison's own biases might have been influencing the therapeutic relationship so she invited her to reflect on any personal resonance about this encounter. Alison immediately recognised that she had experienced this many times during her childhood and she felt shamed by it, and later angry. The supervisor encouraged Alison to reflect on those childhood moments and to consider what emotion she was experiencing with respect to the other person. Alison connected with what it was like to experience her father's anger and disapproval. The supervisor checked if her father's anger was verbalised. Alison realised that it had not been verbalised and she remembered that it was the memory of the look on her father's face that had resulted in her experience of struggling to speak when faced with an angry male client.

The supervisor wondered about how this new insight might help Alison to approach her next session with this male client. Alison paused to ponder this and indicated that having identified her own process; she believed she could now be aware of and strive to set aside her own lived experience in order to be more present to the client. She added that she was now wondering if the client's look of disdain was how he experienced and expressed his anger.

At that point the supervisor volunteered how she experienced Alison earlier in their session. The supervisor told Alison that she had noticed her becoming angry during her account of the therapeutic encounter with her client. The supervisor offered that she had experienced increasing anxiety resulting in her being unsure what to say. The supervisor went on to express her curiosity about how the client actually experienced other people's anger. Alison indicated that she had never really explored this with him but she recognised the benefit of doing so in future sessions.

In their next supervision session Alison provided an update that the client experienced fear and shame as a child when his father was angry or disapproving and he was aware of how 'bad' it felt for him. The idea of him expressing anger was terrifying because he would never want to make others feel that way. In the moment-to-moment encounter Alison supportively encouraged her client to express what he experienced when asked about his own anger. He revealed that he became very anxious and unsure about what to say or how to behave when he felt angry. On reflection Alison realised that the 'intense stare and silence' she had experienced was actually

Advocates of theory bound approaches and conceptual models contend that existential-humanistic therapy and supervision is not suited to certain presenting issues such as suicidality, substance abuse or complex trauma

(Aherne et al., 2018; Du Plock, 2009b; Du Plock & Fisher, 2005; Du Toit, 2017; Lybbert et al., 2019)

a vacant and frozen expression of his anxiety, an enduring lived experience for this client.

Clinical implications and integrative supervisory practice

Advocates of theory bound approaches and conceptual models contend that EH and supervision is not suited to certain presenting issues such as suicidality, substance abuse or complex trauma (Aherne et al., 2018; Du Plock, 2009b; Du Plock & Fisher, 2005; Du Toit, 2017; Lybbert et al., 2019). However, exponents of EH supervision argue that the model can be utilised when working with such complex presenting issues (Aherne et al., 2018; Du Plock, 2009b; Du Plock & Fisher, 2005; Du Toit, 2017; Lybbert et al., 2019). We also believe that there is the potential to integrate central principles and practice of the EH approach into therapeutic and supervisory responses to complex case presentations. Working in an integrative way means we consider what interventions are appropriate for supervisees and clients' presenting issues (Zarbo et al., 2015). In order to stabilise clients, crisis intervention

strategies should take precedence (Aherne et al., 2018; Lybbert et al., 2019). However, once stabilised, space can be created to attend to clients' enduring negative lived experiences (Du Toit, 2017; Glover 2017). People can consider suicide or engage in substance abuse because they are trying to abate emotional suffering (Fisher, 2017). Early attachment disruption (Wallin, 2007) can lead to a lack of connection and emotional holding as well as difficulty with emotional regulation. EH supervision offers a means to make significant human connection (Aherne et al., 2018; Du Toit, 2017) through its relational context (Du Plock, 2009b; Lybbert et al., 2019). It offers the client an opportunity for a corrective emotional experience through the supervisee learning to be in a relationship which pays close attention to the client's enduring lived experience (Du Plock, 2009a; Glover, 2017).

Cognitive and behavioural therapies (Beck, 2011; Hunot et al., 2013; Vivian & Salwen, 2013) sit in stark contrast to EH supervision (Farber, 2012). However proponents of EH supervision suggest it can be used cross-theoretically and inclusively (Spinelli, 2015; Van Deurzen & Young, 2009a). Spinelli states that his experience, after many years as a trainer in the field of EH, is that it has proved "challenging, appealing and liberating" (p. 176) for all modalities regardless. According to Pagdin (2013) many supervisees have training in person-centred therapy which is rooted in the humanistic approach (Barnett, 2009; Mearns & Thorne, 2007). This commonality allows for integration with an EH approach to supervision (Barnett, 2009) and attending to supervisees' and clients' actual lived experiences (Glover 2017).

Conclusion

There is growing belief in the importance of relatedness within both the supervisory and therapeutic relationships (Angus & Kagan, 2007; Calvert et. al., 2016; McMahan, 2014). Relationality facilitates privileging lived experience and is the gateway to understanding what is really happening in the client-therapist-supervisor triad as these unfold within the therapeutic and supervisory relationships (Glover 2017). Phenomenological enquiry through the use of EH supervision necessitates setting aside our assumptions, biases and beliefs (Längle & Klaassen, 2019; Pagdin, 2013). Instead it requires the capacity for presence within the supervisory space in order to uncover human experience (Clarkson, 2004; Malan, 1995). This developmentally enhances the ability to tolerate ambiguity and uncertainty in human experiencing, a fundamental condition of human existence (Van Deurzen, 2009; Glover 2017). By being open to this ‘unknowing’ and privileging human experiencing, we give meaning to clients-therapists-supervisors worldviews. The supervisor’s willingness to work relationally provides experiential learning for the supervisee in order to enhance engagement and relational depth in clinical practice (Du Plock, 2007, Du Plock, 2009a). Spinelli (2015) applies the term ‘over-seeing’ to theoretical and knowledge based structures where the focus is on theoretical, knowledge based, ethical practice. ‘Seeing-over’ in supervision is a relational concept; the central purpose of EH supervision (Farber, 2010). Focussing on how client, supervisee and supervisor encounter each other in relationship is about more fully understanding actual lived

Our concern is that if we rely solely on theoretical and knowledge based frameworks our attention becomes narrowed and future focussed and we potentially miss what is really happening in the moment to moment therapeutic encounter

experience so that supervisees can reflect, in a more informed manner, on how they practice (Glover, 2017).

In this article we advocate that an EH approach to supervision is beneficial when the supervisor and supervisee have sufficient time and space to engage in-depth exploration of lived experience and make more intelligible what is actually happening in counselling and psychotherapy practice. Furthermore, we agree with Cooper (2007) and Du Plock (2009) that an EH approach to supervision can be effectively integrated into dominant theoretical approaches and conceptual models of supervision. Our concern is that if we rely solely on theoretical and knowledge based frameworks our attention becomes narrowed and future focussed and we potentially miss what is really happening in the moment to moment therapeutic encounter. Therefore, we consider that EH supervision is an essential part of the supervisory process as a means to uncovering lived experience and developing relational learning. No matter how complex the presenting issues are or the nature of supervisees’ theoretical orientation, we suggest that there is a space to

attend to lived experience within the therapeutic and supervisory relationships. If we create space for an EH approach in supervisory practice, we are providing an added opportunity for personal and professional growth, informed insight and self-actualisation for supervisees and their clients. ☺

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Academic Article

Mandatory Reporting of Historical Abuse For Supervisors

By Marilien Romme and Dr Kate Kirk



Should practitioners, for the benefit of society, send clients into a system that has the potential to re-traumatise? This paper is a qualitative study of the ethical dilemmas facing today's humanistic integrative supervisor, and is based on original research.

Summary

Since the Children First Act (2015) came into law, supervisors and therapists are mandated to report client disclosures of historical abuse. They are also committed to avoiding harm to their clients. So how are they dealing with mandatory historical reporting requirements? In this work, thematic analysis of five semi-structured interviews with humanistic integrative (HI)

supervisors revealed that they are wary of the impact of a suboptimal reporting system on their clients - and themselves. These supervisors agreed on the need to 'slow down' when clients disclose historical abuse. The findings suggest that all therapists may help improve the reporting system by taking a seat at the multi-disciplinary table. The IACP could also promote a relational experience for clients at every stage of the reporting process.

Background and Literature

When reviewing the literature on mandatory reporting, it appeared that little was written about historical reporting through the lens of HI therapists. What the literature did show were the facts (statistics, law) and experiences (attitudes, feelings) surrounding mandatory historical reporting (MHR). The Sexual Abuse and Violence in Ireland report (Dublin Rape Crisis Centre, 2002), known as the SAVI report, revealed that one in five women and one in six men had experienced contact sexual abuse in childhood. Victims are most likely to disclose the abuse to counsellors (12%), followed by the Gardaí (8%) and medical professionals (4%). Counsellors also delivered significantly more positive experiences (81%) than the Guards (56%) and medical professionals (33%). In other words: therapists play an essential role in disclosing widespread historical abuse. My effort at understanding therapists' legal and ethical responsibilities concerning historical reporting revealed a disjointed patchwork blanket of information. The elements appear to fit together - but they lack consistency and coherence.

On December 11, 2017, the Children First Act 2015 came into law (Department of Children and Youth Affairs, 2017). The Act specifies that «if you (...) receive a disclosure from a client that

they were abused as a child, you should report this information to Tusla” (the child and family agency.) (p.23). The guidance notes to the retrospective abuse form (Tusla, 2017) add that a report needs to be made «where there may be a current or potential risk to children” (p.1). In addition, legal responsibilities are detailed in the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act: a person shall be guilty of an offence if he or she (a) knows or believes that an offence (...) has been committed (...) against a child, and (b) fails without reasonable excuse to disclose that information as soon as it is practicable. (Irish Statute Book, 2012, p.4) Currently, therapists are not considered a ‘member of a designated profession’ under this Act. However, they have an ethical responsibility under the IACP Code of Ethics and Practice (2018) to comply with any legal requirements «including statutory reporting obligations with regard to child protection issues” (p.3). The Code of Ethics specifies to «respect clients’ rights to confidentiality and autonomy, in so far these are consistent with the law” (p.2).

Delving into the different Acts and guidelines, I began to see the challenges that emerge when practitioners try to stitch together the legal and the therapy world. I became curious about the frictions this might cause. I discovered that generally, mental health professionals’ experiences with mandatory reporting (MR) seemed negative. McTavish et al. (2017) synthesised 42 qualitative studies about MR worldwide. Six articles (14%) described positive experiences, and 33 articles (73%) reported

A MHR is a complex phenomenon that requires participants to express themselves freely. Therefore, I chose a descriptive qualitative method

(McLeod, 2015)

adverse experiences. Tufford (2012) observes that MR «tests the bonds of the therapeutic alliance to the fullest” (p.54). It makes clients feel angry, fearful and violated, believing the therapist is no longer «on their side” (p. 159). Hodges and McDonald (2019) found that mandated reporters feel an emotional toll too, including guilt, fear of negative consequences and a general burden. However, and importantly, Weinstein et al. (2001) argue that MR may not be harmful to the therapeutic relationship. They found no change and even an improved relationship in about 75% of the cases. In 25%, therapy was terminated; the question is whether 25% is an acceptable termination rate. That said, the study does offer useful predictors of success, including a strong therapeutic relationship and taking time before reporting. Tufford (2012, 2014) offers additional guidance. In summary, she advises that therapists:

- Stay in relationship, with honesty.
- Focus on emotion. Validate client feelings (remember the therapeutic relationship).
- If possible: write the report together.

- Discuss what will happen after the report is submitted.
- Take steps to ensure that everyone is safe.
- Make clear that you will not abandon your client in the process.

About the Research Study

To answer the question as to how HI supervisors and therapists deal with mandatory historical reporting requirements, I formulated the following objectives:

1. Reconcile the principles of HI therapy with legal responsibilities.
2. Explore the benefits and shortcomings of the Children First Act (2015).
3. Examine the (potential) role of HI therapists in the reporting system.

MHR is a complex phenomenon that requires participants to express themselves freely. Therefore, I chose a descriptive qualitative method (McLeod, 2015). Given the HI lens of the research, I wanted the design to be as relational as possible. That is why I decided on video calls rather than surveys. Also, face to face interviews were not possible because of the COVID-19 lockdown.

I drew my participants from the (small) population of IACP accredited HI supervisors and used my network to recruit them. To protect my participants’ anonymity, I did not seek any demographic details, like age or region. My reasons for selecting supervisors were for the richness of drawing from both therapist

and supervisory experience and for their historical perspective, being able to compare experiences pre-and-post Children First Act (2015).

The five participants Ellen, Lilly, Boudicea, Petra and Advocate (all pseudonyms) self-selected by being the first to respond. The inclusion criteria were that potential participants had to:

- be IACP accredited Supervisor using HI model.
- have at least three years' experience as a supervisor.
- have in the last two years seen at least one adult client who disclosed childhood sexual abuse and worked with at least one supervisee on the need to report historical abuse.

This work was scrutinised ethically, and I received regular supervision at all stages. To address *informed consent*, participants received an information and consent form, which they signed and returned. To promote confidentiality, participants chose pseudonyms. To ensure protection from harm, I explored the impact of the interviews on participants. I met each research participant via video and the calls were 45 minutes long. We opened by discussing objectives and consent. I followed the planned semi-structured interview, comprised of open-ended questions; I allowed space for unexpected directions. The interviews were audio-recorded and transcribed.

The resulting text was analysed using thematic analysis. I chose this because it allows for a creative process while still

Just because therapists are supportive of MHR does not mean they are comfortable with it

grounding the interpretations in data. I was conscious that my professional background and personal experience of MHR might create bias. I asked someone to independently interpret the (anonymised) text to prevent bias and increase inter-rater reliability (McLeod, 2015). His findings were similar with mine, which suggests good reliability. I followed Brown and Clarke's (2006) six-phase approach to thematic analysis:

1. I made sense of the audio-recordings and transcripts.
2. I generated initial codes and collated relevant data with each code.
3. I created a shortlist of themes.
4. I checked that the themes addressed the research question and were backed up by relevant data.
5. I defined the essence of each theme (singular focus, no overlap).
6. I told the story surrounding my research question.

Research Story

Looking back on the interviews, what stayed with me most was the emotional charge of the topic. Participants shared heart-breaking stories. The interviews affected me deeply, but also left me feeling hopeful because of the possibilities that emerged.

I interweave the participants' words through the text (in italics) to honour what they revealed to me.

The nettle needs to be grasped (Ellen)

Based on the literature review, I expected participants to be critical of the Children First Act (2015), but I was wrong. When I asked how it would be if historical reporting were no longer mandatory, Petra said *that would not be a good move, because Children First moves us in the direction of health for society*. Lilly believes it is *really good that abuse is taken seriously*. Advocate's supervisor swayed her views. First, she thought MR was *a pain in the ass*, but then she became more aware of the *culture that is complicit with sexual abuse* and the need for therapists to *not collude with a secrecy that is unhealthy*.

It catches your breath (Boudicea)

Just because therapists are supportive of MHR does not mean they are comfortable with it. When I asked participants how they feel when clients disclose historical abuse, the majority used the word 'panic'. Lilly: *I thought: oh my God, where is this landing me now?* MR is like a *hot potato* (Petra): rather than staying with their clients, therapists *worry about getting into trouble* (Boudicea) and *go straight to reporting* (Petra). When we unpacked the panic some more, their concerns went beyond the therapist-client relationship. They were rooted in a division between therapy and law, as well as negative experiences of the reporting system, as can be heard below.

Poles apart from therapy (Boudicea)

When a client discloses historical abuse, the law enters the room. For therapists, this is an unsettling experience, like working to the beat of someone else's drum. A further complication is that the law and Tusla's guidelines appear to contradict each other. Tusla *understands the difficult path for therapists* (Petra) and gives us *the freedom to work with the client until they are ready to report historical abuse* (Ellen). The Irish Statute Book (2012), on the other hand, says the offence needs to be reported "as soon as it is practicable" (p.4). Client readiness is not written in law, even though Tusla recommends it. Petra's account reflects the vulnerability of working with contradicting rules: *I made a report in three months. It felt a little uncomfortable in terms of mandatory. And it was necessary because, in the end, the client was able to stay with the fall-out.*

Too many get damaged in the process (Boudicea)

When therapists report, they are sending their clients into a system they do not fully trust. Advocate acknowledged that *my faith (in how well met my clients are going to be) has been broken many times*. For example, *the Guards did not handle my information confidentially, and people in my community are now aware that I reported this. Or the DPP will not prosecute, or it has been six months, and I have not heard from anyone*. Boudicea questions whether reporting is in the interest of the client given nowadays, *the HSE believes that it has to inform the abuser immediately that an allegation has been made against them*.

*W*ithin the therapy room, all participants urged that practitioners slow down when the client discloses historical abuse

It was uncomfortable to hear the multitude of stories about clients *constantly re-traumatising* (Boudicea) experiences with reporting, like the *slow and not very respectful* (Petra) responses from Tusla who *do not do anything with the report* (Boudicea). The IACP Code of Ethics (2018) "seeks to protect our clients and ourselves" (p.2). In this light, it seems unethical to send clients into a system that has the potential to re-traumatise and put clients and therapists at risk. Advocate concludes that *to put the legislation in place but not the supports is a set-up for another layer of abuse*. For the client, *this is going to be awful* (Lilly). What do practitioners do with that?

We need to turn up (Advocate)

Changing the system requires us to work together. However, therapists seem hesitant to place themselves at the multi-disciplinary table. This is a shame, given the statistics I referred to in the literature review: clients disclose historical abuse primarily to counsellors and counsellors have the highest satisfaction rates (Dublin Rape Crisis Centre, 2002). Why the hesitation? Advocate offered a suggestion: *I think historically, therapists in Ireland were quite marginalised. So, when it becomes time to engage with the system, I find many therapists are not confident*

in their professional shoes. Boudicea worked really hard to make contact with professionals. Over time, they became less suspicious. Boudicea's efforts to find key people to liaise with do not seem to be the norm. Advocate perceives therapists to be over in the corner, sitting a bit on our high moral ground. I wondered about the cost of not turning up. Advocate could see a clear role for therapists: we frame the whole thing relationally. Practitioners would draw on the principles of HI Therapy and introduce a relational approach to the broader system. This will change how our clients will be met. That is the difference between another abusive, traumatic repeat, or it being held in the context of someone's healing (Advocate).

Exposing the truth in a supportive environment (Ellen)

The relational ethos needs to extend beyond the therapy room to include the client's entire reporting journey. For example, Petra suggested more relational letter templates from Tusla. *The letter missed something about the courage it took to make the report, and was it possible to sustain that?* Ellen and Lilly considered giving group support for those who have experienced historical abuse. *An original feature of the abuse is the aloneness, the isolation and the shame. What flushes out shame is exposing the truth in a supportive environment* (Ellen). Lilly hopes that support with the *dark secrets they are holding*, will encourage more survivors of historical abuse to do something about it.

It is abusive to push someone to action (Petra)

Within the therapy room,

all participants urged that practitioners slow down when the client discloses historical abuse. Petra wants supervisees to *find their way of waiting*. Boudicea's *big one* is to *not rush to do the paperwork*. Advocate *has made the commitment to prioritise being present, and to take the time to navigate complex waters*. Lilly is adamant that *the most important thing is that your client can remain with you in confidence. You are being strong and containing, and they understand you are going to be with them through it*.

Conclusions and Recommendations


The HI Supervisors in this study spoke in favour of MHR. Though they feel dislocated in the legal world, they recognise the need to address the secrecy surrounding historical abuse. This finding is at odds with much of the research from the literature review. Future research could explore the discrepancy.

I am curious about therapists' resistance to take that extra step and collaborate more with other professionals. An isolationist

attitude may affect client healing, in which case it needs to be addressed.

Some of the identified problems with MHR are too big to be solved by individual therapists. The IACP could be an important mobiliser by helping to create a more relational reporting experience. Members could identify all the current pitfalls and work together to ensure ethical and professional integrity at every stage. This is an ambitious goal and requires HI practitioners to take their seat at the multi-disciplinary table.

Another task for the IACP is to enshrine in law that therapists may be guided by the client's readiness to report historical abuse. It would be more empowering, for example, if the law stated that certain decisions regarding historical reporting could be made at the therapist's discretion. Also, therapists' safety cannot be overlooked. Within their practice, they need to prioritise the relationship and give their clients a reason to trust them. Supervisors, Tusla and the IACP should encourage therapists to stay present with

their clients when they disclose and to proceed at their pace. This will support supervisors and therapists to remain true to the principles of HI practice. 

Marilien Romme and Kate Kirk

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FLORESCENCE

The New Gardener

By Fiona Smith

First time, Summertime, time,
In this garden, therapists peep and bud.
Others, more established,
Stretch ... and reawaken
For the new season
With me. Oh Gee!

They bring their clients and themselves:
Flower, tree, bush or bee,
Bird and butterfly,
To try to pry and then to cry.
Or maybe a sting on the wing,
With issues they bring.

I am the gardener but
Also, I am them:
The birds, the bees, the plants, the trees.
What about the weeds
The flowers free to be
They just don't know it yet.

A variety of plants:
Big and bold, small and gentle,
A glimpse of potential splendour.
Hidden from view
Are the unseen seedlings
In need of light but scared it might burn.

What will fertilise them?
What nectar do they need?
What option is the creed?
I want to sow seeds of warmth and competence,
Plants that grow into themselves.
Don't be a flycatcher!
Don't produce one either.

Monitor the power of the hose
Especially for those
Who would rather a gentle sprinkle.
Weebly, wobbly, bend in the breeze,
A secure stem, shelter for the young ones.
Don't flatten them with help.

Busy, busy, be or busy, busy, do?
So many kinds, to attend to.
There is space for the formal garden
With models that provide structure.
There is space to just be, go wild,
And focus on the hocus pocus of living.

The Cyclical model, like the seasons,
Informs what needs doing, how and when.
It is the garden design, an overall:
I will take what I need, now and then.
Contract, review, are always required,
Space is what is really desired.

The Seven-eyed model, like the spider
With eyes that can see far and wider
That I alone cannot.
Mindful of the whole garden,
Different modes, nodes, roads and toads,
Capturing a panoramic view.

Existential-humanistic. Stop!
Just look, be, see what is here
Now. How
Does the garden, interact within itself.
Notice the shapes, colours, variety.
Intertwined, overgrown, stand alone.

Concepts and theories
To assist with all queries.
Models concerned with doing and being.
How does my garden grow?
Sure, with all of this, oh bliss,
And I bring myself, don't you know?

A garden that flows and grows is the ideal.
Structure and freedom, co-existing.
Continued growth and flourishing:
Steady, reliable, year upon year.
For gardener, plants, birds and bees
Make sure to the have space, please.

Supervision

By Margaret Acton

The Offering,
 Right into the Heart of Another's Mind.
 A conglomeration of life's Happenings
 Of others.
 Another time, nother place, another person.
 Straight into my world
 Supervisor.
 Do no Harm to Harm already done
 Handle gently this swaddling novice,
 Hear the details, the messiness of it all
 The Confusion, the stuckness,
 Wave that Magic Wand of Process,
 Until a new dawn,
 Lights up the Way.



Supervision

By Michelle Coyne

- S**> Seeking the source of the pain
- U**> United together for, if only for a moment
- P**> Parking the memory, it's meant for discussion later
- E**> Empathic towards thy self
- R**> Revisit this place time and time again
- V**> Visualise for a moment, a shape, colour, is it solid or fluid
- I**> Interpret some of the meaning for thy self
- S**> Scrutinise the vision, what does it really look like or feel like
- I**> It twists and turns internally inside of you
- O**> Opening and risk of exposure of old wounds once healed
- N**> Nothing is ever fully closed

Ode To A Supervisor

By Margaret Bassett

With the very best of intentions
 We set out to give ourselves with love
 Our training brings many glad tidings
 Naivety's knocked on the head from above.
 Because
 We are honoured to walk alongside
 The many broken, inspirational & brave
 We are privileged to witness dark secrets
 From poor hearts isolated to the lonely enslaved.
 And
 We are humbled & made savvy as the many stories unfold
 We run the gauntlet of emotions
 Small joyful tears to the sorrowfully bold
 But
 The work would be impossible
 Defunct, null & most likely void
 If we did not have our Supervisor
 Our Rock & Mentor
 Who knows us truly on the inside.



Open Hands

By Margaret O'Reilly-Carroll

As I look at my hands as supervisor,
 I know them to hold, contain, facilitate,
 accept, engage, enquire, enlighten and be enlightened,
 wonder, wait and empower.
 As they continue to wear and tear
 With age and time,
 may they still convey a healing touch,
 empathy, compassion and love,
 through my presence and stillness.
 As I respect the diversity and unique experiences of my
 supervisees.

°THE PROCESS OF FLOWERING
 OR DEVELOPING RICHLY AND FULLY

Practitioner Perspective

Exploring Improvisation in Psychotherapy

By Alex Delogu

Psychotherapy has been described as the “improvisation of relational moves” (Wallin, 2007, p. 261). This paper introduces the theories and methodologies of improvisation, and demonstrates their core relevance to our work.



“Humming in the background of all life – and familiar and alien as breathing – is improvisation” (Toop, 2016, p. 1)

Introduction

I hope to make the relevance of improvisation to therapy clear in this work, bringing attention to aspects of improvisation that already exist in the theory and practice of psychotherapy, both implicitly and explicitly.

Free Improvisation

I have been a musician for almost twenty years. Playing music has been a near constant through the

calm and turbulent movements of my life. I've been playing improvised music for the latter portion of that time, learning to play blues and jazz. It was “free improvisation” however that really sparked my interest, particularly under the tuition of Irish improvising musician Shane Latimer. Free improvisation involves playing music with the least possible amount of pre-planning. Just dive in and see

what happens. That a group of people can come together and play music with very little planning is in itself fascinating and though the result may not be to everyone's liking, the process is not simply the production of noise (though it can be that too). I marvel that this practice is both allowed and encouraged. On a personal level this approach also counteracted my sometimes perfectionist tendency to “be better” at my instrument and at music, a tendency that is a real joy-killer. This point is fundamental to answering the question of the importance of improvisation. To anticipate what will be described below, improvisation offers ways of counteracting the deadening forces of habit and reinvigorating any practice. Notice also I am approaching improvisation from a musical standpoint simply due to my life situation, there is an abundance of insight to be found within the areas of improvised theatre, which will be mentioned, and improvised comedy, which will not. This is simply due to a matter of personal preference.

Couple these experiences with my psychotherapy training, ongoing learning, and practice, I thought there must be some connection here. As this idea ripened in my mind I couldn't help but see in the psychotherapy literature threads of improvisation. Likewise, when

reading about improvisation it would seem incredibly applicable to the practice of psychotherapy. Therefore this work is a theoretical weave of a life.

A Little Structure

To show I also appreciate structure, in this paper I will first attempt a definition of improvisation. The therapeutic aspects will begin with developmental aspects of improvisation in infant and caregiver speech. The main section will be an introduction to two central figures in the implementation of improvisation technique in the area of psychoanalysis. There will be a short section on the relevance of mindfulness and Buddhist thought. And finally, a short look at the implicit improvisatory practices of three significant psychoanalysts, Freud, Bion, and Winnicott.

Defining Moments

Defining improvisation is inherently difficult. One attempted definition lists no less than fifteen complex features of improvisation (Asma, 2017, p. 50-52). In Derek Bailey's canonical work on music improvisation he questions, with a hint of ridicule, the motivation for even attempting to define it. "Among improvising musicians there is endless speculation about its nature but only an academic would have the temerity to mount a theory of improvisation" (Bailey, 1992, p. x). And here I go on... Derrida, who is not easily summarised, declares improvisation impossible (Peters, 2009, p. 95 – 96; Toop, 2016, p. 21).

This lack of a theory is not just down to a failure of finding the right language, though that presents its own challenges, but rather an indication that what is being described is, like a lot of things, not in the realm of the exact. It's messy. Improvisation is a practice

Not even an extremely consistent and repeatable genetic structure can impede change. This is nature as improviser

that slips from under the theories placed on it. Even so, a lack of theory does not seem to inhibit its persistent going on. As the old joke goes, it works well in practice but not in theory. To define it is simultaneously to miss the point, to err, "a momentary freezing of perpetual movement" (Toop, 2016, p.29). Along similar lines, to record an improvisation is to evacuate it of its original spontaneity and its unique local context (Bailey, 1992, p. 103-104). Much like how the retelling of a dream is not the same as the dream itself.

In an effort to explain improvisation, without throwing in the towel just yet, let's go big picture first. Everything is constantly changing or, as various philosophers would say, everything is becoming (May, 2005, p. 59; Massumi, 1992, p. 37; Suzuki, 1949, p. 92). Though it is not just philosophers who speak of becoming, it appears in various guises in other disciplines. In physics, "things" do not exist, there are only events, because everything is a process (Rovelli, 2017, p. 85). "A thing is when it isn't doing" says Massumi (2002, p. 6), meaning that "things" only appear thing-like when their processes change too slowly for us to perceive. Constant change is recognised within biology as evolution (Nurse 2020, p. 60; McShea & Brandon, 2010) and to use Kaufman's beautifully clunky word, the possible outcomes of this evolution are "unprestatable" (2019, p. 2), never knowable in advance. Not even an extremely

consistent and repeatable genetic structure can impede change. This is nature as improviser. This change process is also felt closer to home at the level of the body where the body behaves as "an active and open form, continually improvising its relation to things and to the world" (Abrams, 1996, p. 49). Less concrete still, "desire itself is movement" (Eliot cited in Bollas, 1999, p. 28).

Its Not All Quicksand

That being said there is stability in the world. It's not all quicksand. There are processes that slow down or stabilise this constant change. In biology it is genetics that remains incredibly stable over long periods of time (Nurse, 2020, p. 126). Neurologically the brain habituates perceptions so that they are not new any more (McGilchrist, 2010, p. 94). In music it is composition that slows or captures the fleeting music of the moment by creating a score (Toop, 2016, p. 1). Creating marks or patterns is ever present in language. As Nietzsche says disparagingly of language "words dilute; words depersonalize; words make the uncommon common" (1968, p. 428). That is, words are already diluting the uniqueness of an experience by making it in some way reproducible or codified. Language creates fixity in the world (McGilchrist, 2010, p. 114) by also being stable over time and repeatable (p. 96). "Listening is doomed to form certainties from evanescent phenomena" (Bonnet, 2016, p. 211). At the level of the body, slowing of change can appear as rigidity in the body, "character armouring" as the Reichians call it, and this can be synonymous with emotional blockages (Totton, 2009, p. 57). This very tension may be the basis of our stable selves as "we experience ourselves through our tensions" (Epstein, 1995, p.

19). Our bodily predicament is beautifully described by Juhan (2003, p. 19) who I shall quote at length:

“This formation we cannot stop. We can only make the choice to let it go its own way – directed by genetics, gravity, appetites, habits, the accidentals of our surroundings, and so on – or the choice to let our sensory awareness penetrate its processes, to be personally present in the midst of those processes with the full measure of our subjective, internal observations and responses, and to some degree direct the course of that formation.”

I don't want to give the impression that structure is bad and change is good, that would be too simplistic. Nietzsche is on point again when he says “the terrible par excellence would be for me a life entirely devoid of habits, a life that would demand perpetual improvisation” (1974, p. 237). Habit, structure, and rigidity can be good. For example it is the interplay between solid bone and flexible soft tissue that gives the human form its expressive integrity. Language as another example, though it has structural and fixing tendencies it can also be used creatively as in fiction or poetry. In complexity theory we are at the edge of chaos, “where life has enough stability to sustain itself and enough creativity to deserve the name of life” (Waldrop, 1992, p. 12). The point is that too much of either can be risky. Too little structure and one risks falling apart and too little flexibility one risks breaking apart. Not to put too much of a negative spin on this, but it's death both ways (Massumi, 1992, p. 37), by changing there is loss or by holding rigidly to prevent change there is lifelessness. Laing (1969) sees

Too little structure and one risks falling apart and too little flexibility one risks breaking apart

the same with families: “If I do not destroy the “family,” the “family” will destroy me” (as cited in Celani, 2005, p. 75).

To return to the original point of this detour, improvisation as a practice is the relaxation of the structures that impede change, be they emotional, physical, mental, musical, etc... Deleuze says “to improvise is to join with the World, or meld with it” (1987, p. 343-344). That is, to let our selves relax is to move more with the creative energy of our bodies and the world. It is also to relax our “self”, to become less rigidly self-like. It is well and good to say this, to be more flexible or less rigid, it is another thing to actually do it. How this is done is not exactly straight forward. It is the improvisers task to find ways to counteract the rigidifying and deadening forces of nature with their ingenuity and persistence.

Developmental Improvisation

The creative and stabilising processes mentioned previously are already showing up at the earliest stages of human life. When infants begin to interact with their care-givers they are already improvising. Their first starts at improvising, and its nurturance, depend heavily on the capacity of the care-giver to improvise with them.

In several related studies it has been shown that the care-giver's ability to improvise their speech, rhythmically and prosodically, has an affect on the infant (Gratier, Apter-Danon, 2009). One study found that immigrant mothers who did not feel they belonged in their new culture showed less variation in their

rhythmic vocalisations and in turn their children were less creative and adventurous with their own (Gratier, Apter-Danon, 2009, p. 304). One could hypothesise that the feeling of estrangement caused a greater regularity in speech to create some stability in an otherwise foreign environment. Interestingly here, the authors state that “belonging” is expressed through musical vocal expression and hinges not only on identifying with cultural features, but also allowing space to vary along these cultural lines. This means that these vocal variations are not just a minute detail of speech patterning but are expressions of social and cultural aspects of human being. In line with what has been said of improvisation so far: “Belonging requires a balance between the known and the new, repetition and creativity, structure and variation” (Gratier, Apter-Danon, 2009, p. 305). This sensitivity to expressive timing creates an “improvisation zone” (Gratier, Apter-Danon, 2009, p. 307) and the authors consider this, with Winnicott, a dynamic form of psychological “holding” (Gratier, Apter-Danon, 2009, p. 314).

Another study found that a mid-range rhythmic variation was best suited to foster a secure attachment, whereas too much or too little rhythmic variation was connected to insecure attachment (Gratier, Apter-Danon, 2009, p. 307). The final study showed that infants verbalised much less if their mothers vocal expression was highly repetitive (Gratier, Apter-Danon, 2009, p. 318). Flat tone is like the vocal equivalent of “still face.” It is clear from this that subtle improvised expression is an important factor in child development.

Related to this is the more well-known musicality of vocal interaction between care-giver and infant. “Baby-talk”, “motherese”, or the more technical term “infant-directed

speech” (Papousek, 1996, p. 92; McGilchrist, 2010, p. 103; Mithen, 2006, p. 69) is the primary form of vocal communication within the first few years of life, before language is acquired. Most are probably familiar with the large variations in pitch, tone, and rhythm in care-giver speech, and curiously enough in speech with pets (Mithen, 2006, p. 74). Speaking in this way is not solely directed towards language acquisition but is of equal importance in serving to engage attention, regulate emotion, and communicate intentions (Mithen, 2006, p. 71). In psychoanalytic terms this form of communication has been called the “primordial third” (Akhtar, 2018, p. 15). While this sort of musical, improvised interaction is most readily observed in infants it continues on into adult life, albeit in a less exaggerated form.

Into Adulthood

Once the music of infancy slowly fades from our attention and language takes a more pronounced position in communication it can be tempting to disregard these previous steps as merely stepping stones to language. Language performs a peculiar trick of somehow being seen as separate to the actions and gestures of the body that produce it, even though the “word is sensual and meaningful itself, an object to be rhythmically manipulated with lips, teeth, tongue, and breath, and serves as a sensual object of meaning” (Sapen, 2012, p. 193). So under the words, people still engage in a lot of non-verbal communication and even while speaking a lot of the content is expressed outside of the language itself. The intonation, rhythm, pitch, phrasing, and volume all still aid in communicating. The music of language goes on. This is why it is so difficult to decipher the intentions behind a text message or

To explain briefly, if someone has a calm voice, that will have a calming effect, whereas if someone is shouting that will have a startling effect on others

an email, they are just words.

The “music” of language is that which communicates its *emotional* content and that is primarily what therapists are interested in. The centrality of these non-linguistic factors is reinforced by research into the Polyvagal Theory, where vocal prosody becomes a direct expression of autonomic state and assists in social autonomic regulation between individuals (Porges, 2011, p. 212-213). To explain briefly, if someone has a calm voice, that will have a calming effect, whereas if someone is shouting that will have a startling effect on others, showing that the quality of voice impacts directly on others’ nervous systems. There is also music to the flattening of tone with depressed people and even more distinctively with suicidal people (Rose, 2004, p. 10-11) showing the continued connection between emotional state and vocal tone. It can be in this music, on which language floats, that repressed material lies (Rose, 2004, p. 6). The therapists job can be to hear these faint, long-missed whispers, and to “bring out something that is there—already there, waiting to be heard – but that is not heard without our help” (Fink, 2007, p. 46).

The Musical Edge of Therapy

In his book *The Musical Edge of Therapeutic Dialogue* Knoblauch (2010) develops his psychotherapeutic practice along these musical lines using jazz improvisation as his central metaphor (Knoblauch, 2010, p.

36-39). Rose calls it a “treasury of clinical illustrations of the phonological as contrasted to the semantic significance of verbalization” (2004, p. 7).

There are two main facets to this approach that go hand in hand. Firstly, there are the theoretical aspects, and secondly, the complementary practical aspects.

The theoretical part of this approach is a development of the trajectory taken by Freud’s drive (“hydraulic”) model of mind, through the object-relation’s intersubjective (“plastic”) model, into what Knoblauch calls “resonant minding”, an interpsychic model (Sapen, 2012, p. 179; Knoblauch, 2010, p. 95-98). This resonant minding is participated in as a live, “*simultaneous co-construction*” (Knoblauch, 2010, p. 59) in an affective space. The ‘mind’ part is not solely inside ones’ head (Knoblauch, 2010, p. 95), it is unfolding in the encounter between therapist and client, by both parties and in their own ways through the musical aspects of language mentioned previously. Here pathology appears, in familiar language, to be arising “from too much rigidity but also not enough predictability” (Knoblauch, 2010, p. 96). Sapen likens this live musical interaction to dreaming, in that it is a present unconscious: dreaming together in a wakeful state (2012, p. 159). The benefit here is that while dreaming happens in isolation and is presented in therapy once removed and already processed after the fact, musical improvisation can happen live in a shared space.

This theory is very reminiscent of an embodied approach to expression, where expression is not the externalisation of some private internal thought, but rather thought is *in* the very activity of the body itself. In this way, gesture, music, painting, and language “are

not inner items capable of being introspected” (Romdenh-Romluc, 2011, p. 187), they are on display. Though Knoblauch states that these non-verbal processes can be verbalised, there is a careful trade off here between live interaction and reflection on it (2010, p. 75; Bollas, 1999, p. 168). This same tension between reflective and live activity is listed in Sister Corita Kent’s (Brain Pickings, 2020) advice to students and teachers: “Don’t try to create and analyse at the same time. They’re different processes.” And again, from an improviser, “[t]he question is how to be. Not through the romance of becoming natural but through adjusting the balance of being and thinking about being” (Toop, 2016, p. 42). From a psychoanalyst: “We need to make dreams and disseminate them, just as we need to form interpretations” (Bollas, 1999, p. 37). In his relevantly titled book *The Master and his Emissary* McGilchrist also searches for this balance between being and thinking about being, though he clearly positions *being* as master (2010).

The Affective Dance

These reflections point to the practical importance of the *how* and *what* the practitioner is attending to. In terms of language, attention is to be drawn away from the words themselves and towards the musical *context* of the words, as “*it is the contextual meaning of any particular word, phrase or act that constructs its affective meaning.*” (Knoblauch, 2010, p. 89). This context can either be the therapist themselves, with the client, or the clients own context. For example, in music a note will sound completely different depending on what chord is playing under it. It is highly contextual and relative. And on a larger scale it is the movement between notes and between musical sections that give it its emotional

force. The overall flow of the music can be heard as that which makes it emotive. This flow in communication forms a “process contour” (Knoblauch, 2010, p. 62). It is “the “process contour” of the analyst’s participation in the resonant field which accounts for the therapeutic impact” (Sapen, 2012, p. 191). It is the affective dance between client and therapist that is therapeutically important. The therapist’s own music plays a part. For a visceral experience see the film *The Meyerowitz Stories* (Baumbach, 2017) and the related and excellent video essay *What Realistic Film Dialogue Sounds Like* (Nerdwriter1, 2017).

This contextual shift means a lessening of importance on the accuracy of interpretation and this trend has been noted separately by other analysts (Barratt, 2016; Fink, 2007; Winnicott, 1971, p. 68). “With attention to the interaction rather than the intervention, emphasis shifts” (Knoblauch, 2010, p. 81). This does not mean the words are not important, they very much are, it is simply emphasising their context, much like with vision an object can be focused on intently to the exclusion of all else or attention can broaden and settle into the peripheral field. Interpretation is in service of keeping movement going, keeping the affective contour open. This way of attending responds directly to the familiar objection to *how* something is said, rather than *what* is said (Knoblauch, 2010, p. 98). Neurologically this may be seen as a shift from left-hemisphere to right-hemisphere dominant ways of attending, emphasising implicit ways of knowing (McGilchrist, 2010, p. 94-99). Knoblauch extends this idea into active forms of implicit communication which he calls improvising (2010, p. 75).

Yes, and...?

There is one other significant contributor to the merging of improvisation and psychotherapy and that is Philip Ringstrom (2001; 2012) who imports theory and technique from improvised theatre into his practice. He aims to put clinical “flesh” (2001, p. 446) on the bare bones of the processes of becoming (mentioned at the outset of this article). There are a lot of fruitful variations on themes already presented here and also some fresh new lines of thought.

Ringstrom casts the therapy space as a theatrical one. In classical theatre we have stage, actors with roles, scripts, props, etc... reflecting what is found in the therapy space, with our roles, rooms, internal scripts, and so forth (2001, p. 731). Our scripted therapist roles have also the burden of history behind them, in that psychoanalysis, for example, has a history of proving its effectiveness and presenting results, leading to a tendency to focus on “what one knows”, a secure place of knowing what one is doing (2001, p. 731-733). As opposed to this, improvised theatre speaks more to the “moment-to-moment” unscripted interactions and mutual creative processes (2001, p. 731). Ringstrom states that the “emphasis has little to do with “what one knows,” as it is all about what one does with what one does *not* know” (2001, p. 731). This is where we venture into the unknowable, where roles become unfixed, and predetermined scripts are thrown away: the improvisation zone. Again, this is not random or simply spontaneous activity, it is tuned in to each other’s moment and Ringstrom is careful to clarify this point (2001, p. 742-744; 2012, p. 448).

One of the primary influences on his work is the *yes/and* improvisation technique, which is

an attitude with which one responds in the affirmative in order to drive narrative ideas along, instead of saying *no/or* (2012, p. 455). An attitude of *yes/and* opens things up while *no/or* closes things down.

Thirdness

The idea of “thirdness” is relevant here as it describes the situation in which two people are interacting openly and the interaction is more than the sum of its parts. That is, try to see two people forming one process, “unity in diversity” (Borgo, 2007, p.126), “closer to group mind than singularity” (Toop, 2016, p. 19). A situation “in which both parties are paradoxically distinctive authors while also inextricably coauthors. Hence, neither may lay claim to being the sole author of their improvised moment” (2012, p. 448). In this sense one needs to somewhat disappear to really play (Nachmanovich, 1990, p. 51).

Being in thirdness calls into question our habitual distinction between individual selves, but on a different scale it also calls into question the unity of the self, which I have explored elsewhere (Delogu, 2020b). Ringstrom uses this as a springboard for improvised interaction, stating that we all have a “multiplicity of self-states” or different “characters” within (2012, p. 449). It is important to remain open to these possibilities because as therapists when “we can play with the multiple parts of our character, we are also much better equipped to play with the multiplicity of parts in others” (2012, p. 449). The potential inconsistencies of competing selves is welcome (Fink, 2007, p. 46). In terms of sexuality this means accepting that we are “*inherently polysexual*” (Barratt, 2016, p. 97). The field of potentiality, a play space, is held open, or at least the awareness of

In the face of constant change things arise that we like and also things we dislike. And so things appear to us either as good or bad and this results in us “craving” that which we like and avoiding that which we don’t like

these potentialities is present.

Potentialities

The writer and improviser David Toop is tuned into this movement when he says “I can tap a surface – simple – and the field of potentiality opens up, whereas with writing, at which I am practiced, I can write a single sentence which may close down the field of potentiality for hours, days, even years” (Toop, 2016, p. 42). It should be noted here that being “well practiced” at something can actually hinder the field of potentiality. For Ringstrom the collapse of openness into a rigid situation occurs when there is a heavily scripted, defensive, or static self-state, in either client or therapist, that shuts down possibilities of play (2001, p. 746-747; 2012, p. 456). “A fixed attitude is a closed door” (Spolin, 1963, p. 44).

This flexibility of self-state echoes the balance between implicit and explicit ways of being, touched upon earlier. Ringstrom describes this form of playful interaction as happening mainly through “implicit relational knowing” (2012, p. 450). Again, a preference for moving more into the implicit, “intuitive, nonreflective, unmediated” is advocated for here (2012, p. 455). This can involve moving away from the more traditional “empathic-introspective” outlook

(2012, p. 446). He says, “it is not always either necessary or helpful that the analyst reflects at length about his reaction before sharing it” (Ringstrom, 2012, p. 742). Moving out of this outlook and acting is what sets this approach apart from the more conventional modes of analytic behaviour (Akhtar, 2018, p. 81-101). This is not an excuse to shirk this careful analytic framing, rather it’s a leap within it. Ringstrom will step into relevant roles, breaking with the expected therapeutic responses to further the work. I’m sure many therapists have experience of saying things that are so obviously the standard therapeutic response that even the client knows it and may even have the courage to say it.

Craving And Grasping

Meditation and mindfulness, with their focus on experiencing the present moment, form an unlikely but very fruitful companion to thinking about improvisation. In *The Embodied Mind* (Varela, 2016) the authors make use of the introspective teachings of Buddhism to inform their cognitively inclined work on embodiment. While their analysis is quite complex there is a small section that is very relevant here. In the face of constant change things arise that we like and also things we dislike. And so things appear to us either as good or bad and this results in us “craving” that which we like and avoiding that which we don’t like (2016, p. 114) much like Freud’s *pleasure principle* (Epstein, 1995, p. 60). This craving then leads to “grasping”, which is where we try to hold on to good things and feelings and we try to get rid of bad things and feelings (2016, p. 114). “We do not just let ourselves be happy or sad, for instance; we must become a happy person or a sad one” (Epstein, 1995, p. 77),

that is, establishing scripted roles in theatrical parlance. The problem here is that because things are constantly changing we make more trouble for ourselves in trying to freeze, halt, stop, hold, grasp, the change. It's not possible to stop time. Tension results. Releasing becomes more difficult over time and circumstances may even continue to make releasing unwise.

As a corollary to the ever-shifting nature of reality another profound point arises that will only be mentioned in passing here. In trying to look carefully at our sense experience we find that there is only change, and so identifying any static or stable centre of our experience is not possible. To put it briefly, there is no stable enduring self beneath the kaleidoscopic textures of experience (Epstein, 1995, p. 75-77; Varela 2016, p. 79-80). The "longing for a center nevertheless persists" (Barratt, 2016, p. 116). The consequence of this can be "narcissistic craving: the thirst for a fixed image of self, as either something or nothing" (Epstein, 1995, p. 60).

The solution from the Buddhist perspective is to become aware of the ever-changing processes of "craving" (2016, p. 114; Epstein, 1995, p. 76) and to abide in "not-knowing" (Epstein, 1995, p. 56). For improvisers this is the name of the game, "[un]certainties are their *raison d'être*" (Borgo, 2007, p. 14). In Zen this will be characterised as cultivating "beginner's mind" (Nachmanovich, 1990, p. 68). "In the beginner's mind there are many possibilities, but in the expert's there are few" (Suzuki, 1970, p. 21). Again, expertise can hinder this perspective. "The desire to improvise [...] is the desire to begin something without knowing where it will end, or indeed if there is an end" (Peters, 2009, p. 7). They

The first and most obvious improvisation method was set out by Freud with free association

(Nachmanovich, 1990, p. 69)

are cut from the same cloth, to be a beginner is, by definition, to not know. This is important in therapy because refusing to know "has more healing potential" (Barratt, 2016, p. 119). This is ignorance of a specific kind, a refusal to assume, to not hurry putting structure on things. Therapists are not to "fix" in two different senses, don't solve and don't pin down. It is only through ignorance that we can hope to learn from an other (Delogu, 2020a).

Grasping happens all the time to varying degrees. It's one of the first reflexes a baby has, to create some stability. To this extent it is not a bad thing, it is just something to be aware of. The "holding space" of therapy names it a place for grasping. It would seem that therapists are constantly having to navigate their craving and grasping, as we should expect from any activity that concerns itself with being present in the moment with an other. What is important is just to be aware of it. While Buddhism sees a way out of this predicament of craving psychoanalysis is more inclined to saying we are simply to live with it (Epstein, 1995, p. 77-79; Barratt, 2016, p. 72).

Psychoanalytic Improvisers

At the outset it was stated that psychoanalysts have been using improvised theory and technique either explicitly or implicitly. At this point it is my hope that you have a feel for what improvisation is, if only implicitly, and that these

connections will be clear at this point.

The first and most obvious improvisation method was set out by Freud with free association (Nachmanovich, 1990, p. 69). Free association involves saying that which comes to mind by relaxing the critical faculties and simply observing what arises (Freud, 1997, p. 15-16). Note here that the shift is simply one of attention. While not the dominant view, it has been argued that this is *the* defining feature of psychoanalysis (Barratt, 2016; Bollas, 1999). In no uncertain terms: "Free association was the only goal of psychoanalysis" (Bollas, 1999, p. 64). Here it is not even simply a method, but the goal itself of psychoanalysis. It is an idealised goal, as, like improvisation, it is not absolutely achievable, habits get in the way, repressive tendencies inhibit; but they are instructive blocks (Bollas, 1999, p. 65). This is also for the therapist to partake in, by allowing a "free-floating attention" (Fink, 2007, p. 10). This forms an attempt to listen openly and to not just pick out that which the therapist is looking for. "When listening becomes nothing more than verification, decoding, reading, it loses its primal function of hearing everything that presents itself" (Bonnet, 2016, p. 204).

The process of free associating throws up a number of problems, two of which have been noted already. First, it challenges the creation of theories about it. If we take free association to be the goal of psychoanalysis this implies that any theorising that is not in service of facilitating this goal is in some sense irrelevant. So that "whenever any practitioner nominates goals transcendent to the method he is almost inevitably in conflict with the terms of the

method” (Bollas, 1999, p. 69). And there have been many schools of psychoanalysis that have grown from the initial seed, which Barratt characterises as “retreats from the significance of the free-associative method” (Barratt, 2016, p. 124). They may be seen as attempt to fix that which is in constant motion. This is by no means a majority view, but it joins the improvised chorus very well.

The second challenge, following Barratt, is that free association upsets the notion of a stable “I” at the centre of experience. That is why free association is difficult. Because it brings up things that challenge the person we think we are, our representation of our self. Thoughts arrive as if from outside ourselves, “we fall into the process by which it thinks me” (Barratt, 2016, p. 61). That is, we relax into the process whereby thoughts arise, without our knowing what might come out of our mouth.

Continuing on from here Wilfred Bion has some further insight on these matters. One of Bion’s most well-known suggestions is for the analyst to be without “memory and desire” (Bion, 2018, p. 41). This describes quite accurately the sort of attention required to improvise and sounds very close to the process of grasping outlined earlier. Memory and desire become hindrances to experiencing, as if the moment were lacking something, “both imply the absence of immediate sensual satisfaction” (Bion, 2018, p. 41).

Related to this was Bion’s use of “unsaturated” language. That is, language taken from different fields of study that were not laden with meaning, “saturated”, from prevailing psychoanalytic discourse (Sapen, 2012, p. 118). In the realm of improvised jazz this is “exemplified by Ornette Coleman’s attempts to short-circuit

habitual aspects of his saxophone playing”, to play “without memory” (Frisk, 2014, p. 157), by playing instruments he had no training in. Here the saxophone is saturated because of experience and can block creativity, whereas the new instruments are less saturated and open up the field of potentiality, much like becoming a beginner again. The tools in psychoanalysis are largely conceptual and perceptual and so it is here that habituation needs to be offset with fresh concepts and perceptions.

Lastly, Donald Winnicott introduced improvisation through his inclination towards play. “*Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together*” (Winnicott, 1971, p. 51). Ringstrom, who was covered earlier, states that improvisation is the mode of play that Winnicott “failed to articulate” (Ringstrom, 2017, p. 444). So here play is synonymous with improvisation. The importance of this is not negligible for Winnicott: “If the therapist cannot play, then he is not suitable to work” (Winnicott, 1971 p. 74) Winnicott suggested that getting to this state of play involved relaxation, by setting up conditions in which one can relax (Winnicott, 1971, p. 74).

Winnicott’s other well known idea is that of the “false self”(Winnicott, 1965). “The false self is created to deal with an impossible situation; as a construction, it eventually rigidifies and obscures more spontaneous personal expressions, cutting the person off from herself” (Epstein, 1995, p. 37). The false self is a blockage towards spontaneous expression. This underlying spontaneity is called the true self, the expression of spontaneously arising thoughts and desires. In the Buddhist sense

seen earlier, a true self is not to be found under the false self. Rather the sense of self arises in the protective holding and rigidifying of the false self. Winnicott hints at this when he states that there “is but little point in formulating a True Self idea except for the purpose of trying to understand the False Self” (Winnicott, 1960, p. 148). That is to say that the precarious duality of self states only arises because of the false self. To lose the false self is to shed the true self too. “There is no technique for authenticity. It arises freely or not at all, whereas “efforts to be authentic” invoke the same paradoxical failure as “efforts to be spontaneous” (Ringstrom, 2012, p. 742).

It is interesting to note that Winnicott never intended to set up a school in his own name nor to have a coherent body of work, or doctrine (Symington, 1986, pp. 311). This attests to the improvisatory attitude in Winnicott, something that has been a serious issue with the conflicts arising between different schools of psychoanalysis.

Conclusion

The aim of this work has been to thread together the various strands of improvisation that are dotted through psychotherapy. The intention is not to show that all these ideas are the same and to be subsumed under the master signifier of “improvisation”. The focus has not been on ironing out differences between these thinkers and forming some kind of airtight work. There is much more that could be said about each individual thinker and also the discussions and disagreements that might arise between them. This is far beyond the scope of this work but leaves open plenty avenues for further work. The goal has been simply to present them in their

diversity and hang them all on the fragile tune of improvisation.. If it has sparked something, been affective, then it has been a success. “The heart of the music falls silent once more, covered as it must be by the brambles and thick tree trunks of ordinary living” (Toop, 2016, p. 228). 🍌

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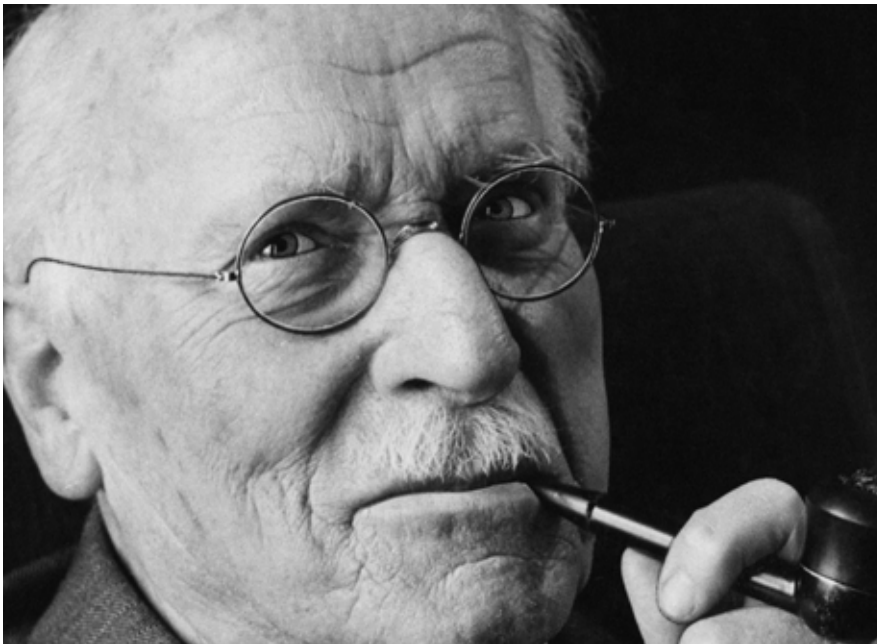
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Academic Article

A Simulated Interview with Carl Jung: Part 2 – Learning to Channel Mental Energy

By James C. Overholser, Ph.D., ABPP



interest in the struggles that often develop during the mid-life period. Finally, Jung confronted issues related to the treatment of trauma, as differentiated from sensitive topics that might arouse strong emotional reactions in a client. Several useful aspects of Analytical Psychology are discussed in a simulated interview with Carl Gustav Jung (CGJ) led by James C. Overholser (JCO).

JCO: Thank you for meeting with me again. Maybe we can start with your ideas about mental energy.

CGJ: “Yes, absolutely” (Jung, 1968, p. 30). “That was the subject I really wanted to tell you about today” (Jung, 1968, p. 190). “All psychological phenomena can be considered as manifestations of energy ... this energy is conceived as desire. I call it libido ... which is by no means only sexual” (Jung, 1961, p. 247). “Libido for me means psychic energy” (Jung, 1953, p. 52).

JCO: Where does this psychic energy come from?

CGJ: “In the psyche as in nature, a tension of opposites creates a potential which may express itself at any time in a manifestation of energy” (Jung, 1970b, p. 414). “There is no energy unless there is a tension of opposites” (Jung in Storr, 1983, 159). “The greater the tension between the pairs of opposites, the greater will be the energy that comes from them” (Jung, 1969b, p. 26).

JCO: What kind of opposites?

CGJ: “In the unconscious of every man there is a hidden feminine personality, and in that of every woman a masculine personality” (Jung, 1969a, p. 284). “I have called

Introduction

Carl Jung has provided some interesting ideas about mental energy and how it can be understood, directed, and used in therapy. Partly deriving from Jung’s friendship with famed physicist Wolfgang Pauli, Jung relied on the laws of thermodynamics to guide new ideas about mental and emotional energy. The law of conservation of energy claims that energy cannot be created nor destroyed, only changed. The law of entropy states that energy gets distributed evenly, striving for

a balance throughout a system. Jung extrapolated from these principles to shape his views of mental energy. Jung continued to explore dreams as a strategy for maintaining balance within the psyche, with energy continually being exchanged across the conscious and unconscious spheres.

Jung pioneered the notion of a *complex* as an unresolved issue that triggers strong emotional reactions. In addition, Jung examined personality development across the lifespan, with a special

this masculine element in woman the animus and the corresponding feminine element in man the anima" (Jung, 1953, p. 88).

JCO: Are there other opposite qualities that seem relevant?

CGJ: "Of course" (Jung, 1955, p. 84). "There are all kinds of opposites: dry-wet, hot-cold, male-female" (Jung, 1940, p. 242). "No man is simply introverted or simply extraverted, but has both attitudes potentially in him (Jung in Storr, 1983, p. 161). "Everyone possesses both mechanisms, extraversion as well as introversion, and only the relative predominance of one or the other determines the type" (Jung, 1971, p. 4). "The two types therefore seem created for a symbiosis" (Jung in Storr, 1983, p. 161). "An introvert marries an extrovert for compensation" (Jung in Evans, 1964, p. 71).

JCO: What do you mean by compensation?

CGJ: "Any one-sidedness of the conscious mind, or a disturbance of the psychic equilibrium, elicits a compensation from the unconscious" (Jung, 1969a, p. 520). "It is much better for the conscious and unconscious to be connected and to move on parallel lines" (Jung, 1955, p. 209). "Compensation aims at establishing a normal psychological balance and thus appears as a kind of self-regulation of the psychic system" (Jung, 1969b, p. 288). "Compensation ... is an intelligent choice of means aiming not only at the restoration of the psychic equilibrium but at an advance toward wholeness" (Jung, 1955, p. 621).

JCO: So people aim for psychic equilibrium?

CGJ: "The psyche is a self-regulating system that maintains its equilibrium just as the body does. Every process that goes too far immediately and inevitably calls forth compensation (Jung, 1954, p. 153). "There is no balance, no system of self-regulation, without opposition" (Jung, 1953, p. 60).

JCO: I am still confused about how mental energy is regulated.

CGJ: "Just as man has succeeded in inventing a turbine, and by conducting a flow of water to it, in transforming the latter's kinetic energy into electricity capable of manifold applications, so he has succeeded, with the help of a psychic mechanism, in converting natural instincts ... into other dynamic forms that are productive of work ... Just as a power-station imitates a waterfall and thereby gains possession of its energy, so the psychic mechanism imitates the instinct" (Jung, 1969b, p. 42). "Do you understand that? (Jung, 2001, p. 193).

JCO: So psychic energy is converted from one use to a different purpose?

CGJ: "No psychic value can disappear without being replaced by another of equivalent intensity" (Jung, 1970b, p. 86). "The analogy with the law of the conservation of energy is very close" (Jung, 1913, p. 27).

JCO: and these transformations shift the person's mental energy?

CGJ: "Progression might be compared to a watercourse that flows from a mountain into a valley. The damming up of libido is analogous to a specific obstruction in the direction of the flow ... which transforms the kinetic energy of the

flow into the potential energy of a reservoir. Thus dammed back, the water is forced into another channel ... transformed into electricity by means of a turbine" (Jung, 1969b, p. 38). "Every time we see a person who ... has ... some exaggerated mental attitude, we know here is too much libido, and the excess must have been taken away from somewhere else where there is too little" (Jung, 1913, p. 27). "The less libido he gives to reality, the more exaggerated will be his phantasies, and the more he will be cut off from the world" (Jung, 1914a, p. 423).

JCO: What happens if the path to transform energy becomes blocked?

CGJ: "As the way to adaptation is blocked, the biological energy we call libido does not find its appropriate outlet or activity, with the result that a suitable form of adaptation is replaced by an abnormal or primitive one" (Jung, in Storr, 1983, p. 52). "The outbreak of neurosis is just not a matter of chance It is usually the moment when a new psychological adjustment, that is, a new adaptation, is demanded" (Jung in Storr, 1983, p. 49). "Neurosis itself, can be formulated as an act of adaptation that has failed" (Jung in Storr, 1983, p. 53). "The repression of one of the opposites lends only to a prolongation and extension of the conflict, in other words, to a neurosis. The therapist therefore confronts the opposites with one another and aims at uniting them permanently" (Jung, 1970a, p. xv).

JCO: So the psyche works to restore balance in the psyche?

CGJ: "You can put it like that" (Jung, 1955, p. 28). "Neurosis is really

an attempt at self-cure, just as any physical disease is part an attempt at self-cure ... It is exactly the same with neurosis. It is an attempt of the self-regulating psychic system to restore the balance" (Jung, 1968, p. 169). "The symptomatology of an illness is at the same time a natural attempt at healing" (Jung, 1969b, p. 149).

JCO: I often encourage my clients to aim for a balanced lifestyle. Do you agree?

CGJ: "Oh yes, most definitely" (Jung in McGuire & Hull, 1977, p. 206). "Impulse and counter-impulse, positive and negative, should reach a state of regular interaction and mutual influence. This balancing and combining of pairs of opposites can be seen, for instance, in the process of reflection that precedes a difficult decision" (Jung, 1955, p. 33).

JCO: When starting therapy with a new client, what is your usual goal?

CGJ: "My aim is to bring about a psychic state in which my patient begins to experiment with his nature" (Jung, 1982, p. 84). "The analyst has to establish a relationship with both halves of his patient's personality, because only from them can he put together a whole and complete man, and not merely from one half by suppression of the other half" (Jung in Storr, 1983, p. 385). "My principle is: for heaven's sake do not be perfect, but by all means try to be complete" (Jung, 1968, p. 98).

JCO: What does it mean to be complete?

CGJ: "Wholeness consists in the union of the conscious and unconscious personality" (Jung, 1969a, p. 175).

"The greatest and most important problems of life are all in a certain sense insoluble ... They can never be solved, but only outgrown"

(Jung, 1962, pp. 91-92)

JCO: What makes a person become neurotic?

CGJ: "I know exactly how I could make myself neurotic: if I said or believed something that is not myself. I say what I see, and if somebody agrees with me it pleases me and if nobody agrees it is indifferent to me" (Jung, 1968, p. 126). "The aim of individuation is ... to divest the self of the false wrapping of the persona" (Jung, 1953, p. 172).

JCO: What do you mean by individuation?

CGJ: "I will try to explain the term 'individuation' as simply as possible. By it I mean the psychological process that makes a human being an 'individual' - a unique, indivisible unit or a 'whole man'" (Jung, 1940, p. 3). "Individuation ... implies becoming one's self" (Jung, 1953, p. 171). "The aim of individuation is nothing less than to divest the self of the false wrappings of the persona on the one hand, and of the suggestive power of primordial images on the other" (Jung, 1990, p. 116). "So long as the persona exists, individuality is repressed" (Jung, 1953, p. 285).

JCO: Is there another principle for understanding mental energy?

CGJ: "Yes, certainly" (Jung in Evans,

1964, p. 82). "The principle of entropy. Transformations of energy are possible only as a result of differences in intensity ... A closed energetic system gradually reduces its differences in intensity to an even temperature" (Jung, 1969b, p. 25). "Any one-sidedness of the conscious mind, or a disturbance of the psychic equilibrium, elicits a compensation from the unconscious" (Jung, 1969a, p. 520). "The psychic equilibrium of the neurotic is disturbed" (Jung, 1954, p. 175).

JCO: Why do you focus on personality development in adulthood?

CGJ: "The integration of the self is a fundamental problem which arises in the second half of life" (Jung, 1954, p. 264). "The greatest and most important problems of life are all in a certain sense insoluble ... They can never be solved, but only outgrown" (Jung, 1962, pp. 91-92). "For these reasons, I no longer seek the cause of a neurosis in the past, but in the present. I ask, what is the necessary task which the patient will not accomplish?" (Jung in Storr, 1983, p. 52). "The task of psychotherapy is the improvement of the conscious attitude and not a far-reaching analysis of infantile memories" (Jung, 1930, p. 350). "It is of course impossible to free oneself from one's childhood without devoting a great deal of work to it ... Nor can it be achieved through intellectual knowledge only; what is alone effective is remembering that is also re-experiencing" (Jung in Stein, 1982, p. 37).

JCO: How does this relate to mental health?

CGJ: "Neurosis is a disturbance of the development of personality"

(Jung, 1940, p. 301). "Most neuroses are misdevelopments that have been built up over many years, and these cannot be remedied by a short and intensive process" (Jung, 1954, p. 24). "Our personality develops in the course of our life ... At first we do not know what deeds or misdeeds, what destiny, what good and evil we have in us" (Jung in Zweig & Wolf, 1997, p. 281). "Personality is a seed that can only develop by slow stages throughout life" (Jung in Storr, 1983, p. 194). "The symptoms of neurosis ... are seeds that fail to sprout owing to the inclement conditions of inner and outer nature" (Jung in Storr, 1983, p. 152).

JCO: Shouldn't people outgrow neurotic tendencies as they get older and wiser?

CGJ: "The wine of youth does not always clear with advancing age; oftentimes it grows turbid" (Jung, 1933, p. 120). "Many people ... approach the threshold of old age with unsatisfied claims which inevitably turn their glances backward" (Jung, 1933, p. 127). "The achievements which society rewards are won at the cost of a diminution of personality" (Jung, 1933, pp. 119-120).

JCO: Why do some clients seem to reject their biological age and behave in an immature manner?

CGJ: "As the formerly neurotic could not escape from childhood, so now he cannot part with his youth" (Jung, 1933, p. 121). "For a young person it is almost a sin, or at least a danger, to be too preoccupied with himself, but for an aging person it is a duty and a necessity to devote serious attention to himself" (Jung, 1969b, p. 399). "To the man in the second half of life, the development of the function

“Complicated, highly conscious persons – are so firmly anchored in consciousness that nothing can pry them loose... they want to talk with the doctor on the conscious plane and go into a rational explanation and discussion of their difficulties”

(Jung, 1954, p. 60, para 137)

of opposites lying dormant in the unconscious means renewal" (Jung in Storr, 1983, p. 166). "The union of opposites through the middle path ... is ... the most legitimate fulfillment of the meaning of the individual's life" (Jung, 1953, p. 203).

JCO: But with old age comes thoughts of death.

CGJ: "I think it is better for an old person to live on, to look forward to the next day, as if he had to spend centuries, and then he lives properly. But when he is afraid, when he doesn't look forward, he looks back, he petrifies, he gets stiff and he dies before his time, but when he's living and looking forward to the great adventure that is ahead, then he lives" (Jung in McGuire & Hull, 1977, p. 438).

JCO: As I approach my own retirement, should I be working on myself?

CGJ: "Yes, absolutely" (Jung, 1968, p. 30). "The afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life's morning" (Jung, 1969b, p. 399). "About a third of my cases are not suffering from

any clinically definable neurosis, but from the senselessness and aimlessness of their lives" (Jung, 1954, p. 41). "A man who after forty years has not reached that position in life which he had dreamed of is easily the prey of disappointment" (Jung in McGuire & Hull, 1977, p. 106).

JCO: You feel that midlife struggles are normal, natural and helpful?

CGJ: "That is true" (Jung, 1955, p. 48). "Statistics show a rise in frequency in mental depressions in men about forty ... We see that in this phase of life - between thirty-five and forty - an important change in the human psyche is in preparation ... Often it is something like a slow change in a person's character" (Jung in Storr, 1983, p. 72). "With the beginning of your life's second part, inexorably a change imposes itself, subtly at first but with ever-increasing weight. Whatever you have acquired hitherto is no longer the same as you regarded it when it still lay before you - it has lost all of its charm, its splendor and its attractiveness. What was once an adventurous effort has become routine" (Jung in McGuire & Hull, 1977, p. 446). "One's previous inclinations and interests begin to weaken and others take their place ... one's cherished convictions and principles, especially the moral ones, begin to harden and begin to grow increasingly rigid" (Jung in Storr, 1983, p. 73).

JCO: How does a therapist promote healthy aging?

CGJ: "Now, that is a very difficult question" (Jung in McGuire & Hull, 1977, p. 257). "One is confronted with the difficult task of creating a new goal for an aging life. If one has nothing to look forward to except

the habitual things, life cannot renew itself anymore. It gets stale, it congeals and petrifies” (Jung in McGuire & Hull, 1977, pp. 446-447). “In the second part of life you begin to question yourself ... ‘What is the goal?’ and next, ‘Where are you going now?’” (Jung in McGuire & Hull, 1977, p. 106). “Man cannot stand a meaningless life” (Jung in McGuire & Hull, 1977, p. 439).

JCO: I have a middle-aged male client who seems to cling to his youth, dressing in youthful clothes and engaging in youthful activities. Do you see a problem with this?

CGJ: “Oh yes, very much so” (Jung, in McGuire & Hull, 1977, p. 266). “His neurosis comes mainly from his clinging to a youthful attitude that is now out of season” (Jung, 1982, p. 78). “He cannot part with his youth. He shirks from the grey thoughts of approaching age, and, feeling the prospect before him unbearable, is always straining to look behind him ... so the grown man shirks back from the second half of life” (Jung in Storr, 1983, p. 74). “Nothing is more ridiculous or inept than elderly people pretending to be young - they lose their dignity, the one prerogative of age” (Jung in McGuire & Hull, 1977, pp. 447-448). “An old man who cannot bid farewell to life appears as feeble and sickly as a young man who is unable to embrace it” (Jung, 1933, pp. 128-129). “They want to carry the psychology of the youthful phase over the threshold of the so-called years of discretion ... who does not know those touching old gentlemen ... who can fan the flame of life only by reminiscences of their heroic youth” (Jung, 1933, p. 121). “It is better to go forward with the stream of time than backwards against it” (Jung, 1933, p. 128).

JCO: My client is proud to maintain his youthful attitude and carefree lifestyle.

CGJ: “In the adult there is a hidden child - an eternal child, something that is always becoming, is never completed, and that calls for unceasing care, attention, and fostering” (Jung, 1940, p. 284). “We do not help the neurotic patient by freeing him from the demand made by civilization ... the suffering that comes from useful work, and from victory over real difficulties, brings with it those moments of peace and satisfaction” (Jung, 1915, p. 259). “He will now recognize the inescapable truth that to make claims on others is a childish self-indulgence that must be replaced by a greater sense of his own responsibility” (Jung, 1933, p. 49).

JCO: How can I help people during times of crisis or loss?

CGJ: “Remember a meaningful life never excludes suffering” (Jung, in Sands, 1961, p. 140). “Man needs difficulties; they are necessary for health. What concerns us here is only an excessive amount of them” (Jung, 1969b, p. 73).

JCO: So how do you treat trauma patients?

CGJ: “It is really quite simple to explain” (Jung, 1968, p. 44). “We all know that a man feels a compelling need to recount a vivid experience again and again until it has lost its affective value ... The unbosoming gradually depotentiates the affectivity of the traumatic experience until it no longer has a disturbing influence” (Jung, 1954, p. 131). “But there is nothing new about it. Practically everybody knows it” (Jung, 1940, p. 21).

JCO: So treatment relies on the client describing the traumatic events over and over?

CGJ: “Things are not quite so simple as that” (Jung, 1953, p. 27). “Abreaction by itself is not sufficient” (Jung, 1954, p. 133). “Mere rehearsal of the experience does not itself possess a curative effect: the experience must be rehearsed in the presence of the doctor ... when he can confide his experience to an understanding and sympathetic doctor ... no longer does he stand alone in his battle ... but someone whom he trusts reaches out a hand, lending him moral strength to combat the tyranny of uncontrolled emotion” (Jung, 1954, p. 132).

JCO: Some of my clients have suffered from severe negative life events?

CGJ: “The intensity of the trauma has very little pathogenic significance in itself, but it must have a special significance for the patient” (Jung, 1953, p. 13). “Life does not come from events, but from us ... We create the meaning of events ... Events have no meaning” (Jung, 2009, p. 239). “Everybody who is born has undergone that trauma, so the word has lost its meaning” (Jung, in Evans, 1964, p. 42). “These traumata ... are secondary phenomena, the outcome of an attitude that is already neurotic” (Jung, 1954, p. 129). “The trauma is either a single, definite, violent impact, or a complex of ideas and emotions which may be likened to a psychic wound. Everything that touches this complex, however slightly, excites a vehement reaction, a regular emotional explosion. Hence one could easily represent the trauma as a complex with a high emotional charge”

(Jung, 1954, p. 130). “As soon as a neurosis is present it is a sign of a special heaping up of energy in the unconscious, like a charge that may explode” (Jung, 1953, p. 112).

JCO: Is a complex like a really sensitive issue?

CGJ: “Call it sensitiveness or whatever you like, this unknown element of predisposition is in every case of neurosis” (Jung, 1914b, p. 284). “A complex would not be a complex at all if it did not possess a certain, even a considerable, affective intensity” (Jung, 1969b, p. 11, footnote 19). “Complexes are the tender spots of the psyche, which react most quickly to an external stimulus or disturbance” (Jung, 1964, p. 28). “Certain complexes arise on account of painful or distressing experiences in a person’s life, experiences of an emotional nature which leave lasting psychic wounds behind them” (Jung, 1969b, p. 313). “They are vulnerable points which we

do not like to remember and still less to be reminded of by others ... they indicate the unresolved problems of the individual” (Jung, 1933, p. 91). “One should never be influenced too much by the surface appearance of the symptoms ... A more thorough investigation will almost invariably show that some morbid tendency existed long before the appearance of clinical symptoms” (Jung, 1954, p. 130). “Complexes ... can temporarily obsess consciousness, or influence speech and action in an unconscious way” (Jung, 1963, p. 394).

JCO: How can a therapist deal with a complex?

CGJ: “The complex is not under control of the will ... it forces itself tyrannically upon the conscious mind” (Jung, 1966, pp. 131). “A complex becomes pathological only when we think we have not got it” (Jung, 1954, p. 79). “When the complex is made conscious ... the patient will exclaim with relief: ‘So

that’s what the trouble was!’ the symptoms disappear, the complex is ... resolved” (Jung, 1969b, p. 368).

JCO: Maybe we can take a break. Can we continue our discussion next week?

CGJ: “I would be delighted to see you again” (Jung in McGuire, 1974, p. 364). “Would it be possible for you to come to Küsnacht next Saturday?” (Jung in Meier, 2001, p. 68).

JCO: Certainly. Thank you. 

Jim Overholser

Jim Overholser is a professor of psychology at Case Western Reserve University, Cleveland, Ohio, and is a licensed clinical psychologist who provides outpatient psychotherapy through a local charity clinic. Dr. Overholser conducts research on depression and suicide risk through a local VA Medical Centre and the County Medical Examiner’s Office.

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Book Review

Title: *On Being a Supervisee Creating Learning Partnerships – 3rd Edition*
Authors: *Michael Carroll & Maria C. Gilbert*
Published: *2020 by Turning Point Ireland Ltd.*
ISBN: *ISBN: 978-0-6465633-5-0*
Price: *€35*
Reviewed by: *Hugh Morley, Editor*

There are lots of books on supervision, claim the authors, but there are almost none for supervisees. This book, first published in 2005, sets out to restore the balance. It is as relevant in its updated third edition as it was the first day it was published.

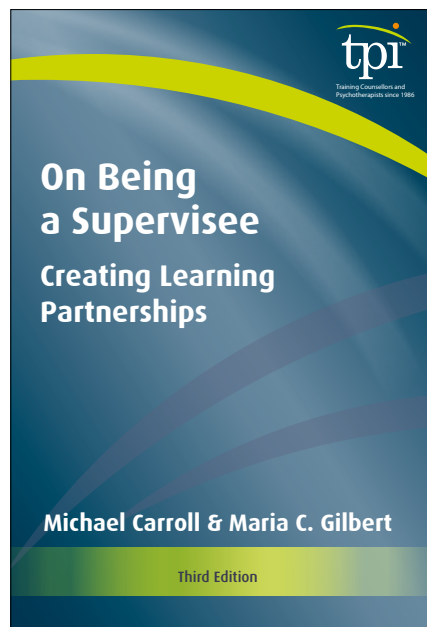
The book makes a bold Declaration of Rights for Supervisees and bids them to take their power. It is clear that this call to arms is to ensure the welfare and best quality service for the client, and with their interests in mind, makes an equally strong Declaration of Responsibilities for Supervisees also. The book clearly defines what supervision is about and describes effective behaviours and qualities of both supervisor and supervisee. It describes good contracting practices in detail and how a supervisee can prepare ahead for maximum learning. It looks at stages of learning, with the necessary skills and awarenesses required by a supervisee. It gives good tips for dealing with group supervision and conflict, especially in the early stages of forming productive group relationships.

The style of this book is that of a practical reference book, being clear, authoritative, procedural and shamelessly didactic. Its staccato delivery makes it perfect for browsing and focussing a trainee enroute to their required supervision sessions. It challenges such trainees not to attend in auto-pilot or in simple fulfilment of rules, but to exercise ownership and to wholly turn up in session. The book gets a supervisee to recognise their tendency towards “accommodative learning” (exacerbated by

an evaluative supervisor) and invites them to opt for a “curious new learning” (facilitated by a safe supervisor) which allows for real progress. Such progress involves recognising one’s strengths but also involves loss, giving up, letting go, and being open to challenge. This only happens in a safe and competently held space. The learning of a supervisee also requires a sophistication of reflection – “a bridge between information and wisdom” which informs the client relationship. The book is particularly insightful on this topic.

The authors of this text are highly experienced trainers, academics and supervisors. Sadly, just after its publication, Professor Maria Gilbert died, leaving a strong legacy of scholarship and healing in her many years with Metanoia Institute (UK) of which she was a founder. The Institute is known to provide a particularly high standard of training for psychotherapists. Dr Michael Carroll in turn is a Chartered Counselling Psychologist. He is an accredited Executive Coach and an accredited Supervisor of Executive Coaches. Positive and longstanding relationships with Turning Point Ireland have allowed for the Irish re-publication of this book.

Overall, I liked how the book drew widely on multi-disciplinary sources. It quoted probing After Action Reviews (relating to U.S. Military campaigns in Kuwait and Iraq). It revisited Kolb’s Experiential Learning Cycle with its characteristically concise style. It spoke wisely on feedback and how weaknesses relate to overplayed core qualities. At times I longed for a little more philosophy and a more relational writing style in keeping with integrative models in which both authors are steeped. The rich reference section sadly does not reach beyond 2011. That said, I highly recommend this practical book for any supervisee who wants to empower themselves and help their client. It should be a recommended text for trainee counsellors in all our colleges. The republication in Ireland is a timely and worthwhile project indeed.



Book Review

Title: *In Love With Supervision*
 Authors: *Robin and Joan Shohet*
 Published: 2020 by PCCS Books Ltd.
 ISBN: ISBN: 978-1-9109195-1-4
 Price: €35
 Reviewed by: *Jimmy Browner*

A fan of their previous writings, I've just completed Robin and Joan Shohet's latest highly commendable book which I did not want to end. It brought back treasured memories of experiencing Robin's expertise. Recalling his insights, wisdom and especially his ease of facilitating large groups over weekends – I always returned home feeling nourished, energised and renewed with a sense of having had a real Spiritual experience.

Many will agree that Supervision can be experienced as a Spiritual Practice that can filter beyond all parts and aspects of our lives and world. The book explores the heart and soul of supervision by addressing 23 propositions and principles in the context of interpersonal, group, intergroup, organisation and societal considerations. Their understanding and style is encompassed by a spiritual approach in which we have the opportunity to go beyond a sense of separateness to reach a deeper truth where we recognise our interconnectedness.

The book identifies the importance and effectiveness of how we can learn to become un-stuck, how to heighten our awareness and not lose our way in story, details and information. They show us ways of learning, seeing and understanding Supervision and Psychotherapy as a process. This will be an essential resource to dip into and to remind me of the importance of process, especially when I get stuck with my work with clients, supervisees and groups.

Robin and Joan both encourage and model humility in their generous approach. Hence, we are to look at ourselves first, to identify what we might be doing to co-create blocks and failures in our work and our various relationships. The book also focuses on everything that enters the space as data - how we can learn to step out of our own way and focus on the here and now in our therapeutic and supervisory relationships. Also

discussed is the importance of being in-tune with our own subject matter as well as the themes supervisees and clients encounter. Some examples of these are Core-Beliefs, Transference, Counter-Transference and Projective Identification, and Parallel Process, etc.

The book includes numerous resources, tips, skills, insights, reflections, practical exercises. I enjoyed reading about the seven-eyed model, sparkling moments and appreciative inquiry. They also share their ruptures and interruptions. These will be relevant to supervisors, therapists, trainers and group/organisational facilitators regardless of what professional orientation, model or philosophy used. They can increase our awareness of a our own

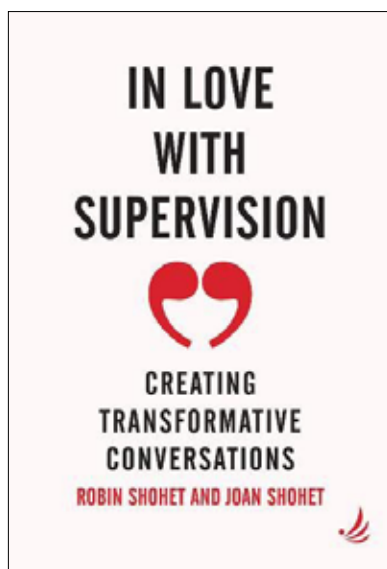
families, workplaces, influences and ways of being present or not present within ourselves.

I really liked how they focus on Ethics, and they list ten principles. Some examples of these are: know self, create safe space for reflection, help to create a moral community by getting together with people who can tolerate uncertainty and ambiguity. Simplistic thinking is rarely ethical as it avoids complexity, so we must develop courage etc. These principles will affect whether we approach Ethics as love-based or fear-based. I believe their Ethical principles will be an invaluable tool and insight to have in conjunction with the IACP Code of Ethics especially in how we view and use the code in our work.

Joan bakes for her training programmes and has included numerous baking recipes which is a lovely surprise in the book. It may be hard to believe but the book was so positive and such an excellent production that I personally could not find anything to be critical about. I have read multi-hundreds of books down through the years and this is one of the few that I could not find a criticism.

Finally they have outlined their 45 years of training skills and courses, but more importantly their humble and generous style of how they facilitate. They share many moments of vulnerability, which as a reader, draws you into a spiritual space which makes supervision really enjoyable and makes sense to why they chose the befitting title, "In Love With Supervision".

Jimmy Browne Supervisor Killarney, Co. Kerry
www.jimmybrowne.com



IACP Noticeboard

Cathaoirleach’s letter to members Summer 2021



Dear Member,

I hope this letter finds you healthy in body, mind, and heart.

There are no words to express adequately without sounding cliched the impact Covid-19 restrictions have had on many people. While our rational brains logically accept the

restrictions as necessary for our wellbeing, our emotive brain seeks freedom, socialisation and sometimes, like bold children, we rail against these boundaries when we feel frustrated, and we’re tempted to push them out.

If this describes how you have been feeling, I very much share that experience with you. However, with the rollout of the vaccination, there is now a much stronger glimmer of light and hope that we are

coming to the end of this long dark tunnel we have been travelling through for over a year.

The onset of longer and warmer daylight hours and more sunshine will have a positive impact and will help all of us to stay strong. I am very aware that some of you sadly are going through the grieving process at this time, having lost a loved one, family member, close friend, or colleague due to Covid or other health reasons. I wish on behalf of our IACP member community to offer our condolences to all of you, and I hope you are getting the support you need at this difficult time.

Another group that have found the restrictions difficult is our Nation’s youth, who now face many challenges. According to the Central Statistics Office, Youth unemployment now stands at 59.2%. Lack of summer work to give a sense of independence and often to provide funding for college, lack of apprenticeships so vital to the skillsets required in industry and many other areas as the country opens up again.



Clockwise from Left: Bernie Hackett, IACP CEO Lisa Molloy, Senator Annie Hoey and IACP Communications Officer Hugh O'Donoghue

Cathaoirleach's Letter to Members



Bernie Hackett and Hugh O'Donoghue with Cat O'Driscoll and Diane McSweeney from Gary Gannon TD's office

Young people have and continue to miss out on many of the milestones and rites of passage that they have traditionally enjoyed and are crucial to moving from childhood to adolescent to adult.

Our Nation's youth difficulties were the focus of a recent meeting that our CEO Lisa Molloy, Communications Officer Hugh O Donoghue, and I had with John Lahart TD. Deputy Lahart is a former member of IACP and a member of the Oireachtas Subcommittee on Mental Health. We met with Deputy Lahart to discuss mental health issues in Ireland and how IACP can help. We want to thank Deputy Lahart for his advice and time.

I'm actively engaging in lobbying since taking on the Cathaoirleach's role. I want to thank our Communications Officer, Hugh O Donoghue, for setting up these meetings. These meetings aim to maintain representation for IACP with our elected officials and create a greater understanding of the aims of our organisation.

In addition to our meeting with Deputy Lahart, we have also had the opportunity to meet with Senator Annie Hoey. We met with Cat O'Driscoll and Diane McSweeney from Gary Gannon TD's office on another occasion. The purpose of this meeting with Deputy Gannon was to learn more about his plans to implement a Mental health Taskforce for Youth, and we will keep you updated with any involvement IACP may have in this task force.

I would also like to flag with you that IACP staff sent you a survey asking for your opinions about our public affairs and promotion of IACP. We would like to hear any suggestions, ideas, opinions about what else we can do on your behalf. I hope you completed the survey and shared your views. It would greatly help us and will also allow you to have your voice heard.

2021 is a significant year for IACP as we mark and celebrate the 40th Anniversary of the organisation's existence. I feel very privileged to serve as Cathaoirleach in this special year. Plans are afoot to host a Public Awareness and Information Day

Cathaoirleach's Letter to Members



Bernie Hackett, Lisa Molloy and Hugh O'Donoghue's meeting with John Lahart TD

next month and “Find Your Therapist Campaign.” This campaign will feature IACP members from our media panel and aims to make IACP and its members more relatable to the public by putting a friendly face on counselling/psychotherapy to encourage people to access therapeutic help through the IACP.

Before I conclude this letter, I would like to thank the IACP staff for their unstinting efforts to ensure that our members were represented as “Frontline Healthcare Workers” in the vaccine rollout.

The portal was challenging to navigate, and again our staff went outside their remit to provide troubleshooting guides for our members.

Many of you by now will have received your first vaccination and hopefully feel more comfortable returning to Face-to-Face work with your clients after a prolonged absence.

The first few months of 2021 has been busy for the Board of Directors; acutely aware of the difficulty for many members, particularly our Pre-Accredited members, we recently ratified some changes to remote client hours requirement:

In February 2021, the IACP removed the cap on 200 remote client hours to allow both therapists and/or clients in high-risk categories and accessibility issues due to local lockdowns and other restrictions. We will review this matter in September 2021.

I would encourage you to visit our IACP websites regularly and keep yourself informed; The FAQ Section on iacp.ie provides more details.

Thank you for taking the time to read this letter, I hope that you have found it interesting and informative. I hope that you will have an opportunity to enjoy the summer months and perhaps enjoy a staycation outside of your home county. Most importantly of all, that you continue to enjoy good health.

Mise le meas,

Bernie Hackett
Cathaoirleach, IACP

A message from the Chief Executive

A Message from the Chief Executive Summer 2021



Dear Member,

I hope this message finds you in good spirits and you have been able to enjoy this somewhat pleasant weather we've been experiencing recently. I certainly feel that the sunshine can have a positive impact on our outlook. I am still hopeful that before the end of the year, we will be back

in some format to the office in Dun Laoghaire, and I can begin to see my colleagues and members in person. I am sure I am not alone in thinking we have been apart for far too long. On that note, I would like to thank our board of directors, committee members, wider membership and staff for their patience and good spirits as we continue to work remotely. I am so impressed and grateful for how we have all pulled together so strongly over the past year.

As we continue to work remotely, the Board of Directors and Management of IACP have made some changes to accommodate members. One key change has been the increased offering of online CPD available to members. We want to support members to complete their CPD requirements while we cannot offer in-person events. I'd also like to commend the Regional Committees, who have

continued their commitment to delivering high-quality CPD and networking events in their regions. The IACP is an organisation that is powered by our volunteers as well as our dedicated staff.

We recently hosted our Student and Pre-accredited evening on 13th April. These events allow student and pre-accredited members the opportunity to network with their fellow members and hear from established IACP members and our accreditation staff. I want to thank speakers Ejiro Ogbevoen MIACP of Black Therapists Ireland, Conor O'Leary MIACP of Purple House Cancer Support and our own Stephen Kelly, Accreditation Supervisor. We invited Conor and Ejiro to speak at the event after meeting with them virtually to learn more about their organisations. Many thanks to Iwona Blasi, Stephen Kelly and Laurie Dool for organising the event. Also, thanks to all the student and pre-accredited members who took the time to join us.

As you know, in 2020, we decided – due to public safety guidelines – to host our AGM online. Once again, I must thank our team for their work in migrating the event to an online platform. I would also like to share my appreciation to all the members who joined us on the day and shared their queries and questions with us. The questions raised on the day and the responses from the IACP are in the



Lisa Molloy, Bernie Hackett, Hugh O'Donoghue with Mark Ward TD and Joanna Kelly

A message from the Chief Executive



Clockwise from Bottom Right: Bernie Hackett, Stephen Kelly Accreditation Supervisor, Conor O'Leary MIACP – Manager at Purple House Cancer Support, Ejiro Ogbevoen MIACP – Founder of Black Therapists Ireland, Lisa Molloy

FAQ section of the Members' Area on iacp.ie

It is hard to believe we are now halfway through IACP's 40th Anniversary year. It's a testament to the good name and standing of the IACP in Irish society that we have experienced both longevity and success. We're marking this red-letter year with a public information event. Essential Conversations with IACP will see panels of experts speaking on topics such as body positivity, sports, mindfulness, and inclusion & diversity. Emceed by Blindboy; we designed the event to highlight the importance and benefits of counselling and psychotherapy in Ireland. I would like to thank all our speakers and panellists for their contributions and all of those involved in the organisation of the event, particularly, Hugh O'Donoghue our Communications Officer.

As the lockdown has continued, it hasn't stopped us from forging connections. Bernie Hackett, Hugh O'Donoghue and I virtually met Mark Ward TD in February to discuss IACP's public affairs goals. Deputy Ward is Sinn Féin spokesperson on Mental Health and a Member of

the Oireachtas Mental Health Sub-Committee. Since then, Deputy Ward has called on the IACP to support his motion surrounding the Mental Health Surge Capacity. The motion includes calls on the government to 'establish an emergency talk therapy fund to provide an additional 128,000 sessions with an accredited counsellor or therapist in the private system for those in need of immediate support on referral from a GP', and to 'remove GP and medical cards accessibility barriers to deliver universal access to counselling in primary care (CIPC)'. The Board of Directors decided that this motion would be of great benefit to Irish society and our members and have agreed to support the motion publicly. Since the Board of Directors' endorsement in early April, we're pleased to announce that the Motion has passed. We will keep abreast of any developments on this motion and inform members of any updates as we become aware of them.

As you have read in our March newsletter, the IACP Board of Directors ratified a revised Complaints Procedure for IACP. You can find further details by

visiting www.iacp.ie/complaints. I want to join the Board and express my gratitude to all those involved in the revision, especially the IACP Complaints Committee.

I am very happy to announce that Hazel Nolan has recently joined our Accreditation Department as an Accreditation Officer. We are delighted to have Hazel on the IACP team, and I know you will all make Hazel feel welcome.

I am looking forward to the summer, and the start of an easing of lockdown restrictions. It is looking promising, and I hope to meet you at an IACP event in the not-so-distant future.

Kind regards,

Lisa Molloy
Chief Executive, IACP

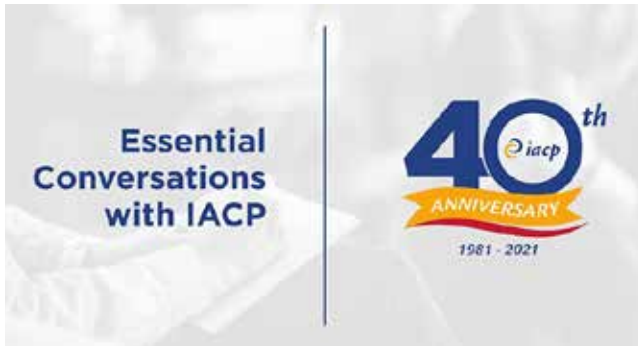
40th ANNIVERSARY CELEBRATIONS

1981 - 2021



Lisa Molloy with Emma Murphy MIACP and Dil Wickremasinghe – panellists at the Essential Conversations with IACP Event – at a Photo Call in Dublin
Photos Credit: Julien Behal

CELEBRATIONS



Bernie Hackett opens Essential Conversations



Lisa Molloy addressing the event



Blindboy BoatClub Emceeing the event



Minister of State for Mental Health and Older People Mary Butler TD delivering her opening remarks



Padraig O'Morain delivering his Mindfulness Workshop



Keynote Speaker Deborah Frances White



Séamus Sheedy closing the event



CELEBRATIONS



Clockwise from Top Right: Dr Joshua Wolrich, Emma Murphy MIACP, Sinead and Gillian Crowe and Emma Kelly on the Body Positivity Panel

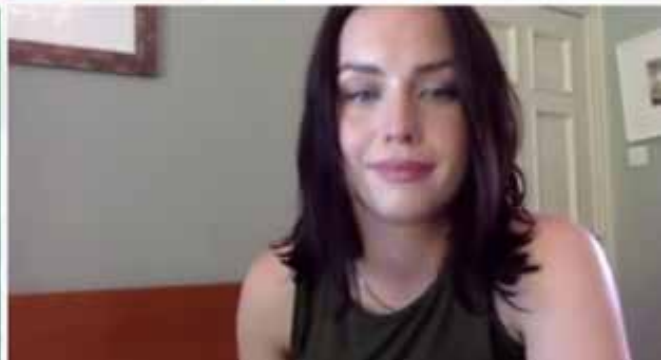


Clockwise from Top Right: Ejiro Ogeboven MIACP, Dil Wickremasinghe Pre-Accredited Member of IACP, Laura O'Donovan, and Joanne O'Riordan at the Diversity and Inclusion Panel

CELEBRATIONS



Clockwise from Top Right: Dr Colman Noctor, John Sharry, Sile Seoige and Margaret Parkes MIACP at the Parenting Panel at Essential Conversations



Clockwise from Top Right: Shane Carthy, Mary-Kate Slattery, Lindsay Peat and Phil Gormley MIACP at the Sports Therapy Panel

IACP Noticeboard

Update in respect of Child Abuse Substantiation Procedure (CASP)

We wish to update you in respect of developments around the Child Abuse Substantiation Procedure (CASP). The IACP in conjunction with other Sector Bodies and organisations, raised shared concerns related to certain aspects of CASP - which may directly affect the Data Protection Rights of disclosers of sexual abuse should CASP be implemented in its current form. This group's goal was to highlight these issues of concern to TUSLA, which was done initially in May 2020 by way of a letter. Subsequently, however, the Data Protection Commission (DPC) has ordered a Data Protection Impact Assessment (DPIA) of the CASP process which the Sector Bodies are in the process of responding to as a means of having their voices heard on the matter.

Separately to CASP, a Code of Practice has been drafted, ratified by the Data Protection Commission (DPC) as per Article 40 of GDPR.

We can confirm that we submitted a document on

behalf of the group to the DPC in September 2020. The DPC gave feedback, and further representatives of the Sector Bodies (of which IACP is a member) have met with the DPC about this. A final version was sent around for approval by the various Sector Bodies, and this will be then presented to the DPC where we are hopeful that it will be approved. The goal of the Code of Practice is to better the standards within the sector with respect to data protection and provide uniform agreed practices to which all practitioners can adhere to. TUSLA was asked to be part of this project formally however they refused, and the decision has been taken to move on without their input at this stage.

We are currently hopeful that the Code of Practice will be sent to the DPC and that the response to the DPIA will be sent to TUSLA by the beginning of May this year at the latest, marking significant progress on both fronts. We will keep you updated on both as matters arise.

Notification of Changes to Conference and AGM 2021

Due to the ongoing uncertainty surrounding the COVID-19 restrictions, vaccine rollout and social distancing within the hospitality industry, on the 20th of March 2021, the IACP Board of Directors decided to host this year's AGM and Conference virtually. The Board of Directors is very disappointed that these events cannot take place in person this year. As you know we had all hoped to be in a position to celebrate our 40th Anniversary year in person however we hope that you will understand that planning for such events needs to commence as early as possible and currently there is too much uncertainty in respect of the vaccine rollout, possibility of new variants etc.

The Board took this decision in the interest of the health and safety of our Members, our staff, and their families.

Please note that the dates remain the same with the AGM taking place on Friday the 15th of October 2021 and the Conference will be held on Saturday the 16th of October 2021.

SAVE THE DATE

IACP

40TH ANNIVERSARY

VIRTUAL CONFERENCE

AND 2021 AGM

Friday 15th and Saturday 16th October 2021



1981 - 2021

Essential Conversations with IACP - Public Event

The IACP hosted a public information event in May. Titled Essential Conversations, the event featured panels on Inclusivity and Diversity, Sports, Body Positivity, and Parenting.

Opened by Minister of State for Mental Health and Older People Mary Butler TD, it was Emceed by Blindboy. Panels featured IACP members Phil Gormley, Margaret Parkes, Emma Murphy and Ejiro Ogbevoen, and Dil Wickremasinghe. Other panellists included Síle Seoige, Shane Carthy, Colman Noctor, John Sharry, and many more.



For full details, please go to iacp.ie/iacp-essential-conversations



IACP in the Media

IACP was mentioned in an article about Cork Counselling Service on 12th February. IACP Leas-Cathaoirleach Séamus Sheedy was interviewed by Patrick Freyne in the Irish Times on 13th February. A photo of Shane Carthy along with IACP CEO Lisa Molloy and his fellow Look After Yourself ambassadors was used to accompany an article on 13th February. Séamus Sheedy was also interviewed by Mary Carr in the Irish Mail on Sunday on 14th February. IACP Members Nancy St John, Dymrna Summerville and Carthage Minnock were mentioned in an Offaly Express article on 16th February. IACP's member directory and Voluntary Frontline Counselling directory was mentioned in Suzannah Taylor's column in the Irish Daily Mail on 20th February.

Trish Murphy also mentioned us in her column in the Irish Times on the 23rd of February. IACP Chair Bernie Hackett's article 'International Women's Day: Minding the mental health of women in the face of this pandemic' was published on thejournal.ie on the 8th of March. The IACP was mentioned in Caroline West-Mead's article

in the Daily Mail on the 27th of March. Conor O'Leary MIACP of Purple House Cancer Support's article featured in thejournal.ie on the 28th of March. The IACP was mentioned in Sally Land's column in the Irish Sun on the 4th of April. Johnny Moran MIACP of Trauma Research Network Ireland's article was published in thejournal.ie on the 7th of April. The IACP was mentioned in Deirdre's Falvey's Irish Times article on the 11th of April. Pdraig O'Morain's weekly column featured in the Irish Times. Joe Heffernan MIACP, featured weekly on Cork Today on C103FM.

IACP Leas-Cathaoirleach Séamus Sheedy was on Limerick Live 95FM on 19th April to discuss confidentiality in counselling and psychotherapy.

Liz Quish MIACP was on the Today Show to promote the Essential Conversations Conference on RTE1 on 26th April, that is available to view on the RTE player. IACP Cathaoirleach Bernie Hackett was interviewed on the journal.ie on 27th April.



THE IRISH TIMES



thejournal.ie

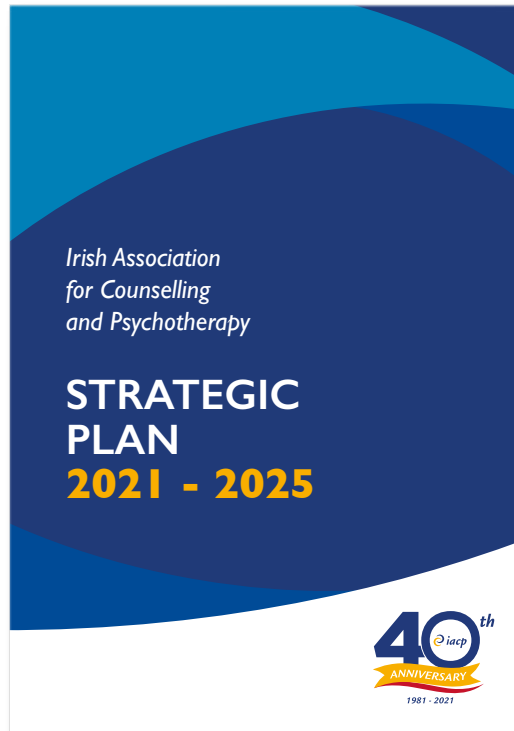
Irish Daily Mail



IACP Noticeboard

The IACP Strategic Plan 2021 - 2025

The new Strategic Plan covering the years 2021 to 2025 is now available on the IACP website. The Plan is timely and will address the upcoming changes and opportunities for IACP members and our growing organisation. The strategy outlines a range of specific key actions that the Board of Directors identified as important in parallel with the ongoing regulatory process that will contribute to making IACP and the profession stronger, highly respected and positioned to play an integral role in the Irish healthcare system. IACP's 6 Strategic Objectives for 2021 – 2025 are:



Additional €10 million for Covid-19 Mental Health Supports

The Government published its COVID-19 strategy, "COVID-19 Resilience and Recovery 2021: The Path Ahead", on the 24th of February.

The strategy acknowledges the impact of the pandemic on mental health in Ireland. It contains a commitment of €10 million to match the increase in demand for mental health services in Ireland.

We welcome this commitment and look forward to hearing further details on the allocation of the funding.

Counselling, Recovery, Professional Growth, and Personal Self-Care: A Joint Conference for Counsellors and Psychotherapists in Ireland and the United States

Once again, we invite IACP Members to explore Counselling Practices in the US and in Ireland, this year again-virtually (Zoom) with the focus on Recovery, Professional Growth, and Personal Self-Care.

The University of Holy Cross, New Orleans and DePaul University, Chicago and the IACP are organising this very exciting 2- day conference on 20th and 21st August 2021.

The event is open to all IACP Members; bookings will open soon on the IACP website at a subsidised rate.



Strong representation of IACP Members by effective lobbying strategies and engagement with key IACP stakeholders



Ensure Development and Provision of high-quality Training, Education and CPD reflecting members' needs



Ensure Development of IACP Research Strategy and Activities



Provide Highest Quality Service and Professional Standards



Embrace the IACP Community and nurture Member Connection



Support IACP Members with the transition to state regulation

IACP Noticeboard

Insurance Updates

We've created an Insurance FAQ in the Members' Area. In the first instance, you should ask your client to check with their insurance provider as to whether their policy covers counselling sessions.

This information is accurate to the best of IACP's knowledge on 05/05/21.

VHI

VHI's PMI 38 14 policy covers counselling/psychotherapy sessions when the service is provided by a practitioner registered with the IACP.

Irish Life Health

Irish Life Health offers 6 counselling sessions via their Healthy Minds app which is managed by Morneau Shepell. Please see their careers page for opportunities.

As of October 2020, Irish Life Health added a Psychotherapy and Counselling Benefit.

Psychotherapy and counselling benefit

This benefit allows a member to claim back some of the cost of attending a psychotherapist* or a counsellor*, or to claim back some of the costs of consultations with a practitioner at the Dean Clinic. Psychotherapist or Counsellor: An accredited member of the Irish Association for Counselling and Psychotherapy (IACP) or the Irish Council for Psychotherapy (ICP).

Laya Healthcare

With over 100 schemes Laya Healthcare do not have a list of which policies offer counselling cover. They always advise each member to check their specific level of cover.

On all schemes that have child counselling, Laya Healthcare will allow returns for sessions carried out by an IACP member for children under 18.

For adult counselling, there are two separate benefits: Psychologists or Counsellors & Therapists. The scheme must have adult counsellors & therapists listed to be eligible to claim back for sessions with an IACP member.

All claims are assessed in accordance with the Terms and Conditions of the policy for the renewal period you are claiming for. A copy of the Terms and Conditions is available on the following link:

<https://www.layahealthcare.ie/memberlogin/#/login>

Please note all eligible receipts need to be submitted within 12 months of the date of treatment in order to be assessed.

If you have any further queries please contact Laya's Providers Team at providers@layahealthcare.ie.

Find a Therapist Campaign

The IACP ran a Find a Therapist media campaign in the month of May, featuring IACP Members from our Media Panel, the aim of the Find a Therapist media campaign is to raise awareness of the IACP with the Irish public and draw attention to our Find a Therapist function on iacp.ie.



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Mary Larkin - Roscommon

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IACP Noticeboard

Celebratory Event for Newly Accredited Members and Supervisors 2020

The IACP hosted a virtual celebratory event for newly Accredited Members and Supervisors on 23rd April. The evening was opened by Bernie Hackett, Lisa Molloy, Chair of the Accreditation Committee, Martina Mc Namara and Annmarie Murphy representative of the Supervision Committee.

The evening featured speakers Chris Murphy MIACP (Carl Berkeley Award Recipient 2019), Phil Gormley MIACP, and Eve Menezes Cunningham MIACP.



Attendees at the Celebratory Event for Newly Accredited Members and Supervisors

The IACP would once again like to congratulate all the newly accredited members and supervisors. We'd also like to thank all of those who attended on the evening.

‘What Therapy is Right for You?’ on the Today Show on RTE1



Liz Quish MIACP on the Today Show. Photo Credit: RTE

Meet the Board of Directors – Michelle Coyne



Over the previous year, we have asked the IACP Board of Directors to answer some questions about their career. Michelle Coyne is the latest Board of Directors' Member to talk to us.

What made you interested in a career in counselling/psychotherapy?

I became interested in Counselling as I was going through a difficult divorce. At the time my children were quite young. I needed to know how to support their emotional well-being

along with my own. Divorce equates to a great loss as children are losing a whole family dynamic system in which they were familiar.

I had to learn to believe in myself, to know that I had the capacity of how to build a life outside of what was deemed appropriate (stay married) to inappropriate, that is Divorced. In 2012 I found myself back in college for a second time. I was following my heart's desire to know how to be better able to support people who had been in a similar situation to myself. By 2016 I had my Degree in Counselling and Psychotherapy.

What advice would you give to the new generation of IACP Members?

We should all follow our dreams, hopes and desires. One never gives up on a dream, no matter how long it takes. There was a desire for me to do more, and so I did. I received my MSc in Child and Adolescent Psychotherapeutic Skills in 2020. One has to stay the course. The road will get bumpy, with a few potholes, but these only make a person stronger and more determined to achieve their goal. As Marlow put it 'Self Actualisation'. When a person reaches this point, they have two choices: stay there and be content with their lot or reach a higher level of 'self Actualisation'. Me, for now, I'm content, for how long, what can I say except only watch this space. I know I am not done learning, I have lots to do!!!

If you could give a younger you any piece of advice, what would it be?

As we evolve, we either learn from our mistakes or repeat them. It may take generations to make a change. Therefore there will always be a need for

therapy. This is a profession that has stood the test of time. Back in 1879, Wilhelm Wundt, opened the first experimental lab in psychology in Leipzig, Germany. His book 'principles of Physiological Psychology, published in 1873, related to his investigation into immediate experiences of consciousness, which incorporated 'sensations', 'feelings, volitions and ideas'. Of course, we are more familiar Freud, and his understanding of the unconscious mind, what lies beneath, our hidden desires and motives. Freud believed it is the unconscious that continues to influence our behaviour, which we are apparently unaware of.

What skills/attributes are essential for working in this profession?

Everyone has experienced the impact of the pandemic and this real-life crisis outside of the two World Wars, the whole world, have shared experience. There has been lost on a massive scale, loss of a loved one, loss of opportunities to grieve, even to know how to grieve alone, isolation, loneliness, anxiety, confusion, confinement, panic. Services became non-existent, and some services are still not available to people. People have been trapped in a world with no doors. If we are to look at Freud's theory of the unconscious mind, then our desire to survive the pandemic has increased as we all learn to follow new rules, avoid each other and remain separated from one another, to learn a new way of being.

What key piece of learning has the Pandemic taught you?

More than ever, there is a need for human connection, there is a need for normality to return. During the pandemic, people have become more creative, learned new skills, while others seemed to become disorganised, and challenged. I have learned that in life we have moments, and no matter how fleeting these moments are, there is a need to savour them and embrace their joy, peace, happiness, and love they all bring. So laugh often, sit in a quiet moment, watch the sunrise/sunset. Embrace the moments, don't wait.

Have enough courage to start, and enough heart to finish – Jessica N.S. Yourko.

IACP Accreditations

First Time Accreditation

Agnieszka Zukowska	Dublin 15	Karen Morgan	Co. Kildare
Aileen Doherty	Co. Cavan	Karen Moylan	Dublin 4
Amanda Murphy	Cork	Karine Yuric Buttimer	Co. Cork
Amira Ahmed	Dublin 15	Kevin Smith	Dublin 11
Amy Doherty	Co. Tipperary	Kim Cromwell	Dublin
Anne Gaynor	Co. Cork	Linda Corlett	Co. Wexford
Annette Henshaw	Co. Wicklow	Linda Tierney	Co. Kildare
Aoife Byrne	Dublin 1	Lizet Pena-Herrera	Dublin 1
Audrey Farrell	Dublin 5	Lotte Lenaers	Dublin 18
Breda Woods	Dublin 22	Louise Kenny	Co. Dublin
Bridget Mannion	Co. Dublin	Louise Foy	Co. Donegal
Catherine Scallan	Cork	Lyndsey Connell	Dublin 8
Catherine Platts	Co. Cork	Lyndsey Phelan	Dublin 12
Ciara Moran	Dublin 15	Lynne Chen	Dublin 8
Clare Brady	Westmeath	Lynsey O'Kelly	Dublin 22
Clare Flynn	Dublin 14	Maeve Hudson	Co. Wicklow
Darragh Horgan	Co. Kildare	Mairead Flanagan	Dublin 13
David Maloney	Co. Westmeath	Mairéad Millmore	Co. Fermanagh
David McConnell	Co. Cavan	Margot Ussher	Co. Wicklow
Deirdre O'Reardon	Co. Cork	Maria Kane	Co. Wicklow
Dennis Fisk	Dublin 11	Marie Kelly	Co. Clare
Dorine Linn	Co. Dublin	Mariel Twomey Kelleher	Co. Cork
Elaine Birkett	Co. Cavan	Mark Creighton	Co. Kildare
Elaine Wilbur	Co. Galway	Martina Kennedy	Co. Wicklow
Elizabeth Malone	Dublin 24	Mary Keane	Co. Dublin
Emma Russell-Ryan	Co. Cork	Mary Lynn	Co. Galway
Emma Molloy	Co. Louth	Mary McHugh	Co. Mayo
Erin Corkery	Co. Cork	Maryanne Keane	Co. Kerry
Ewa Lapinska	Dublin 9	Matthew Cormack	Dublin 24
Geraldine Elebert	Co. Dublin	Mellissa Carroll	Co. Galway
Geraldine Looney	Co. Cork	Micheál McArdle	Co. Longford
Hansi Chisnall	Co. Dublin	Monica Navarro	Co. Cork
Helen Pielow	Co. Mayo	Monika Deasy	Co. Cork
Jackie Coomey-Graham	Co. Cork	Natalie Satkauskas	Co. Kerry
Jacqueline Tallon	Dublin 4	Niall Hackett	Co. Limerick
Jayne Leonard	Co. Clare	Niamh Lambe	Dublin 14
Jennifer Flynn	Co. Wicklow	Niamh Suttels	Co. Offaly
Joanna Kaliszewska	Dublin 22	Nicola Daly	Co. Waterford
Joanne Sambanidis	Co. Louth	Olivia Feehan	Co. Offaly
Karen Rhattigan	Co. Dublin	Orla McGuinness	Co. Clare

IACP Accreditations

Patricia Maloney	Co. Kildare	Sarah Keena	Dublin 16
Patricia Leavey	Dublin 5	Sharon Jackson Bradley	Co. Carlow
Paul Rossiter	Co. Louth	Shauna Conaghan	Co. Donegal
Paula McKone	Dublin 5	Sinead Reynolds	Dublin 18
Pearl Brock	Co. Westmeath	Sinead Reilly	Co. Cavan
Philomena Coyle	Co. Cavan	Siobhán Slattery	Co. Cork
Rachel Farrell	Dublin 14	Soraya Ahmid	Co. Wicklow
Raymond Walsh	Dublin 2	Stephanie Ruschin Burke	Co. Galway
Rebecca Canning	Co. Waterford	Stephanie Ruschin Burke	Co. Galway
Riadhna Holohan	Dublin 18	Stephanie Blayney	Co. Kildare
Richard Meagher	Co. Kildare	Suzanne Ennis	Co. Dublin
Rob Coffey	Dublin 18	Tara Coleman	Dublin 6
Rosemary King	Co. Kildare	Tara Thompson	Dublin 3
Ross Campbell	Co. Dublin	Tony O'Reilly	Co. Waterford
Sandra Smith	Co. Meath	Ursula Somerville	Dublin 14
Sarah Cuddihy	Co. Tipperary	Vincent Ryan	Co. Cork
Sarah Farrell	Co. Wexford	William Johnston	Co. Meath

Newly Accredited Supervisors

Aisling McGroarty	Co. Meath	John Delany	Co. Dublin
Angela Keaveney	Co. Longford	Liam McLoughlin	Co. Kildare
Deirdre Ferguson	Dublin 7	Pauline Sheehan	Co. Wexford
Fiona Smith	Co. Wicklow	Sharon Hannon	Co. Kildare
Graham Gill-Emerson	Co. Cork	Sheila Haskins	Co. Wexford

IACP Events (Full Details available at www.iacp.ie)

DATE	EVENT	TIME	PLACES	PRICE	CPD HOURS
16/06/2021	MRC - The Body Talks! Introduction to Body Psychotherapy with tips & tools for your Practice Presenter: Ger Murphy MIAHIP Via Zoom This Event will close for Bookings on Thursday 10th June 2021	10:00 - 13:00	95	IACP Member - €30 IACP Student - €15 Non-Member - €45	3

IACP Member Submissions

Call for Content

We are calling on IACP members to share in the anniversary celebrations with IACP. This may be poetry, photography, or short video clips, e.g. wishing IACP a Happy Birthday. If you have any ideas, please email hugh@iacp.ie. Please keep an eye on incoming communications from the IACP for further details.

Here are some of the submissions we've received so far.

Ghosting

by Cathy Kerwin

I love ghosting
 simple really
 making a decision to put my needs first
 learning to trust my instincts when
 they tell me that I need to checkout
 take timeout
 take space
 when I choose to close down
 my phone
 my laptop
 when I choose to ignore
 all the conflicting images, posts
 I ghost social media
 I ghost drama
 I ghost anything that has the potential to
 bring drama
 conflict
 into my world
 I love ghosting because in ghosting
 cocoon myself
 I find more of my inner peace
 my smile
 my joy
 my space
 I recharge, I smile, I laugh, I love more
 I reconnect with myself
 I've learned that ghosting is my way of
 self-caring, it's healthy so how could I not
 I love ghosting.

About Catherine Kerwin:



Catherine Kerwin founded Second chances Counselling, a private practice in Tullamore. She is a Holistic Psychotherapist/Counsellor (person-centred) Accredited MIACP

Holding the Candle Til the Light Comes On

by Dee McCormick

It's a strange and privileged place to be
 to sit with another in the black
 In times we never thought we'd see
 Wishing it would all go back
 The therapeutic space we hold
 seems more precious now than ever
 Listening as the story is told
 With intent to help, we endeavour
 To shine the light within the darkness
 to hold the candle until the dawn
 to help them see a hope beyond this
 to find the strength to carry on
 We doubt ourselves, we doubt our power
 but all it takes is just the flame
 It's true it may be just an hour
 but it lights the darkness all the same.

About Deidre McCormick:



Deidre is an Integrative Counsellor and Art Therapist working towards her IACP accreditation.

She loves all forms of creativity and finds it to be a great coping mechanism during these bizarre times.

She is passionate about empowering people to use expressive arts for healing and self-worth. Using poetry, art, metaphor, and trauma-informed interventions in therapy sessions, she tries to help clients imagine a different possibility for their lives.

IACP Member Submissions

TRUST IN YOU

by Fidelma Fitzgerald Student Member IACP

Therapist such as Virginia Satir, Murray Bowen and Babette Rothschild supported my personal growth in Trust. A powerful Virtue to apply to oneself. The absence of trust had long wailed inside of me, I could not trust anyone least of all myself. This attitude in turn led to doubt the words and actions of others. Ultimately leading to all sorts of isolation which brought about all sorts of mental, emotional, physical, and spiritual sickness. The observations, study, and research of the above therapists mentioned allowed me to be educated in generational behaviours and the continuation of them from family to family. Additional to this persons and families losing all track of time for years and years. However, the body held much information about the self. Never having witnessed what it is like to be homeless, yet having much homelessness going on inside. Finding it impossible to live with me. The ultimate truth was about to be exposed that no person was to blame. Many factors contributed; society had its ignorance alongside the generations passed. Still, Forgiveness of self and others set me free to write this piece today to you. A gift to do so, one of many gifts received when I decided to make a decision. Therapy for a 12-month period week after week after week woke me out of a generational coma, that introduced me to how I had been living because of my thinking and feeling this being the result of unchanged patterns of lifetimes past. Waking up for any person is a painful experience. This is a truth a very real one, one that needed recognition throughout the therapy process. Being held by a trusting other who could show that the road is going to be wobbly and uncomfortable heavily tearful and heart-breaking. The guidance and healthy direction given had enforced the belief in a new eyesight, externally and more importantly internally. Addiction, sexual identity, suicidal idealisation, abuse, fear, and isolation had all been met with sweat and tears. Having a trusted counsellor who journeyed side by side where sometimes all that needed attention was the power of silence between 2 people, yet much had been spoken in that connection.

This is an excerpt. The full version can be read on iacp.ie

About Fidelma Fitzgerald:



Having travelled a lot of Europe, London and the USA, Fidelma returned home to Kerry, for the first time since completing her Leaving Certificate in 1998 after much-lived experiences.

A woman of many talents, Fidelma is a Painter and decorator, Colour Coordinator, Commissioned Published Writer, and successful Playwright. She is the Founder of The Philomena Dramatics a theatre group in her native Kerry. Now moving into and towards another lived life as a therapist. A Pre-

Accredited Member of the ACI and finalising her full accreditation with the IACP. She is about to Graduate with a BA Hons Degree from MTU Kerry. Having successfully grown spiritually from Darkness into Light will continue writing and playwright and establish her own practice in counselling and psychotherapy. In her spare time, Fidelma enjoys sea swimming.

You are a Miracle

by Carmel Gaffney

You are all the corners of the world you've seen, all the images even the ones on movie screens, all the smiles you gave to people passing, You are hugs and words expressed, magically carried through the universe. You are the love given freely, with closed eyes upon earth, you are every movement and thought enveloped in milliseconds, minutes, hours, eternity and beyond. Just like the clouds, beautifully moving along. Upon your dreams, and wants and needs, you are the thunder, recognising the energy field. You are the mountains climbed, the singing in the rain, you leave a piece of heaven in the places you left behind. You are a miracle, you are life, you can have it all, you are infinity, a spark of endless light.

About Carmel:



Carmel is a student at IICP college, currently in her second year studying

BSc (Hons) in Integrative Counselling & Psychotherapy. She has a love of poetry, mindfulness and meditation incorporating these into her everyday life to bring clarity and grounding.



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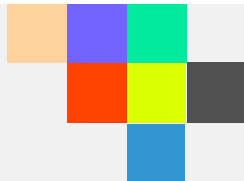


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Programme Director: Bronagh Starrs MIAHIP

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www.dctc.ie or by contacting Dublin Counselling and Therapy Centre info@dctc.ie

EABCT 2021 Annual Congress

8th-11th September 2021

ICC (International Convention Centre)
Belfast, Northern Ireland

The Annual Congress of the European Association for Behavioural and Cognitive Therapies



Hosted by the Irish Association of Behavioural and Cognitive Psychotherapy and incorporating the 49th Annual Conference of BABCP

It is time to meet again at the EABCT Congress

After over a year with no opportunities to join a congress with speakers presenting to a live audience the opportunity to meet in Belfast in September is nearing.

The organisation of this hybrid 3 day international congress at the International Convention Centre in Belfast is well underway and full information on the programme is available on:

EABCT2021.org

Congress Keynote Speakers

David Clark, Oxford, UK

Disseminating psychological therapies

Emily Holmes, Stockholm, Sweden

Mental Imagery and Mental Health Science

Rob de Rubeis, Pennsylvania, USA

Complex data-driven approaches to clinical decision-making

Anke Ehlers, Oxford, UK

Treatment of posttraumatic stress disorder

Stefan Hofmann, Boston, USA

CBT is an applied evolutionary science

Michael Duffy, Belfast, Northern Ireland

Responding to trauma and traumatic grief

Shirley Reynolds Norwich, UK

Using Brief Behavioural Activation with depressed adolescents

Rory O'Connor, Glasgow, Scotland

Understanding suicide risk

Eni Becker, Nijmegen, the Netherlands

Cognitive Bias Modification for depression

Mark Freeston, Newcastle, UK

Understanding distress in the face of uncertainty and threat

Lars-Göran Öst, Stockholm, Sweden

Does CBT work in routine clinical care?

Sam Cartwright-Hatton, Brighton, UK

Working with parents to improve child mental health

Nina Heinrich, Bremen, Germany

Family Violence: When family relationships take an unwanted course

Jennifer Lau, London, UK

The emotional impact of the pandemic on young people

Omer Van den Bergh, Leuven, Belgium

Mind the Body: Symptom perception in psychopathology*

Marcantonio Spada, London, UK

Metacognition in addictive behaviours: A 20-year overview

Monnica Williams, Ottawa, Canada

Being an anti-racist clinician

Louise McHugh, Dublin, Ireland

Following the rules: When it works and when it doesn't

Anca Dobrea, Cluj-Napoca, Romania

Technological enhanced CBT with children and adolescents

Peter Phiri, Southampton, UK

Cultural adaptations of CBT

Arnoud Arnzt, Amsterdam, the Netherlands

Imagery Rescripting: a transdiagnostic technique



A hybrid congress allows delegates and presenters to attend the congress in person or online live with the opportunity to still interact in real time. All delegates can also have the opportunity will also be able to view over 100 hours of the congress in their own time after the congress has finished.

One day Pre-congress workshops, 8th September

Treatment for Emotionally Unstable Personality Disorder Using Imagery Rescripting

Arnoud Arnzt, the Netherlands

The paradox of thought control and other cognitive strategies in the treatment of OCD

Maureen Whittle, Canada

Cognitive Therapy for Social Anxiety Disorder in Adults and Adolescents

David Clark, UK

Running in the Family: Helping Anxious Parents to Raise Confident Children

Sam Cartwright-Hatton and Ben Laskey, UK

Cognitive Therapy for PTSD: Tailoring treatment to different cognitive themes

Anke Ehlers, UK

Exposure therapy for Generalized Anxiety Disorder

Eni Becker, the Netherlands

Making and staying friends with uncertainty

Mark H Freeston, UK

Moving Beyond Therapy Manuals:

An Introduction to Process-Based CBT

Stefan G. Hofmann, USA

One-session treatment of specific phobia

Lars-Göran Öst, Sweden

Early bird registration ends on 11th June

Interested in furthering your education in Counselling & Psychotherapy?

IICP College is now accepting applications for the following:

BSc (Hons) in Integrative Counselling and Psychotherapy

Dates: September 2021 to May 2022

Format:

- Option 1: One Day Per Week (Wednesday 9:30am-5:00pm)
- Option 2: One Day Per Week (Saturday 9:30am-5:00pm)
- Option 3: Block One Weekend Per Month (Friday-Sunday)

Duration: Generally 1 year for qualified therapists.

Cost: €3,875 per year.

- Advanced entry possible for qualified therapists under Recognition of Prior Learning.
- Blended learning delivery consisting of classroom, live online lecturers and Moodle.
- Places limited, so early application advisable.

MA in Pluralistic Counselling and Psychotherapy

Dates: October 2021 to May 2022

Format:

- One weekend per month
- Friday to Sunday 9:30am-5:00pm
- Classroom Delivery

Duration: 2 Academic Years

Cost: €3,875 per year.

- Developed in conjunction with Visiting Professor John McLeod.
- Ideal for qualified therapists who wish to attain a Master's level qualification.

MA in Integrative Child and Adolescent Psychotherapy

Dates: October 2021 to May 2022

Format:

One weekend per month (Friday-Sunday 9:30am-5:00pm)

Duration: 2 Academic Years, plus one additional semester.

Cost: €3,875 per year, plus €1,250 for final semester.

- Developed for qualified therapists who wish to expand their scope of practice to work with children and adolescents.

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OCT
2021

CPD Professional Certificate in Family Therapy Skills

3rd
JULY
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Advanced Diploma Clinical Supervision

OCT
2021

Advanced Diploma Online Counselling and Psychotherapy

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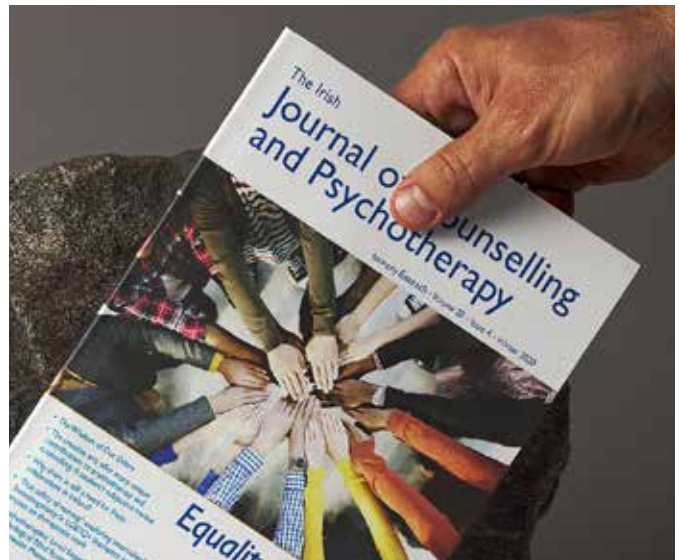
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