

The Irish

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- The Wisdom of Our Elders
- The creative arts offer many unique contributions to psychotherapy and counselling: A student's subjective review
- Why there is still a need for Pride celebrations in Ireland?
- 'That safety of naming': exploring internalised homonegativity in LGBTQ+ therapists and its impact on therapeutic work
- Psychotherapists' Lived Experience of Psychological Blind Spots: Findings from a Hermeneutic Phenomenological Enquiry

Equality, Diversity & Inclusion

 **iacp**

Irish Association for Counselling and Psychotherapy

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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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From the Editor:



Dear Colleagues,

Hello and welcome to the Winter 2020 Issue of the Irish Journal of Counselling and Psychotherapy on the topic of *Equality, Diversity & Inclusion*. Due to the success of the recent IACP Conference on the same theme, we present five articles, some of which broaden and build on the areas offered at the 17th October event. Further, our content represents a diverse cross-section of our professional community from student voices, to practising professionals, researchers and the wisdom of senior clinicians. We hope you enjoy the brief respite from all things COVID-19 related and find something to revitalise, nourish and prompt your winter reflections in the months ahead.

Our first article by Dr Karen Ward gives voice to the elder members of our professional community. Perhaps often overlooked, their tremendous experience and wisdom, accumulated over many decades can often remain locked away and out of sight. Including these voices in this issue provides richness and context to our current practice and contextualises our profession as we undergo further change and growth. Karen selects five wise elders and asks four questions

to each, exploring themes from the past, present and future. What is particularly striking is the humility with which they reflect on their myriad contributions to our profession over time. We are all indeed truly blessed to stand on the shoulders of such giants.

Exploring creative arts through her own lived experience as a psychotherapy student, and mother of a child diagnosed with Autism Spectrum Disorder, Eileen Higgins provides a rich account of this remarkable vehicle for personal transformation. Eileen's work was selected to provide additional testimony to Eoin Stephen's conference 2020 submission "Working Therapeutically with Adult Autistic Clients: A Neurodiversity Perspective". Her final thought is perhaps a useful reminder to all of us engaged in personal process work; "when words fail, art may prevail!".

Next, two articles add different perspectives on the topic of LGBT+ dynamics, building on Dil Wickremasinghe's conference submission "Inspiring Change in Self and Society". In the first, Dermot McCarthy explores "Why there is still a need for Pride celebrations in Ireland". Addressing both the assumptive position of LGBT+ Pride

being somewhat irrelevant due to the significant societal change and acceptance of LGBT+ people, while simultaneously exposing the impact of heteronormativity and minority stress and the findings of recent studies exploring LGBT+ mental health challenges, Dermot makes a case for Pride to continue and become even more inclusive despite all that's been accomplished. In the second piece, Neil O'Connor presents a remarkable insight into the lived experiences of LGBT+ therapists' "internalised homonegativity and its impact on therapeutic work". Neil's work stresses the vital importance of "cultural competency education for therapists, and the central role played by therapist self-examination and engagement with personal process" a useful call to action to all of us, irrespective of our sexuality.

Our final academic work comes from the IACP Research Bursary Award winner for 2020, Melanie McGovern from Galway. Melanie's work represents a phenomenological enquiry into "psychotherapists' lived experience of psychological blind spots". Through this exploration, we are reminded of our duty as both people and professionals to "question not only our subjectivity but others short-sightedness ... for it is only through the potency of awareness that we have the potential to change". This final piece offers much as we all strive to hone our personal and professional ethos of Equality, Diversity and Inclusivity.

Finally, on behalf of the Editorial Committee of the IJCP, I would like to offer you, your families and those you care about our very best wishes for Christmas and the New Year and a brighter, less worrisome 2021 ahead.

Mike Hackett.

Practitioner Perspective

The Wisdom of Our Elders

By Dr Karen Ward



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

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

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

The Interview Questions

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

These were:

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

Interviewees Short Biographies & Contributions

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

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

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

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

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

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

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

Interview

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



Ursula O'Farrell (UO'F):

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

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

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



Patricia Kennedy (PK):

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

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



Joe Heffernan (JH):

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

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



Cecilia Homan (CH):

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

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

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



Ivor Browne (IB):

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

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

How do you view the Irish mental health system presently?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

Dr Karen Ward

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

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Student Voice

The creative arts offer many unique contributions to psychotherapy and counselling: A student's subjective review

By Eileen M. Higgins



In this article, I will discuss expressive therapy, its themes, concepts, and the creative process of emotional and cognitive expression. Specifically, I will examine the correlation between art and therapy from two perspectives; that of a student, and as a parent of a child diagnosed with Autism Spectrum Disorder (ASD). Therefore, I delineate my experiential learning and understanding of the creative and expressive therapy module through my own story.

So, what is it about art that brings more awareness? Many artworks are meticulously

designed and placed in specific locations to encourage contemplation. For example, Berset's *Broken Chair*, (Handicap International, (HI) humanity & inclusion, 2018) a powerful symbolic expression; stimulating reflection and encouraging action for the victims of war from those in leadership.

I was introduced to art therapy over fifteen years ago, long before I fashioned the intent of becoming a counsellor. I was, among other things at that time, a parent to three children. At aged four and without speech, my son, and youngest child at that time,

Art therapy is clearly effective for recovering or remembering the 'self'; it taps into the child of ourselves - our inner child. Removing oneself from the adult-self or 'ego'. Thus, the true self is unencumbered

was found to be on the Autism spectrum. Unable to communicate his feelings and thoughts, art therapy was introduced by my son's Occupational therapist. Dalley states "... art therapy can offer an alternative, non-verbal means of communication for those whose use of speech or understanding of words is incomplete or non-existent." (1984, p. 115). In the case of my son, the theme chosen was animals. It is widely understood and accepted that individuals with ASD benefit greatly from interactions with animals (Autismawarenesscentre.com, 2020). Through this creative and expressive therapy, it was possible for me to capture the essence of his condition and

acquire insight into a little of my son's inner world. Gaining an Awareness- a feeling sense of my son's world from inside out. Importantly, allowing my son to meaningfully engage with me and others. With his amassed collection of drawings dispersed throughout our home, my son creatively communicated his inner emotions and thoughts through this alternative medium.

Emery (2004) reports on a study of the growth and progress of a six-year-old boy diagnosed with Autism using art therapy as an intervention, "... use of nonverbal expression through the experience of making art encourages children with autism to begin to represent their experience." (p.147). Progressing further, and through continued employment of his own drawings, my son's vocabulary grew, and to an acceptable standard. Although still below average for his age, it was sufficient for entry to mainstream school. Moreover, he excelled at art, and his verbal communication continued to improve over the years. It is this emphasis on strengths and inner resources that facilitate development of the individual's potential (Academy of Pediatrics, 2020) and thus provided a sense of accomplishment. Accordingly, developing confidence and increased self-esteem, resulting in academic achievement (Al-Hebaish, 2012). For example, to date, he not only sat the Leaving certificate exam, but passed every subject. Quite the accomplishment when one is reminded of the once four-year-old boy who was without speech.

Regarding art in therapy, is the counsellor's therapeutic approach significant? There are differing

With crayons, one may easily craft imperfections and flaws. Essentially, the crayons still worked and may be used for colouring; damaged, they may be, yet still useful

theoretical modalities in art therapy (Hogan, 2015); such as the psychodynamic approach of Freud and Jung, and the client-centred approach of Rogers (1951). For example, Freud's concept of *free association* (Jones, 2018) may be viewed as integral to creative processes, encouraging individuals' exploration of inner thoughts and feelings. This allows for instinctive expression, free of rehearsal. The "... therapist uses the arts as a healing process and for self-exploration and understanding," (Rogers, 1993, p. 98). Through my engagement with an art therapy module during my training, I discovered how day-to-day occurrences impress on whatever is created; how I was feeling in the moment. Rogers (1993) indicates that "...creative arts is [sic] a powerful and effective way to help clients identify and be in touch with their feelings." (p.96). Art can communicate feelings and thoughts which are otherwise non-verbalised. Rogers (1993) explains how by utilising, "...expressive arts also allows clients to tap into and explore unconscious material." (p. 97). Importantly, one does not require natural creative skill to involve oneself: with art therapy the "... general emphasis [is] on self-expression, rather than making a

'good' painting..." (Dalley, 1984, p. xvii). In addition, keeping in mind my son's prior beneficial experience with art therapy, I involved myself in the module with both interest and curiosity.

Beginning with improved control over my 'inner critic' I immersed myself in creative expression. Interestingly, after choosing the materials I wanted to work with – crayons, I spontaneously began to break each crayon and peel off their wrappers. What materials we choose to use in art therapy can be as significant as the image we create (Orbach, 2003, p. 2). Therefore, what meaning did this seemingly involuntary action convey? Later I was to discover that it did indeed hold a particular meaning. However, if anyone had noticed and inquired at that time, the answer that apprehension had been the most probable motive for this behaviour, would have been offered. Nevertheless, I remained consciously aware of this outwardly as, perhaps, an anxiety response. Orbach highlights (2003) "how accurately ... materials express ... emotions and state-of-mind ... the selection of materials is often governed by unconscious processes rather than logic or conscious knowledge" (p. 3). Additionally, and importantly, it was the material that suited me best "... the creator will always choose the best-suited Materials that reflect his innermost feelings and desires," (Orbach, 2003, p. 3). Furthermore, McNiff (1994) indicates that "I create from where I am not from where I think I should be." (p. 35).

With crayons, one may easily craft imperfections and flaws. Essentially, the crayons still worked and may be used for

colouring; damaged, they may be, yet still useful.

During my life, I have experienced many difficulties and have overcome many adversities including; losing the sight in one eye, having a significant hearing impairment, incurable tinnitus, twice surviving breast cancer, and a resultant heart condition. More recently I have been undergoing tests for suspected Multiple Sclerosis (MS). Just like the broken and wrapper-less crayons, I still work! Notwithstanding and despite all of these immense difficulties, I remain resolute. With the capacity to take on new challenges, perhaps not the same as in the past, nevertheless, I can keep moving forward; discover new purpose, and create new goals for myself. Indeed, difficult times in our lives may shape us, however, they do not define us.

Returning to the subject of themes in art therapy, e.g. the animal theme utilised in my son's case, I personally found it frustrating to always be given a set theme during my art module at college. This, also revealing much of my personality

I personally found it frustrating to always be given a set theme during my art module at college. This, also revealing much of my personality of preferring to go my own way and not follow the rulebook

of preferring to go my own way and not follow the rulebook. Importantly, it reflects the fact that I am a published fiction author; as fiction of course allows for free expression. Consequently, following from this experience, it is useful to regard art as being a medium or vehicle for reflection and self-discovery.

To conclude, art therapy is clearly effective for recovering or remembering the 'self'; it taps into the child of ourselves - our inner child. Removing oneself from the adult-self or 'ego'. Thus, the true self is unencumbered; allowing for natural creative expression of our inner thoughts

and emotions to emerge. Ask a four-year-old to draw a picture, and in the case with my own son, he absorbed uncontaminated by self-consciousness; and in doing so discovered the secret; one is free from suppositions, judgement, and presumptions, where self-consciousness otherwise may inhibit self-expression. By employing art therapy with the interpretation of visual images combined with 'talk' therapy – clients may uncover emotions and thoughts that they may not otherwise have been capable of accessing directly – put another way, when words fail, art may prevail! ☺

Eileen M. Higgins

Eileen hails from Kildare, is a published author of fiction novels, and a parent of five children, ranging in age from 10 – 30 years. Two of her sons are on the Autism spectrum. She has a Diploma in Counselling and is a newly accredited Counsellor (This issue's list of first time accreditations).

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Academic Article

Why there is still a need for Pride celebrations in Ireland?

By Dermot McCarthy



With the recent Irish LGBT+ equality laws passed; I consider the role, if any, of Pride in Modern Ireland. I begin with a brief introduction to Irish LGBT+ History. I explain minority stress and heteronormality. I provide the reader with two recent reports which convey worrying statistics in relation to LGBT + mental health. I explain that members of the Irish Transgender Community and others still feel excluded from Pride. I give examples of the benefits of Modern Pride celebrations in relation to my client, myself, and rural Ireland. I concluded that there is still a need for Pride in Modern Ireland in supporting the mental well-being of the Irish LGBT+ Community, but Pride must ensure all members of the LGBT+ Community are included in the celebrations.

History of Pride in Ireland.

In recent years, Ireland has made considerable progress in respect

of Irish LGBT+ rights. In 2019, the LGBT+ Community around the World celebrated 50 yrs of the Stonewall riots. The Stonewall riots were to many the start of the LGBT+ Rights Movement (Shape, 2019). Similarly, throughout Irish History, there are various accounts of rebellion, this aspect of Irish Culture, that is to rebel when oppressed (Wikipedia contributors, 2019). The Irish LGBT+ community are no exception.

Pride in Ireland also has its roots in protest. On Saturday, 27th June 1974, the first Pride march took place in Dublin. Ten men and ten women, mainly members of Belfast's Gay Liberation Society and Dublin's Sexual Liberation Movement marched in protest, against the laws that criminalised homosexuality at the time (Webb, 2016).

The Irish LGBT+ Rights Movement arose due to the oppression of Irish LGBT+ citizens. Sadly, in 1983 the Movement was formed after the

death of a gay man. That man was Declan Flynn. To be LGBT+ in Ireland in the '80s was a bleak prospect. It was illegal to be gay. Within this hostile environment, gay men would seek each other out in suggested places, one such place was Fairview Park. In that park, Declan Flynn was attacked and murdered by five young men. His attackers were found not guilty of his murder. This enraged the Irish LGBT+ Community. In 1984, 200 people marched in protest at the verdict. It was the first official Pride event in Ireland (Buch, 2016).

It has been over 40 yrs since the 1974 Pride protest march. Within this time fundamental changes occurred concerning LGBT+ Rights within Ireland. In 1993, Homosexuality was decriminalised. In 2015, Ireland became the first nation to pass Gay Marriage by public vote. In the same year, the Gender Recognition Act was passed, allowing individuals to change their gender assigned to them at birth. This was a landmark decision for the Irish Trans Community. (Halpin, 2018). In 2017, Ireland elected its first openly gay Taoiseach Leo Varadkar (Linehan, 2017). Pride festivals now in Ireland have encountered record numbers attending their events. Dublin Pride 2018, for example, had over 60,000 participants, a far cry from the brave 200 individuals who marched in the first official Pride event in Dublin (Callagher, 2018).

Therefore, with such an immense embrace of Pride festivals and social change in attitude to the LGBT+ Community in Ireland, one must ask what is the purpose of Pride festivals in Modern Ireland now? Has

Pride simply become a mere pink washing exercise by corporations? Has the mental health of the LGBT+ Community improved since the unofficial Pride march in 1974? What role does Pride have regarding the mental health of the Irish LGBT+ Community?

Heteronormativity and Minority Stress.

Heteronormativity describes the position where heterosexuality is considered the norm, or default sexual orientation within society. Therefore, additional stress is placed on any individual who does not identify as heterosexual. Such stress referred to in literature as 'Minority Stress' (Meyer, 2003). Minority Stress can be applied to a group such as the Irish LGBT+ community who are likely to be subject to a arrange of conflicts. These conflicts occur due to the dominant views and culture of society, in this case Irish society, that do not reflect their LGBT+ identity (Meyer, 2003).

Furthermore, according to (Moss,1973), interactions with society provide the individual with a sense of what the world is and a sense of well-being. Mental well-being is compromised for the minority group, as the minority group's experience is not on par with societies view (heteronormativity). Therefore, the minority LGBT+ individual may put vast amounts of energy into hiding their identity. They may desire to fit into the traditional roles of male and female in Irish society. They may suppress many aspects of their personality.

In doing so, they may experience severe stress and shame resulting in any number of mental health conditions e.g. depression. Furthermore, Dublin Pride 2018 had over 60,000 attend the event (Callagher,2018), one may argue now with this immense support that it must be easier to be LGBT+ in Ireland. Therefore, it can be argued further that the level of minority

stress for the LGBT+ Irish Community should be greatly reduced and being LGBT+ in Ireland is a lot easier than in the past. Sadly, this appears not to be the case.

Recent LGBT+ studies on the mental well-being of the Irish LGBT+ Community.

LGBT Ireland is an Irish LGBT+ organisation that supports LGBT+ mental health. In 2016, the organisation commissioned a survey on Irish LGBT+ youth mental health. The report revealed several worrying findings. The results were compared to the World National Youth Mental Health Study. Among Irish LGBT+ youth, the report found that young people were two times more likely to self-harm, three times more likely to attempt suicide and four times more likely to suffer severe/extreme stress, anxiety and depression than their heterosexual peers (Higgins et al., 2016). In Nov 2019, BeLonG To, an organisation that supports the mental health of young Irish LGBT+ people published their report entitled the "School Climate Survey". The survey's aim was to determine what it is like to be LGBT+ in Irish classrooms. The report found similar concerns those in the LGBT Ireland Report three years earlier. The report highlighted that 73% of LGBT+ students feel unsafe in secondary schools, 77% of LGBT+ students have experienced verbal harassment, 38% experienced physical harassment, and a further 11% have experienced physical assault. CEO of BeLonG To, Monnie Griffith stated that "Growing up LGBT+ isn't all rainbows post the marriage equality referendum. Our findings indicate the intense discrimination, harassment, isolation, and stigma that LGBT+ students experience in Ireland. Worse still, the research reveals that some staff members turn a blind eye to, and sometimes even contribute, anti LGBT+ remarks." She further states that "48% of LGBT+ students reported that they have heard

homophobic remarks being made by teachers and staff members, with a further 55% reporting that staff have made transphobic comments" (Kenny, 2019)."

Even though record numbers are now attending Pride events. These two recent studies convey that LGBT+ youth in Ireland are still suffering because of their LGBT+ identity and acute minority stress.

The Irish Trans Community

Acute minority stress is equally evident from my engagement with the Irish Trans Community. From my own clinical experience, my Trans clients not only have to deal with societal views that Trans is not normal but also with the Irish medical system, a system that appears inadequate to deal with the healthcare needs of the Trans community. Waiting over three years in the public sector to be diagnosed with gender incongruence, has proved to be detrimental to the mental well-being of my own clients.

It appears also that this community feels excluded from the main Pride celebrations. In 2018, the first Trans Pride was held in Dublin. Freddie Trevaskis-Hoskin who attended the event was quoted as saying "the protest (Trans Pride) offered members of queer communities who feel ostracised by the mainstream movement a chance to air their grievances". Hoskin further echoed the sentiments of several speakers at Saturday's protest in describing the Dublin Pride parade as a "marketing tool where members of the queer community who are white, middle-class and often male are allowed to assimilate into society". He further stated that "We see companies like Google and YouTube marching at the front of the march, which is meant to be a protest march, a march for what we disagree within society on how we're treated" (Pollak, 2018).

Philippa Ryder, an activist for the Trans Community both in Ireland and abroad noted that:

Pride celebrations can be an important part of the year for any member of the LGBTQ+ community but are usually mostly celebrated by the gay, and lesbian community, and to a less visible extent, the bisexual community. Drag queens and kings adorn the many floats that make up the huge parade and to some in the Trans community they can be a distraction, making the Trans person feel as if their identities are devalued, simply a performance in some people's eyes.

Yet also to be able to share the wonderful experience of walking down the street with thousands of others, sharing in our common joy at being true to ourselves, in our identity and in showing who we love is so important too and is sometimes the only time that a Trans person can venture out in public in safety. For the more experienced Trans person who may have transitioned Pride gives an opportunity to help the confidence of other members of the community. Yet for many in the Trans community, the current structure of Pride does not provide enough of a voice and this has resulted in Trans Prides being established over the past few years, here in Ireland and elsewhere. More Trans voices are needed, more loudly and more frequently, to restore the balance between the L, and the G in our community" (P. Ryder, personal communication, 23 March 2019)

Modern pride celebrations and the exclusion of other groups.

Indeed, the Irish Trans Community are not the only community that feels excluded from the main Pride celebrations for in 2019, an 'Alternative Pride' event was held in Dublin as a protest against the growing commercialism of Pride as well as the participation of uniformed Garda. The organisers, Queer Action Ireland levelled criticism of big businesses involvement and accused them of exploiting the popularity of

Issues like bullying of LGBT+ youth could be addressed by Pride, and ensuring corporates are not just ticking a "pink box"

the event.

We feel that it (commercialism of Pride) is taking the attention away from the spirit of Pride and the issues that need attention. It's amazing that society has changed, but what we want to do is celebrate the people who have brought that change about (Glesson, 2019).

In the Therapy Room.

In a counterargument to the earlier statements in relation to modern Pride celebrations, I will now provide examples of Pride in supporting the mental health of today's LGBT+ community. Firstly, I will give an example of a recent client, a Trans woman. In 2018, she attended her first Pride in Dublin. She recalled the joy of being a recent participant in Dublin Pride.

Recalling past parades, viewed on tv she observed the colourful display and many examples of people being proud of who they were. She remembers feeling alone and ashamed of who she is. She remembers looking at the colourful floats passing her by. She felt she would never be a part of it. She longed to be part of the celebrations. Being part of Pride was her goal.

In 2018, as she waved her Trans flag with her friends on a Pride float, she recalled with great emotion how immensely proud of how far she had come. Being part of Dublin Pride 2018, gave her great strength. She came out to all her friends and family within the year. In 2021, she is planning to be part of the organising committee of the first Pride in her native county Kilkenny. It seems that being part of a Pride event and reaching her goal a sense of

belonging, greater inner strength in accepting herself and in turn, reduced the minority stress of being Trans.

My Personal Experience.

In 2019, I too had an equally healing process associated with Pride. In my youth, when desperately trying to fit into my local GAA club. The GAA was one of the pillars of the community in which I lived, I suffered immense stress trying to fit in. I knew I was different from the other boys. I felt like an outsider. In 2019, during Pride month when returning from visiting parents, I passed at that same GAA club. Flying high over the GAA club were the club colours, the Dublin colours, and the Rainbow Flag. Seeing that flag, I finally felt I belonged with that GAA club. Seeing the rainbow flag, like my client, I gained greater inner strength. That flag in that context symbolised that being LGBT+ was now accepted within GAA culture. The personal minority stress I felt as a young boy due to being different, was now gone.

Pride in rural Ireland.

Kathy Burke, co-founder of Mayo Pride notes the benefits of Pride in rural Ireland. She explains:

I see Pride as an opportunity to send a message to those in the community that there are supports there, especially those noticeably young and old who are living in small communities and are fearful of coming out. Secondly, it is an opportunity for everyone to be themselves for the day or weekend to meet up with friends to dress how they want, which is especially important for the Trans community and to know they are safe. Finally, it is sending a message to the wider community that there are significant problems the LGBT+ community regularly face because of prejudice, victimisation, and a lack of acceptance and understanding. (K. Burke, personal communication, 13th March 2019)

Kathy is immensely proud of Mayo Pride; however, she is mindful of

the growing corporate involvement in Pride. She states, “We do need to be careful though not to lose the message in commercialisation.” (K. Burke, personal communication, 13th March 2019)

Conclusion and Recommendations.

In conclusion, there is certainly a need for Pride to continue in Ireland. Being LGBT+ in modern Ireland is still not easy. Many of our LGBT+ Youth suffer because of their identity. Many feel unsafe in schools and feel isolated from their peers. Both the LGBT Ireland and BeLonG To report convey that there is still high levels of anxiety and depression experienced within the Irish LGBT+ Community. Waiting lists to access Hormone Replacement Therapy (HRT) have decreased from 3.5 yrs in 2017 to 17 months in 2020, however, healthcare provided for the Trans Community still needs to be improved (Halpin, 2020).

Furthermore, the role of Pride needs to be reviewed. In 1974, the first Irish Pride march was inaugurated in protest to the laws that criminalised homosexuality. In 1984, the first official Pride march was inaugurated from the murder of Declan Flynn. Due to these milestones, the Irish LGBT+ Community achieved greater equality since, yet there is still much work to be done e.g. eliminating bullying of LGBT+ youth in Schools. Many still suffer from minority stress due to their LGBT+ identity. Therefore, the spirit of Pride should not be lost. Pride could take more of an active role in the support of LGBT+ mental health.

Pride may act as a bridge between organisations that work supporting LGBT+ mental health and corporate organisations. Issues like bullying of LGBT+ youth could be addressed by Pride, and ensuring corporates are not just ticking a “pink box” but implementing substantial procedures and policies supporting their workforce and the wider LGBT+ Community.

With such actions, Pride can

reduce the minority stress of Irish LGBT+ citizens, and in doing so contribute to the mental health and well-being of the LGBT+ community. In 1974, Pride brought a small LGBT+ group together to fight for their rights.

Pride is a celebration of being diverse. Pride gave those who feel that they were on the outside a chance to celebrate who they are.

Both myself and my client felt we were on the outside of Irish society, but Pride gave us a chance to heal our inherited minority stress. Pride in Ireland, with improvements in direction, can give future LGBT+ generations this chance, to be themselves among the rainbow flags, knowing that Pride is not just a corporate “Pink Washing” exercise but an event whose core values are to support their LGBT+ well-being and mental health. ☺

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Academic Article

‘That safety of naming’: exploring internalised homonegativity in LGBTQ+ therapists and its impact on therapeutic work

By Neil O’Connor



negative societal attitudes being directed towards the self, leading to inner conflict (Williamson, 2000). Relevant contemporary research was almost exclusively concerned with the experiences of the client as opposed to the therapist, and recommendations for practice consisted of generic advice that was not tailored to IH as a presenting issue. A disproportionately small amount of research explored the subjective experiences of therapist IH, the potential repercussions for therapeutic work, and any measures specifically designed to redress IH.

The present research interviewed five LGBTQ+ identifying therapists with at least three years of experience using a semi-structured format. Data were analysed using Interpretative Phenomenological Analysis (IPA) and uncovered accounts of lived experiences of IH, revealed the oppressive and traumatic effect of IH, and suggested addressing IH through education and therapist self-examination. This research contributed to the understanding of IH by highlighting specific social contexts and personal experiences of IH, by demonstrating the extensive and lifelong felt impact of IH, and by uncovering novel perspectives on the impact of IH on therapeutic

Abstract:

The lesbian, gay, bisexual, transgender, ‘queer’/‘questioning’ and ‘+’ (LGBTQ+) community is subject to discrimination, prejudice and violence, often resulting in internalised homonegativity (IH). Historical research into IH, described as negative societal attitudes being directed inward in LGBTQ+ people and the resultant impact on psychotherapy was largely concerned with the experiences of the client. This research aimed to increase the understanding of IH, to investigate the impact of IH in LGBTQ+ therapists on therapeutic work, and to establish recommendations for addressing IH in LGBTQ+ therapists.

‘Faggot’ was the worst name you were going to be labelled with

Vincent, an LGBTQ+ therapist

Lesbian, gay, bisexual, transgender, ‘queer’/‘questioning’ and ‘+’ (LGBTQ+) people constitute a worldwide community subject to discrimination, stereotyping, prejudice and violence (Antebi-Gruszka & Schrimshaw, 2018). The introjection of these messages results in internalised homonegativity (IH), described as

work. This research reiterated the need for the use of appropriate LGBTQ+ related terminology, the need for cultural competency education for therapists, and the central role played by therapist self-assessment and engagement with personal processes.

Internalised homonegativity and therapeutic work

The evolution of related terminology

The term 'homophobia' first appeared in 1971 defined as the dread of, and self-loathing amongst, homosexuals (Desmond, 2016). This has been widely contested since, the most prevalent argument being that the phenomenon is not a classic phobia (Davies & Neal, 1996) but prejudice giving rise to abuse, violence, and discrimination (Dreyer, 2007). Others argued that the word unhelpfully emphasises affective fear, and inaccurately situates prejudice within the individual rather than societal structures (Williamson, 2000). Definitions broadened to include disrespect, disgust, hatred and animosity towards LGBTQ+ people (Desmond, 2016). The term 'homonegativism' emerged in the 1980s to reframe the construct with a keener focus on the value systems and beliefs of prejudiced individuals (Williamson, 2000). 'Heteronormativity' and 'heterosexism', also from this period, refer to societal and political environments which presuppose and prefer the consistent pairing of women and men and ignore or actively suppress any who do not conform (Dreyer, 2007). Definitions were further diversified by the individuation of 'binegativity': the sum of prejudices which aim to invalidate the bisexual experience

The first encounters between psychotherapy and the LGBTQ+ community were destructive, and the prevailing theories of the time dictated the value of the person to the detriment of the LGBTQ+ client

(Dreyer, 2007)

which is encountered in heterosexual and LGBTQ+ arenas (Israel et al., 2018). The Gay and Lesbian Issues and Psychology reviewed 'queer hate', asserting that the continued use of outdated terminology exacerbates the experiences of the LGBTQ+ community (Fox, 2009).

Emergent dynamics in therapy

IH impacts on mental and social health in myriad ways (Douglas-Scott, Pringle & Lumsdaine, 2004, Sherry, 2007). This impact will present in the therapeutic space when working with LGBTQ+ clients (Davies & Ackroyd, 2002). The client is not always aware of the influence (Douglas-Scott et al., 2004), but is lured nonetheless into lifelong patterns of chronic self-regulatory coping (Bowers, Plummer & Minichiello, 2005). In the UK Gay Men's Health Network report on health inequalities among LGBTQ+ people (Douglas-Scott et al., 2004), IH was linked to suicidality, self-harm, poor social support, eating disorders, alcohol and substance abuse, chronic stress and denial of sexuality. Further correlates identified included depression, anxiety, lower identity affirmation and well-being, higher risk sexual behaviour and greater difficulty with intimate relating (Antebi-Gruszka & Schrimshaw, 2018). In this same study, it

was found that bisexual people report higher levels of IH, that binegativity (where individuated) was positively correlated with psychological distress, and was negatively correlated with life satisfaction, congruence of identity, and social network support specifically related to sexuality (Antebi-Gruszka & Schrimshaw, 2018). IH has been categorised as a minority stressor which places demands on those in disadvantageous social positions borne of inhospitable environments and has been linked to poor outcomes in both romantic relationships and non-romantic intimate relationships for LGBTQ+ people (Frost & Meyer, 2009).

Withholding and disclosing of the therapist's LGBTQ+ nature have both been proven to negatively impact therapeutic work (Silverman, 2001). Unintentional disclosure was recognised as a stressor (Kessler & Waehler, 2005), while research by Riggles, Rostosky, Black and Rosenkrantz (2017) highlighted the LGBTQ+ therapist's dilemma: 'coming out of the closet' (exhibiting high levels of transparency regarding sexuality) was positively correlated with high levels of differential treatment and experience of bigotry, while remaining 'in the closet' was negatively correlated with a satisfactory level of psychosocial wellness. As a parallel, the authors identified that high levels of LGBTQ+ self-congruence and authentic living were positively correlated with high levels of psychosocial wellness while being negatively correlated with self-reported distress.

IH was also associated with negative self-talk about the self and about other sexual minorities, ruminating, self-criticism, lower effectiveness of coping, and

harmful religion-based attempts at coping (Puckett, Mereish, Levitt, Horne & Hayes-Skelton, 2018). It has been argued that societal heterosexism has damaging effects on LGBTQ+ intimate relationships, demanding never ending vigilance from the LGBTQ+ individual to safeguard their interpersonal, physical and psychological safety, with no guarantee of success; moreover, lack of universal legal recognition of LGBTQ+ relationships can lead to perception of less meaning in life than for heterosexuals (Szymanski & Hilton, 2013).

Implications for therapeutic work and recommendations for practice

The first encounters between psychotherapy and the LGBTQ+ community were destructive, and the prevailing theories of the time dictated the value of the person to the detriment of the LGBTQ+ client (Dreyer, 2007). The role of psychotherapy in the modern context, therefore, requires that social norms should be approached with caution, never seen as absolutes, and not assumed to apply to every person in the same way (Dreyer, 2007). Diversity within the LGBTQ+ community was highlighted, reiterating that LGBTQ+ people are not homogenous, but exist with differing experiences and needs (Gottschalk & Newton, 2009). It has been argued that overcoming IH is essential for the development of a healthy LGBTQ+ self-concept, but that it may be impossible to do so entirely (Frost & Meyer, 2009). Any attempt will invariably include working to jettison self-devaluation and to develop strategies for coping with stigma, so therapists must assess their LGBTQ+ clients for IH and (where appropriate) work

A therapist's unwillingness to disclose their sexuality or gender is more acutely experienced when an LGBTQ+ therapist reveals (or considers revealing) their orientation to a heterosexual client

(Thomas, 2008)

with increasing assertiveness, communication, skills for facing homonegative adversity, and self-acceptance (Rostosky & Riggle, 2002). Brown (2002) offered a review of literature dealing with suicidality and self-harm in LGBTQ+ youth, advising that mental health professionals should analyse their feelings towards the LGBTQ+ community, and recommended the inclusion of personal attitudes, fears and prejudices in this self-examination.

Jeffery and Tweed (2015) researched LGBTQ+ therapists who concealed their sexual identity within the therapeutic environment. Feelings of guilt, dishonesty and shame and the sense of being a traitor were reported, even when the therapist based their decision on the benefit to the client and the therapeutic dynamic. A therapist's unwillingness to disclose their sexuality or gender is more acutely experienced when an LGBTQ+ therapist reveals (or considers revealing) their orientation to a heterosexual client (Thomas, 2008). Fears and concerns included that their disclosure would result in a loss of respect for the therapist by the client, or a negative change in the client's feelings towards

them. As a corollary, Moore and Jenkins (2012) highlighted that IH is experienced more frequently and more intensely by LGBTQ+ therapists working with heterosexual clients than with their LGBTQ+ fellows.

Bowers, Plummer, and Minichiello asserted that homonegativity is a form of trauma and that lack of acknowledgement of this leads to continual retraumatisation (2005). They proposed that therapeutic redress should take the form of post-trauma recovery in an active way, and that it is not sufficient for therapists to simply tolerate their clients' differing essence (Bowers et al., 2005). Never assuming that couples who have been together and openly LGBTQ+ for a long time are immune to IH was highlighted by Spencer and Brown (2007). IH can be concurrently explored alongside shame and vicarious shame, but, as this exploration can induce feelings of shame, therapeutic sensitivity is paramount (Greene & Britton, 2016). The recognition and acceptance of shame by the therapist can facilitate awareness and processing by the client (Greene & Britton, 2016). The therapeutic intervention of decentering, wherein thoughts and feelings are actively viewed as events rather than immutable truths about the self, was explored by Puckett et al., (2018). The researchers found that decentering can be deployed in therapy to help clients to place emotional distance between themselves and adverse cognitions, with a resulting decrease in automatic maladaptive thinking and schema formation, and an increased detachment from internalised negative messages like IH (Puckett et al., 2018).

Much of the proffered recommendations for practice consisted of generic instruction - for example, the importance of a supportive therapeutic relationship (Bowers et al., 2005), something which is not unique to the needs of LGBTQ+ people presenting with IH. IH is widely acknowledged as a focal point of the literature concerned with, and published by, LGBTQ+ people, while being significantly underrepresented in the research and education of counselling and psychotherapy (Moore & Jenkins, 2012). Lea, Jones and Huws (2010) pointed to the paucity of LGBTQ+ related guidance and course content in education, while a dissertation by Meades (2019) highlighted the need for LGBTQ+ cultural competence training programmes for therapists.

Methodology

IPA was chosen for this research because of its suitability for the exploration of interpersonal and subjective phenomena like IH. This involved creative examination of the participants' lived experiences: in IPA, meaning is interpreted in an active way. IPA is considered a double hermeneutic as the researcher is trying to make sense of the way in which the participant makes sense of what has happened to them (Smith & Osborn, 2003). IPA research is especially interested in how the everyday ebb and flow of life assumes significance for the individual (Smith et al., 2012).

The sample comprised five LGBTQ+ therapists who had been working for at least three years, with gatekeepers and snowball sampling used in recruitment. Semi-structured interviews were carried out which allowed new ideas and topics to emerge. The data gathered

The narratives of the participants in this present research were replete with accounts of homonegative slurs, physical assault and differential treatment, recalling

(Dreyer, 2007)

was fully anonymised, including the use of pseudonyms and the redaction of identifying features, and the participants were afforded the right to withdraw from participation (Smith et al., 2012). The participants were also afforded the opportunity to request amendments to, or redaction of, any portion of their data after their interviews (Smith et al., 2012). Engagement with academic supervision was central to this research: in order to combat bias, an awareness of a personal connection to the topic was consciously maintained.

Results

This present research noted gaps in the research with regard to LGBTQ+ specific recommendations for practice, avenues for addressing IH in LGBTQ+ therapists, and the exploration of experiences of IH in LGBTQ+ therapists. Three core themes emerged from the analysis: 'a deeply felt understanding', 'influence of IH on therapeutic work' and 'what needs to be done'.

The narratives of the participants in this present research were replete with accounts of homonegative slurs, physical assault and differential treatment, recalling Dreyer (2007) and Desmond (2016). Szymanski and Hilton (2013) discussed LGBTQ+ safety, and this research

uncovered the participants' related experiences of feeling unsafe in social situations, withholding public affection to avoid being victimised, and homonegative assault. Susan used the language of emotion and connection when she sought 'to bring [IH] down to the innate need for belonging, safety and love', contrasted with 'other people's prejudices and fears'. Susan's juxtaposition of intense emotions ('love' and 'fear') demonstrated the polarity of her sense of the phenomenon.

Williamson (2000) and Cornish (2012) were recalled by this present research when the participants reported IH encountered in families, communities, schools, universities and work environments: Peter spoke about how he internalised that 'Queers are and gays are that, faggots and dykes... all of this language in schools and families'. Williamson posited that IH belies the beliefs and value systems of prejudiced individuals (2000): this research found that IH is more keenly felt with clients who hold overly religious and dogmatic values or a rigid heteronormative worldview.

The detrimental effect of IH on mental and psychosocial health was highlighted throughout this research, with each of the participants discussing the harmful impact and naming related morbidities and symptomologies. This finding agreed with the totality of historical research into LGBTQ+ lives (Antebi-Gruszka & Schrimshaw, 2018, Sherry, 2007, Puckett et al., 2018). This includes health inequalities such as suicidality (Douglas-Scott et al., 2004), poor romantic and non-romantic relationship outcomes (Frost & Meyer, 2009), and poor

quality of life, reflected in the participants' accounts of sadness, despair and trauma (Antebi-Gruszka & Schrimshaw, 2018). Marcus described how he was 'a confident child... I used to break my own heart with why I'm not sharing this'. He was held back by something stronger, something 'heartbreaking' for which he took full responsibility: he would 'break [his] own heart'. Vincent reflected on visibility management and his own sadness at years of 'filtering' (the active process of avoiding revealing his LGBTQ+ nature). Rita also recalled filtering and using discreet pronouns to hide her partner's gender. Peter concluded by succinctly stating, 'We've internalised [that] there's something wrong with these people. And then we turn out to be one of these people'.

Israel et al. (2018) noted the presence of binegativity in LGBTQ+ arenas. This echoed two female participants' experiences of negative reactions from within the LGBTQ+ community, and their sexual histories with men marring their 'gold standard' status as 'true homosexual[s]'. Exploring work with clients who seemingly lack an internal struggle regarding their sexuality, Rita stated, 'When I'm sitting with somebody who has been the 'gold standard'... it brings up with me the fact that that wasn't my experience.' Upon probing the idea of the 'gold standard', Rita responded:

It doesn't bother me [pause]. Maybe it does... it feels good, this idea that you can only be a true homosexual person if you have never been with somebody of the opposite sex... it's my experience that I'm not a good lesbian because I was married to a man.

Rita yearned to be a 'good lesbian' and 'a true homosexual', qualifying the source of this

Intentional and unintentional disclosures were discussed in this research, in agreement with the literature

(Kessler & Waehler, 2005)

wish by saying, 'It's almost as if I'm not good enough for the LGBTQ+ community'. This suggested the potential existence of 'heteronegative' sentiments amongst LGBTQ+ people.

This research revealed several accounts of experiencing heteronormativity (Dreyer, 2007), including incidents from childhood, adolescence and adult working life. The conscious use of up-to-date terminology in carrying out this research was informed by Fox's assertion (2009) that the use of inaccurate historical terms aggravates the experiences of LGBTQ+ people.

The current research identified the incidence of IH in therapeutic work, such as client's use of slur words, and the mechanisms employed by the participants and their clients to cope, such as Peter's unconscious dismissal of all male clients (Douglas-Scott et al., 2004, Bowers et al., 2005, Davies & Ackroyd, 2002). Susan explored her somatic reaction to an experience with a client who reminded her of one of her parents: 'There was an increase in heart rate... I've noticed that I held my breath... that being taken away, that safety of naming, of being, of voicing, of proclaiming.' As her response was probed, Susan alluded to trauma recovery work: 'You remind yourself that you are safe'. Recounting a similar experience, Peter acknowledged that he was challenged by 'every

single male I ever met. Every single male I ever met', his use of repetition emphasising his sense of the impact.

This research agreed with the finding that IH leads to negative self-talk and self-criticism (Puckett et al., 2018). The participants described current and historical incidents of harsh internal dialogue with resultant professional shame, loss of faith in self, and anticipating blocks to therapeutic work arising out of the clients' discovery of their LGBTQ+ nature.

Intentional and unintentional disclosures were discussed in this research, in agreement with the literature (Kessler & Waehler, 2005): the participants recounted both scenarios from their histories, identifying somatic and psychological effects including shame, fear and anger. The participants also described their more recent constructive attitudes to client inquisitiveness and self-disclosure, echoing Riggle et al. (2017). IH impacts more profoundly on therapists who disclose (or consider disclosing) their LGBTQ+ nature to a heterosexual client (Thomas, 2008) while Moore and Jenkins (2012) asserted that IH arises more frequently and intensely in all aspects of work with heterosexual clients. The participants in this research named this increased incidence of IH in their work. Thomas' work uncovered fears that disclosure would result in a negative change in the client's feelings towards the therapist, echoed in this present research. Both withholding and disclosing are known to have a negative impact on therapeutic work (Silverman, 2001) and this research agreed, with both approaches being described alongside the resultant detrimental

impact. Jeffery and Tweed (2015) found that guilt and shame resulted from the withholding of the therapist's sexuality, reflected here by participants recalling clients going unchallenged when using homonegative slurs. The reframing of homonegative adversity and IH experiences into positives and strengths by four of the participants recalled decentering (Puckett et al., 2018).

The literature regarding the addressing of IH in therapeutic work was noted to proffer only generic recommendations, and the participants in this research discussed the lack of recognition of the LGBTQ+ community in education and practice. Gottschalk and Newton (2009) highlighted the importance of recognising the distinctions between the LGBTQ+ community and the heteronormative world, and this was reflected in the current research when the participants expressed their 'heartbreaking' experiences of heteronormativity or having their 'nuanced' lifestyles eroded or diminished. Reporting lesser degrees of IH than in younger life was a common thread amongst the narratives in this research, but the participants uncovered contemporary experiences and hitherto unconscious aspects of their IH during their interviews, recalling Frost & Meyer (2009). Rostovsky and Riggle (2002) proposed that an attempt to overcome IH includes acceptance of self and letting go of previously held negative perceptions. Avoiding the assumption that being openly LGBTQ+ makes one immune to IH (Spencer & Brown, 2007) was also echoed herein.

Bowers et al. (2005) argued that IH is a form of trauma, and this was echoed in the current research when the participants

IH and the LGBTQ+ experience has been significantly underrepresented in the education of counselling and psychotherapy

(Moore & Jenkins, 2012)

discussed their experiences as traumatic or described traumatic soma. Narratives of trauma and resultant defenses within this research also hinted at the possibility of defensive reactions in the form of heteronegativity and homonormativity. Susan's recollection of experiencing a negative side of the LGBTQ+ community was similar to Rita's experience of not being a 'good lesbian'; Susan recalled *'being told how to be, how to dress... the best way to look lesbian enough, or gay enough'*.

IH and the LGBTQ+ experience has been significantly underrepresented in the education of counselling and psychotherapy (Moore & Jenkins, 2012). This research agreed, with four participants describing their disappointment with their experiences in the educational arena. Meades (2019) pointed to the need for cultural competence training for therapists working with LGBTQ+ clients, and the four participants in this research who focused on education unanimously highlighted the need for this type of training.

The response offered by one participant underscored the therapist's personal accountability and the individual process of those in counselling education, similar to Brown (2002). Peter's singular response outlined a different approach: *'The first thing is to get an awareness... there*

is this part of me, and I know it. It's about really embracing that there has been damage done. What we need, it's inside already.' Exploring this further, Peter posed a rhetorical question: *'What could a college do that would help us to work through our own internal defense?'*

Limitations

All of the participants were Caucasian and cisgender, which may have resulted in overlooking the experiences of therapists from different ethnocultural backgrounds and differing gender identities, as well as the opportunity to examine the concurrent effects of those types of oppression and discrimination. Four out of five of the participants in this research were Irish, and the South African participant trained and worked in Ireland, meaning that the Irish context of counselling and psychotherapy may be overrepresented. It cannot be certain that the results are applicable to the international LGBTQ+ community, but the subjective nature of both IH and IPA analysis may go some way in mitigating this limitation. The limitations identified in this research suggested that avenues for further research could include the experiences of therapists from ethnocultural and educational backgrounds outside of the Irish context, as well as those of gender identity other than cisgender. Furthermore, an inquiry into the applicability of the results of this research in the context of the international LGBTQ+ community could uncover valuable insights. Finally, the suggestion of a potential heteronegative and homonormative culture in the LGBTQ+ community warrants further exploration.

Clinical significance

This research contributed to the current knowledge of IH by identifying a range of specific societal arenas and personal dimensions where IH and causative homonegativity is found. The findings of this research contributed to the understanding of IH by emphasising the pervasive and lifelong effect of IH, the merit of embracing diverse descriptors in accounts of homonegativity and IH, and the value of challenging outdated terms with conscious use of up-to-date LGBTQ+-related language. This research contributed to the understanding of the impact of IH on therapeutic work by revealing novel accounts and perspectives, building upon the existing literature. This research underlined the need for cultural competency education for therapists, and the central role played by therapist self-examination and engagement with personal processes. ☺

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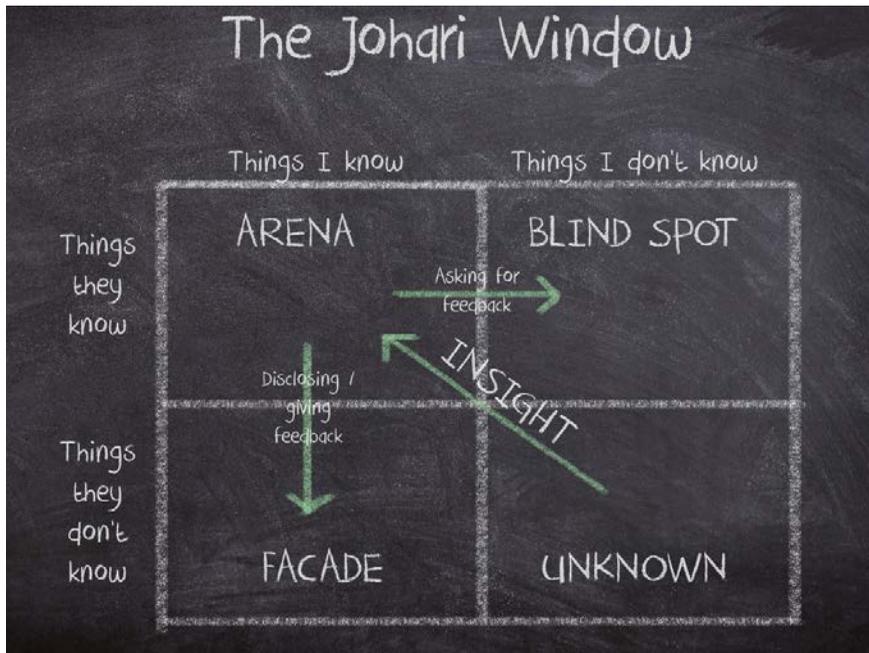
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Academic Article

Psychotherapists’ Lived Experience of Psychological Blind Spots: Findings from a Hermeneutic Phenomenological Enquiry

By Melanie McGovern



psychotherapists’ understandings of the phenomena of ‘Psychological blind spots’ and ‘Moments of self-awareness’ by means of an exploratory qualitative study. For the purpose of this article, I intend to highlight a portion of the main themes including a number of meta-themes of psychological blind spots. This will exclude the findings from moments of self-awareness. The aim of this study was to explore a cohort of experienced psychotherapists, and to seek a greater understanding of their lived experience of psychological blind spots. This naturalistic exploratory study took a hermeneutic phenomenological epistemological stance to generate descriptive knowledge and analytical concepts through semi-structured interviews and dialogic engagement with the participants, including reflections and the transcribed text via analyses (van Manen, 1990, 2014).

“Most people identify themselves almost exclusively with their consciousness and imagine that they are only what they know about themselves. Yet anyone with even a smattering of psychology can see how limited this knowledge is”

(Jung, 1961/1995, p.330)

The ubiquity of blind spots is evident. At some point in our lives we all have become aware of another’s opacities or reluctance to look at self, whilst negating the possible bias of our own world view. Now in the second decade of the 21st century it is our responsibility to refocus the lens which informs our reality and guides our

judgements unwittingly.

The purpose of this article is to disseminate my doctoral research results. However, the size of the article does not lend itself to discuss all the findings. Therefore I will focus on the findings germane to this issues theme of ‘Equality, Diversity and Inclusion’. The research proposed a study of

Psychological blind spots

“Vision waits for us, ready to give itself; we use countless techniques to cut ourselves off from it” (Kennelly cited in Romanyshyn, 2013, p.30).

Nietzsche, Plato, Shakespeare and Freud were all aware of the deep non-conscious processes of the human mind which many are oblivious to (Kahn, 2002). We are called to bear witness to those hushed whispers which

would otherwise be forgotten (Romanyshyn cited in Brooke, 2015). In *The Hero with a Thousand Faces*, Joseph Campbell reminds us of the beauty and power of being in touch with the underworld of our mind (Kahn, 2002). For Jung, psychology means, first and foremost, an empirical investigation of the unknown part of the psyche which manifests in many ways (Von Franz, 1975). Romanyshyn considers creating awareness of non-conscious motives, ideas and fears not only an ethical imperative but a productive one (2006).

Consciousness, no matter how extensive it may be, must always remain the smaller circle within the greater circle of the unconscious, an island surrounded by the sea; and, like the sea itself, the unconscious yields an endless and self-replenishing abundance of living creatures, a wealth beyond our fathoming (Jung, 1954, p.178).

Much of our mental life is not obvious to us and therefore we remain ignorant of our motives (Kahn, 2002). Motivated cognition influences distort self-perception that help to create blind spots (Vazire and Carlson, 2011). Previous research asked clients to rank in order, sixty factors in therapy according to their degree of helpfulness (Yalom 1980). The research concluded that the single most frequently chosen item was by far “discovering and accepting previously unknown or unacceptable parts of myself” (Yalom 1980, p.354). Further research shows that “many aspects of ourselves are hidden from conscious awareness” (Vazire and Carlson, 2010, p.107). Hoedemakers (2010) stated the need for more research to identify elements that unfold outside our direct awareness.

Hillman states that an area of unawareness generally lies hidden behind one’s routine, dogmas, fixed beliefs and values (Drob, 1999).

In order to maintain mental homeostasis and protect the conscious mind from the effects of inner conflicts, the ego utilises miscellaneous defence mechanism

(Wagas, 2015)

Therefore, psychological blind spots may be stored knowledge we are unaware of, but that influences our everyday behaviour and conscious experience (Norman, 2010). Furthermore, a blind spot may be defined as a prejudice, or subject area, that one has but is often unaware of (Webster, 2010; Cambridge, 2017). It could also be an area of ignorance or direction in which somebody’s vision is obscured (Encarta, 2019). They are the part of our mental life which we are unaware of and may include impulses, ideas, wishes and fears that operate unwittingly and influence our everyday behaviour (Kahn, 2002).

Motivated Cognitive Barriers

People’s perceptions of their own personalities, while largely accurate, contain important omissions. Some of these blind spots are likely due to a simple lack of information and awareness, whereas others are due to motivated distortions in our self-perceptions. (Vazire and Carlson, 2011, p.104).

Despite one’s awareness of their feelings, thoughts and behaviours, informational and motivational barriers often prevent one from seeing oneself accurately (Carlson, 2013). Two major barriers to self-knowledge exist: informational barriers (i.e., the quantity and quality of information people have about themselves) and motivational barriers (i.e., ego-protective and

coping mechanism) (Carlson, 2013). These operate together and are the primary explanations for blind spots in self-knowledge (Vazire, 2010). Broad, (1968) stated that sometimes it is a conscious and deliberate process to block awareness and other times it is habitual. It is important to re-think some psychoanalytical and unconscious concepts in light of modern neuroscience (Leuzinger-Bohleber, and Solms, 2017).

In order to maintain mental homeostasis and protect the conscious mind from the effects of inner conflicts, the ego utilises miscellaneous defence mechanism (Wagas, 2015). Techniques were developed for distorting or rejecting from consciousness some features of reality, to avoid the unbearable psychological pain (anxiety) from consciousness (Erdelyi, 1985). In poor self-awareness, avoidance and defensive attributions to external causes are clear (Silvia, and Duval, 2001). Research by Twenge, Catanese, & Baumeister, (2003) has demonstrated decreased self-awareness among individuals in negative social situations is a defensive strategy designed to buffer the self from the acute distress (and feelings of rejection).

Illusion of Objectivity

There can never be absolute freedom from prejudice, for even the most objective and impartial investigator is liable to become the victim of some unconscious assumption upon entering a region where the darkness has never been illuminated and where he can recognize nothing. (Jung, 1954, p.168).

Blind spots in people who are confident of their objectivity are common in everyday life (Pronin & Kugler, 2007). Pronin, Lin, and Ross (2002) found that people thought that blind spots or cognitive biases were more prevalent in others than themselves. “Because our peers

and especially our adversaries often fail to share our views, we inevitably infer that they are less objective than we are” (Pronin, Lin, and Ross 2002, p.378). Research shows that individuals maintain an illusion of objectivity (Bazerman and Banaji, 2005); that is, they incorrectly view themselves as more objective than others (Epley et al., 2006). This asymmetry in perception of bias arises from naive realism (Pronin, Lin, and Ross, 2002). This fosters the impression of an objective self in a world of biased others (Pronin, Linn and Ross, 2002). However, the tendency to see bias in others, while being blind to it ourselves, has been shown across a range of cognitive and motivational research (Pronin, Gilovich & Ross, 2004). Pronin & Kugler’s, (2007) study found that only after being educated about the importance of unconscious processes in guiding judgment and action and the fallibility of introspection did participants cease denying their relative susceptibility to the bias blind spot.

Reflexivity

My own interest on this topic originated mostly from my psychotherapy practice, where several of my clients have undergone moments of heightened awareness that encouraged an opening of their blind spots and ultimately challenged their personal perspective, including their worldview. Through awareness, I personally grew cognizant of the obstructions to knowledge that had impeded my growth. Blind spots akin to implicit fear (‘stay in the comfortable job’), latent self-views (‘not being good enough’) and placatory styles of interpersonally relating had eclipsed my awareness for most of my life (McGovern, in press). Illumination of my blind spots highlighted the depths of my shadow. Genuine curiosity including

*F*ocussing on the phenomenon of psychological blind spots two main categories emerged

passionate interest on this chosen topic would prove the bedrock of my doctoral research. Throughout the research process, it was important for me to remain transparent, acknowledge my implicit assumptions (Kafle, 2011) and ensure they fed into the research in creative, useful ways (Kelly, 2019).

Hermeneutic Phenomenology

I sought out a research methodology and design that resonated with my chosen topic whilst also remaining loyal to my natural research disposition. This engendered fidelity and heightened the truth value of the research (Levitt, Motusky, Wertz, Morrow, and Ponterotto, 2016). Ultimately, therefore, it was the dialogical, reflexive and richly expressive methodology of hermeneutic phenomenology, with its epistemological underpinnings in making visible that which is invisible (Seth, 2017) that would facilitate and enable expression of the essence of psychotherapists lived experience of psychological blind spots. It rejects the ideology of suspending personal opinion (epoche) or bracketing (Annells, 1996), with a move towards interpretation (Van Manen, 1990), as interpretations are all we can have (Kafle, 2011). Therefore it places importance in the hermeneutic engagement with texts, either as a source or expression of the phenomenon being studied (King, 2020).

Findings and Discussion

Focussing on the phenomenon of psychological blind spots two main

categories emerged; ‘Blind self’ and ‘Blind self – other’. The former emphasising psychotherapists understanding of a blind spot in relation to self, the latter was where one experienced a psychological blind spot in relation to another. ‘Blind self’ manifested as one evaded an emotion or other in the context of themselves. At times this was achieved by unconscious habituation and other times it was an unbeknownst reaction to a situation. ‘Blind self – other’ presented where another, be it through dynamic interpersonal relationship or a brief encounter, invited this area of unawareness. (Figures 1 and 2)

Blind Self –Other

From the category ‘Blind Self – Other’ emerged two main themes; ‘Polarised perspective’ and ‘Familial opacities’. Blind spots within the context of the family were of note.

Polarised Perspectives

From the theme of ‘Polarised perspective’ emerged three meta-themes; ‘Seeing subjectively – blind to the bigger picture’; ‘Concealed judgement’; ‘The enemy is within not without – everyone is my mirror’.

Seeing subjectively – Blind to the bigger picture

There is no thought or perception that is not mediated by a complex unconscious perspective, but not even a psychologist is prepared to regard their statements, at least in part, as a subjectively conditioned confession. (Romanyshyn, 2013, p.26)

The findings disclosed participant’s experience of psychological blind spots as a ‘particular perspective’ or ‘polarised vision’. Participants described the blind spot as ‘seeing in one direction’ which gave ‘a slanted, subjective view’. Jung stated (1954) just as he finds himself shaped

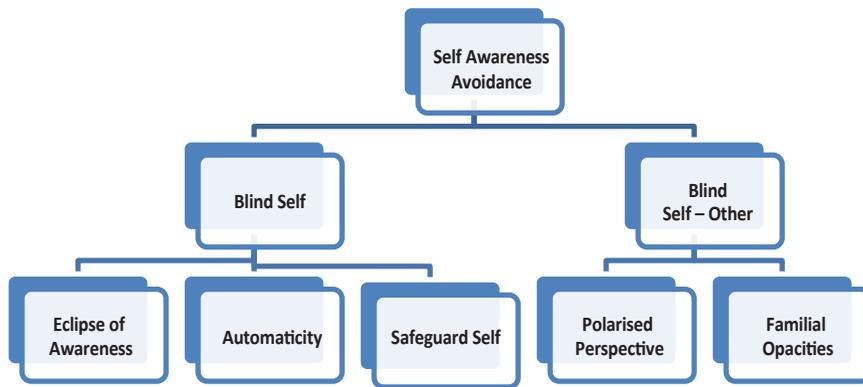


Figure 1: Hierarchy of psychological blind spots themes

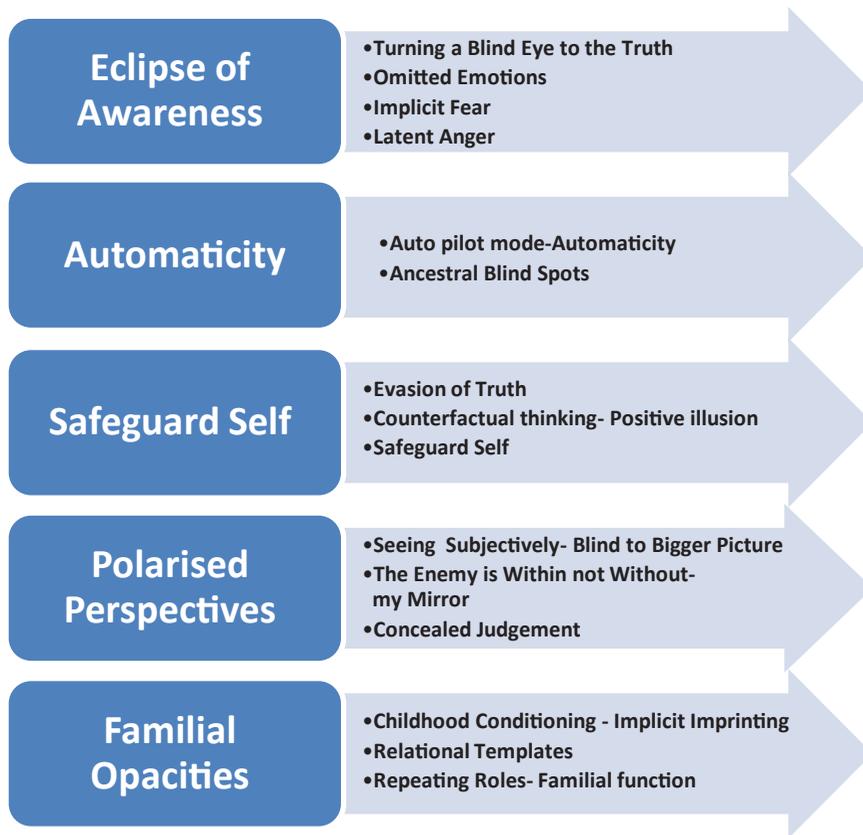


Figure 2: Themes and meta-themes of psychological blind spots

by external and objective social influence, so too is he influenced by internal and unconscious forces, which he summed up under the term the subjective factor. In subjective self-awareness, the focus of attention is directed outward (Duval, & Wicklund, 1971). The person will neither be aware of the viewpoints of others, nor will he/she be even cognizant of

oneself as a distinct entity to be compared against standards (Duval & Wicklund, 1971). One therapist shared their understanding; “It’s like I’m coming from a particular perspective that I believe to be a fact or truth or obviously the only way to think or see a thing” (Participant 5: Annabella). Pronin, Lin, and Ross (2002) stated that one’s peers and adversaries

see events and issues through the distorted prism of their world view and often see themselves in a positive light.

Concealed Judgement

“Prejudice cripples and injures the full phenomenon of psychic life.” (Jung, 1961/1995, p.33).

Various participants noted how concealed judgement in the form of ‘preconceptions’, ‘ignorance’ and ‘biased opinions’ presented as blind spots that people were not aware of. Biases typically operate unconsciously, thereby leaving their influence hidden from introspection (Wilson & Brekke, 1994). Personal and theoretical prejudices are the most serious obstacles in the way of psychological judgment (Jung, 1954). Tunnel vision manifested for the participants in the form of ‘social prejudices’, ‘latent judgements’ and ‘narrow mindedness’. Therapists experienced psychological blind spots as implicit attitudes and a non-conscious resistance to a different perspective. This finding confirmed the literature that found bias blind spots are easy to recognise in others but often challenging to detect in one’s own judgements (West et. al., 2012). “When one fails to see or understand their unconscious prejudices, they are apt to think no bias has occurred and that their decision was indeed objective and reasonable” (West et al., 2012, p.515). However, bias and preconceptions are a natural and universal part of being human, and it is important to differentiate bias from malicious intent (Sandeem, et. al. 2018). One participant referred to the power of supervision in challenging concealed opinion. The following is a fitting exemplar of how one can judge without awareness; “My supervisor said, you have to let go of the judgement because you don’t ever really know the full circumstances. And sure enough, as weeks unfolded, she was right.”

(Participant 4: Samantha). In this case, the insight of her supervisor was fundamental to bringing awareness to the blind spot.

The enemy is within not without- Everyone is my mirror

“Our ordinary life still swarms with projections. You can find them spread out in the newspapers, in books, rumours, and in ordinary social gossip. All gaps in or actual knowledge are still filled out with projections.” (Jung, 1938/40, p.83).

In reduced self-awareness, avoidance and defensive attributions to external causes are prevalent (Silvia, and Duval, 2001). The research findings evidenced participants’ awareness of blind spots as a form of ‘*projection*’ or ‘*attribution*’ where one ascribes their personal opinions or irritations onto another unconsciously. Consciousness, instead of being widened by the withdrawal of projections, is narrowed, because society, a mere circumstance of human existence, is set up as an aim (Pronin, Lin, and Ross, 2002). Existential/Analytic psychotherapists have used the expression implicit world projection to state the ways one projects their world designs from meaningful fore-structures and backgrounds of their lives (Tratter, 2015). “Projection is involuntary transposition of something unconscious in ourselves into an outer object” (Von Franz, 1975, p.77). In addition, projection is attributing to others one’s own unacceptable thoughts, feelings or intentions (Cramer, 2015). Numerous participants experienced this blind spot as ‘*attacking another as opposed to dealing with self*’ or ‘*ascribing something of self onto another*’. This finding added to the existing literature by exposing the qualitative essence of the experience which presented for one therapist as ‘*the enemy is within not without...I had deeper awareness*

and realisation that any person that irritates me or that annoys me; that’s coming from within me, it’s not them ... I realised that everyone is my mirror’ (Participant 7: Joe).

This quote aptly elucidates the participant’s lived experience of a blind spot; ‘What one is not aware of in himself, he may recognize in another’ (MacIntyre, 2004). Jung expressed that, “A person realizes that he himself has a shadow and that his enemy is in his own heart” (1954, p.198) and ‘Everything that irritates us about others can lead us to an understanding of ourselves’ (1961/1995, p.275).

Blind Self

‘Blind self’ emerged as a category under psychological blind spots. This predominately emphasised blind spots in relation to self. Themes such as; ‘Eclipse of awareness’, ‘Automaticity’ and ‘Safeguard self’ were found in the data set.

Automaticity

Various participants understood psychological blind spots as a form of automaticity. A number of therapists used the terms ‘*recurring blind spots*’ or ‘*repetitive behaviour*’ to describe their sense of automatic reactions. This finding validated the literature where previous studies have shown that low self-focus was associated with automaticity (Silvia, and Duval, 2001). Attention typically operates on automatic; we go with familiar habits (Palmer, 1998). Many participants likened their blind spot to the notion of being ‘*on a treadmill*’ and ‘*sleepwalking through life*’. This custom like any other may eventually become so strong that it cannot be overcome by deliberate volition (Broad, 1968). A fitting quote shared by a participant disclosed his understanding of psychological blind spots as a form of auto pilot living. This image creates the notion of repetitive behaviour in unawareness; ‘*Like being on the treadmill of life...I*

liked that metaphor or that image because it feels like the automaticity or the habitual or the auto pilot of life that when we have a break or we stop, we can be a little bit more mindful’ (Participant 6: Jacob). The sobering reality is that placement of attention is largely habitual (Palmer, 1998). Research on self-awareness show how impenetrable this automatic evaluation process can be (Silvia, and Duval, 2001).

Ancestral Blind Spots

Philosophy attempts to recover the original sense of things by a kind of archaeology, by striving to move backwards through the genetic constitutions that lie within the categorical formations we inherit (Sokolowski, 2000, p. 167).

A small number of therapists interpreted psychological blind spots as being inherited from previous generations. Freud believed in genetics and the preserving of memories that were experienced by our ancestors (Easthope, 1999). In addition, Jung affirmed that the mind is an active principle in inheritance (Von Franz, 1975). It consists of the sum of the ancestral minds, the unseen fathers whose authority is born anew with the child (Von Franz, 1975). The idea that blind spots can be handed down from one’s ancestors was understood as a blind spot. A therapist avowed; ‘*I think these blind spots carry through generations. It’s very important to break that*’ (Participant 7: Joe).

Clinical Implications

Nowadays, the loss of systems of meaning and value, as well as feelings of insufficiency within a more closely intertwined, globalised, mediatised and technically dominated new world is challenging our level of awareness (Leuzinger-Bohleber, and Solms, 2017). Psychoanalytical therapists Robert Stolorow stated the crucial aspect of therapy is making the invisible

visible (cited in Kahn, 2002). May (1967) affirmed the uncovering of blind spots, the creation of self-awareness and actualizing the potentialities of one's being are the primary concern of psychotherapy. Jung concurred stating psychotherapy means, first and foremost, an empirical investigation of the unknown part of the psyche which manifests in many ways (Von Franz, 1975). All participants in this study discussed the heightened sense of awareness and potentiality to change through the revelation of a blind spot, although it is sometimes a challenging and arduous task.

Conclusion

We must always inform the Kaleidoscope of knowledge in order to recognise commonalities as well as differences to individual conceptualisations of the unconscious and enable further discussions. This is a prerogative for any innovative advancement of psychotherapy as an internationally acclaimed science (Leuzinger-Bohleber, and Solms, 2017, p. 9).

Counselling psychologists are recognizing therapy as a culturally contextualized practice whereby counselors' own beliefs, expectations, values and bias blind spots influence professional practice and research (Ridley, Mendoza, & Kanitz, 1994). The one constant that therapists can count on is that they will carry their own lifetime of accumulated cultural assumptions, experiences and biases wherever they go (Sandeen, et al., 2018). The culture and identity of Ireland has essentially transformed producing the environment for a multicultural Ireland (Banks, 2008) that strives for equality, diversity and inclusion of its entire populace. Given the multicultural demographics of our current social landscape, there is an increasing need for cultural competence and creation of awareness is paramount

for this to transpire. Cultural competence has been described as the appropriate response to the dilemma of misunderstandings and impasses preventing effective practice as a result of cultural gaps between service systems, practitioners and clients (Williams, 1999; Martin & Miracle, 2001). CORU is Ireland's multi-profession health and social care regulator. It specifies "demonstrating cultural competence" as a means of promoting social justice in practice within the *Code of Professional Conduct and Ethics* (2011, p.5). One of the defining properties of psychotherapy is the fundamental concern with issues of social justice, equality and a commitment to working with diversity and oppressed groups. "If the world is always revealed according to the way one stands within it, this self-disclosure as a world is especially apparent when that revealed world is uncluttered with social platitudes and empirical literalism" (Brooke, 2015, p.136). Supervision, according to Brown & Bourne (2002), is the primary means by which to explore reflective practice. It necessitates 'hard systematic thinking and soft initiative insight' (Drew & Bingham, 2001, p. 221). Self-focus attention engendered through supervision or reflection increases self-attribution (Silvia, and Duval, 2001) which is fundamental for the disclosure of blind spots.

Where are the answers to deal with the psychological problems raised by the development of modern consciousness? Future work that explores poor self-knowledge is necessary to help "shed light on these blind spots" (Gallrein et. al. 2016, p.2). If each of us can attempt to disembark the treadmill of life, create a morsel of awareness, be it through therapy or other and challenge the negative content of our polarised vision including concealed judgements, it would be a worthy

moral achievement. The withdrawal of blind spots is an arduous task that demands much rigorous honesty with self. Psychological blind spots present in various guises, some more obstinate than others but most an impediment to growth, awareness and cultural competence. In this ever-changing world we exist in the praxis of equality, inclusion and acceptance of diversity feels like an ethical urgency. In the responsible position that psychotherapy holds it is more than a duty of care to question not only our own subjectivity but others short-sightedness in a timely and appropriate manner, for it is only through the potency of awareness that we have the potential to change. 

Melanie McGovern

Melanie McGovern, Doctoral researcher and IACP accredited therapist. Her primary professional qualification was as an ophthalmic optician. She held the position as head optometrist in a busy practice before deciding to return to college to further educate completing diplomas in nutrition and holistic counselling and psychotherapy. Melanie continued on to attain a first class Masters degree in psychotherapy and counselling. She works as an integrative psychotherapist from her private practice in Salthill, Galway. Currently, her work is based on evidence-based practice including mindfulness based cognitive therapy. However, as her practice matures existential philosophies and reframing of old psychodynamic theories have developed. Melanie is the current recipient of the 2020 IACP research bursary.

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Book Review

Title: *Origins, A Somatically Based Approach to Our Developmental and Evolutionary Process from Pre-conception to Standing.*

Author: *Patrick Casement*

Published: *2018 buy Authenticity Books.*

ISBN: *ISBN: 978-1-9995821-0-4*

Price: *100 Euro*

Reviewed by: *Áine Hutchinson*

Witnessing is the capacity to see ourselves through kind and compassionate eyes – Joan Davis

There was an uncanny sense of foreboding as I read *Origins* with the experience initially enshrined by winter storms followed by the arrival of COVID-19. I am aware that by the time *Origins* is published, a new world will have been born. Thus, the aspiration of *Origins*, in expression of humanity's interconnectedness, holds immense resonance with the impact of the pandemic.

Origins is directed to psychotherapists, movement therapists and dancers, and all who are now called to a more embodied, creative life. In this work, the author guides us through a 700-page journey, anchored in the body, and using somatic practices, from pre-conception to when we began to stand. It incorporates practice methods from three years of the *Origins* training programme. Like a new-born arrival, with a size and weight requiring both hands to hold, this book demands the reader's attention. The author invites the reader to explore, enquire and open to what may arise, and develop 'Witness Consciousness'.

The introduction to the book is essential in orientating the reader, providing a framework to the content. Likewise, the supplementary access to the online gallery of images and guided somaticization. The spiral image used throughout the book, representing the nine months of gestation, conveys the organic tapestry of growth. The nine spirals take the reader through each chapter; Earliest Beginnings; Attachment; Nourishment; Preparation for Entry into the World; Birth; Onto Land; Perception; The Flow of Life; and Authentic Movement as Embodied Spiritual Practice.

The series of headings within each Spiral signpost

the reader in their own personal process; Acts of Enquiry; Personal Perception; Principal Pause; Somatization; Information Interlude; Helpful Hints; Meditative Enquiry and Processing Pointers. The use of guided body journeys is integral here, with the audio recordings affirming the process of somaticization. The engagement with both written and audio material requires significant commitment. Through this I found that it nurtured the interactive nature as a reader, a key aim of the author, described so beautifully by Bob Kull when he says ... *In writing, the author speaks from his or her heart and mind directly to the heart and mind of the reader.*

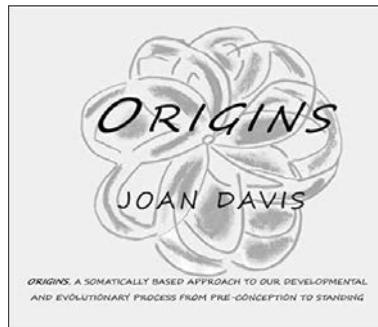
The physical appearance, weight and layout of *Origins* are significant when engaging with the material. It is completely black and white, with much spacing between text, interspersed with the spiral image, and numerous playful childlike figure drawings, anatomical and abstract representations. The amount of empty space emanated a stillness in pace for the reader. However, I found that space called for colour and condensing, and colour coding the nine chapters may have orientated

the reader more. The final pages of tables which gave an overview of the *Origins* journey was useful as a framework of consolidating the material, albeit in very small print. The bibliography reflects the diverse pool from which this book draws, ranging from perinatal theories, attachment, anatomy, physiology, embryology, trauma, philosophy and spirituality.

The book is for those prepared to immerse themselves and trust what may unfold, whether as a therapist, dancer or artist. As a reviewer I was both challenged and held by this book, and will return to it again, as does the spiral, the central image of the work itself.

If the journey were too easeful, then there might never be ignition and the fire of passion to be fuelled by the winds of change, modulated by the watery and fluid beginnings and grounded in the earth of our physicality and form - Joan Davis.

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Poetry

It's The Little Things Lockdown May 2020

By Margaret Bassett

It's the little things that matter
That switch the light on really fast
The unexpected surprises
The loving gestures will always last.

Sun peeping through your curtains
As you awake from a good night's sleep
Clear blue skies of azure blue
An invitation - it's yours to keep.

Familiar noises bring you comfort
Makes you feel safe secure and sound
Kettle whistling in the kitchen
Cats meowing on mossy ground.

The postman delivers a greeting card
Yellow flowers and best wishes expressed within.
Displayed in a place of prominence
It's good to have great pals and kin.

Yes it's the little things that can give you a lift and encourage a shaky start.

But the little things
Are really the big things
Strange times
Strange life
Strong heart

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