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- A simulated interview with Fritz Perls: Part I – Benefits of living in the moment
- Psychedelics, used responsibly and with proper caution, will be for psychiatry what the microscope is for biology or the telescope is for astronomy
- Hikokomori – a sociocultural mental health phenomenon: An examination of the research on extreme social isolation
- Rising rates of psychopathology and the changing ecology of childhood
- Pre Menstrual Dysphoric Disorder (PMDD): A brief overview

Time

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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,

It seems like such a short time ago we were wrapping up our Autumn Edition focussing on the theme of vulnerability and already I find it is time to write the Winter Edition editorial. How time flies. Indeed, of all the resources life needs to flourish, perhaps time is the most precious of all. In this edition, we encounter time woven through each of the articles chosen for this quarter's journal.

In our first article, James Overholser looks back in time to the life and work of one of the greatest contributors to contemporary psychotherapy – Fritz Perls of Gestalt Therapy. In this simulated interview, the first of three parts, James captures the essence of the man, creating an eerie sense of his presence more than 50 years after his death. Perls reminds us that "Nothing exists except the here and now" and invites us into a greater sense of awareness of ourselves in the moment because awareness he says, "by and of itself - can be curative". What a wonderful reminder of the importance of paying attention to our present as we head into the quiet winter months ahead.

Our second article is from Rob Ó Cobhthaigh who explores the new and somewhat controversial area of the use of Psychedelics in Psychotherapy. Traditional talk therapy often requires time before clients suffering diminishes especially for difficult to treat presentations like PTSD, severe depression, and others. Though the research into the efficacy of psychedelics is promising, it is not without its risks, yet the rewards may justify the returns in terms of time and suffering for those afflicted by serious mental health issues which significantly impact life functioning and mental wellbeing.

As we enter a time of healing from the social trauma resulting from waves of necessary isolation due to Covid-19, Eileen M Higgins explores a fascinating extreme social isolation phenomenon called Hikokomori Syndrome in our third article. Imagine for a moment the idea of self-imposed lockdown with no end. This is the case for several Japanese men including the case of Mr. T presented in this piece. Eileen sensitively explores this syndrome and offers us insights into the suspension of living, the pausing of time and the disappearance of the social-self implicit in this condition as well as the potential of treatment. If we felt time drag during our own brief periods of isolation during Covid-19, imagine the distorted sense of time for sufferers of Hikokomori Syndrome.

Our fourth piece this quarter explores the changing landscape of childhood – the most critical time in which to influence healthy human development. Here, Evan Dwan argues that "rising rates of psychopathology in western societies … are rooted in the changing ecology of childhood". From the influence of technology, to changes in parenting patterns, to evolving societal norms, this critical time in a child's life seems squeezed and distorted by pressures very different from our origins on the plains and savannas. The solution perhaps is to invest in preventative programs and to take time to promote policies which respond to our ever-changing modern world.

Our final work is from Sinead Larkin in her Student Voice piece on the impact of Pre Menstrual Dysphoric Disorder (PMDD). In this powerful autoethnographic piece, Sinead shares her lived experience with PMDD with courage and grace in her aim to reduce stigma, shame and embarrassment when talking about the menstrual cycle. By highlighting our attempts to mitigate discomfort through euphemisms like 'Time of the month' etc. she offers hope for those with PMDD and explores what is helpful and hurtful when sufferers open up about their experiences. Works like these are very important as they help to situate their experiences within social contexts where each of us, therapist and lay person alike can play a vital role in easing the burden imposed by PMDD. We would like to thank Sinead for her generosity and openness in sharing such a sensitive and personal topic and providing a window into a most distressing time for thousands of people each month.

Our now established poetry section – Floresence rounds out this edition. We are grateful to all the poets in our ranks who have sat with words and fashioned them into wonderful tapestries in time. This quarter we feature three poems we hope you will enjoy.

Finally dear colleagues, on behalf of myself, our committee and the IACP, I would like to extend to you all a joyful, restful, and restorative winter period ahead as together we look forward to what 2023 will bring to us all.

Mike Hackett MIACP, Editor.

MEMBER NOTICE:

We are currently seeking new members for our editorial committee. At present, we have vacancies for fully and pre-accredited members (we have filled our student position). If you are interested in helping with quarterly publication of our journal and its ongoing development in 2023, we would love to hear from you. Please introduce yourself via email to iacpjournal@iacp.ie and we will send you more information and an application form.

Mike Hackett, Editor-in-Chief, IJCP.

Academic/Research Paper

A simulated interview with Fritz Perls: Part 1 - Benefits of living in the moment

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



Photo source: exploringyourmind.com

Gestalt therapy was developed by Frederick Salomon Perls, usually called Fritz. Perls described himself as "the finder" instead of "the founder" of Gestalt therapy (Perls, 1969a)

Perls was born in 1893 and raised in Berlin (Clarkson & Mackewn, 1993). During his youth, he developed an interest in theatrics and even appeared as an extra in several plays in the Royal Theater in Berlin (Clarkson & Mackewn, 1993). Later, he developed a relationship with a dancer who inspired an interest in movement as a form of self-expression. These experiences helped him to appreciate the nonverbal aspects of communication and value of visual expressiveness.

Perls earned his medical degree in 1920 and soon focused on psychoanalysis as his main intervention. For a time, Perls worked with Kurt Goldstein at the Institute for Brain Damaged Soldiers in Frankfurt. This experience awakened Perls' interest in gestalt psychology and holistic views. Perls became disillusioned by the Freudian dogma, and began experimenting with a more active form of psychotherapy. He provided individual therapy sessions but developed a preference for group therapy and public workshops.

> *"I hope you don't expect me to give you a prescription for living"*
>
> *(Perls, 1970a, p. 32)*

In 1929, Fritz Perls married Lore Posner, and together they had two children, Renate and Steve. During the early days of World War II, Perls was forced to leave his homeland Germany to avoid persecution by the Nazi regime (Clarkson & Mackewn, 1993). In 1933, he relocated to Amsterdam, then moved to Johannesburg South Africa a year later. From 1942 until 1945, Perls served as a medical officer for the South African army during World War II. After the war, Perls relocated to United States until his death from heart failure in 1970.

Over the course of his career, he collaborated with his wife, Laura Perls, when developing some of the seminal works in the area. However, Laura often remained in the background, whereas Fritz embraced the attention and made himself into the charismatic leader of the new form of psychotherapy. In many ways, Perls' approach to therapy was a natural product of his life and

personality (Thomason, 2016). Perls had a charismatic style that was well suited for public displays of the therapeutic process. Many of his ideas live on in those who practice gestalt therapy. Perls emphasized the importance of working in the here-and-now moment of therapy sessions, trying to improve the client's awareness of emotions and sensations. He valued perception based on the ever-changing landscape created by the shifting figure / ground relationship in which the focal point and background elements may shift positions. If the person was unable to complete the gestalt into a meaningful whole, it creates unfinished business. Further, Perls emphasized the premature and incomplete resolution of a situation is likely to result in unfinished business. In some important ways, Perls helped to lay the conceptual foundation for experiential therapy, emotion-focused interventions. and mindfulness training. The present article presents a simulated interview with Frederick (Fritz) Salomon Perls (FSP) led by James C. Overholser (JCO).

JCO: Thank you for meeting with me. I have found your ideas quite interesting.

FSP: "Okay. Sit down" (Perls, 1973, p. 121). "What is your name?" (Perls in Bry, 1972, p. 60).

JCO: You can call me Jim.

FSP: "I hope you don't expect me to give you a prescription for living" (Perls, 1970a, p. 32).

JCO: No, I am just hoping to understand your views of therapy. Why did you call your approach 'Gestalt Therapy'?

> *"If a need is genuinely satisfied, the situation changes ... As one task is finished it recedes into the background"*
>
> *(Perls, 1948, p. 571)*

FSP: "Gestalt is a cohesive 'one' which you can't cut up into different parts" (Perls, 1978a, p. 67). "A gestalt is an irreducible phenomenon. It is an essence that is there and that disappears if the whole is broken up into its components" (Perls, 1969b, p. 62). "Take a quite well-known gestalt, a melody. A melody can be transposed so that each part, each note, is different from the one before, but the melody, the gestalt, is still the same" (Perls, 1978a, p. 67).

JCO: How does someone learn to see the big picture like that?

FSP: "When I've learned to type well and formed the gestalt by practice, then I'm free to attend to the content and not the mechanics of typing" (Clements 1968, p. 68).

JCO: So you help people step back from details and see the larger patterns?

FSP: "The basic premise of Gestalt psychology is that human nature is organized into patterns or whole" (Perls, 1973, pp. 3-4). "One's visual field is structured in terms of 'figure' and 'background'. ... 'Figure' is the focus of interest ... with 'ground' the setting or context. The interplay between figure and ground is dynamic" (Perls, Hefferline & Goodman, 1951, p. 29). "A meaning is created by relating a figure, the foreground, to the background against which the figure appears" (Perls, 1969b, p. 63).

JCO: How does this apply to therapy?

FSP: "Only one event can occupy the foreground, dominating the situation" (Perls, 1969b, p. 88). "Something similar is done in radio. If the required station is tuned in, the hissing of the background is subdued; the contrast of the foreground music to a background of complete silence is what is desired" (Perls, 2012, p. 105). "The figure standing out in relief against the more indifferent background needs some amplification" (Perls, 1978b, p. 51). "It is, of course, the relevance of environmental objects to the organism's needs which determines the figure/ground process" (Perls et al., 1951, p. 66). "The dominant need of the organism, at any time, becomes the foreground figure, and the other needs recede, at least temporarily, into the background" (Perls, 1973, p. 8). "Effective action is action directed towards the satisfaction of a dominant need" (Perls, 1973, p. 18).

JCO: So we all work to satisfy our needs?

FSP: "Yes, yes" (Perls in Clements, 1968, p. 67). "If a need is genuinely satisfied, the situation changes ... As one task is finished it recedes into the background" (Perls, 1948, p. 571). "The most important unfinished situation will always emerge and can be dealt with" (Perls, 1969a, p. 54).

JCO: So an unfinished need clamors for attention?

FSP: "Exactly" (Perls, in Clements, 1968, p. 71). "Any unfinished situation, any incomplete action, will come to the surface and will be or wants to be completed" (Clements, 1968, p. 67). "The organism cannot tolerate an unfinished situation" (Perls, 1953-54, p. 51).

JCO: What happens if we leave some situations unresolved?

FSP: "Whenever we find an unfinished situation it means we are still carrying with us some business from the past which we have to finish" (Perls, 1978a, p. 58). "Unfinished situations cry for solutions, but if they are barred from awareness, neurotic symptoms and neurotic character formation will be the result" (Perls, 1948, p. 573). "A neurotic is always characterized by the great number of unfinished situations. The patient is either not aware of them or is incapable of coping with them" (Perls, 1948, p. 571).

JCO: How does this guide psychotherapy?

FSP: "In psychotherapy we look for the urgency of unfinished situations in the present situation" (Perls, 1951, p. 275). "It is a basic tendency of the organism to complete any situation or transaction which for it is unfinished" (Perls et al., 1951, p. 90). "The organism cannot tolerate an unfinished situation. With every finished situation, we feel good; with every unfinished situation, we feel bad" (Perls, 1953-54, p. 51). "As one task is finished it recedes into the background" (Perls, 1948, p. 571).

JCO: So psychotherapy helps clients move toward some sense of closure?

> *"Gestalt therapy is therefore a 'here and now' therapy, in which we ask the patient during the session to turn all his attention to what he is doing at the present, during the course of the session – right here and now"*
>
> *(Perls, 1973, p. 63)*

FSP: "No, there is more to it" (Perls, 1970a, p. 25). "The neurotic obviously does not feel like a whole person. He feels as if his conflicts and unfinished business were tearing him to shreds" (Perls, 1973, p. 15). "If the gestalt is not completed, we are left with unfinished situations" (Perls, 1973, p. 119). "After one gestalt receives satisfaction, the organism can deal with the next urgent frustration" (Perls, 1969b, p. 89).

JCO: But some past struggles are left with loose ends.

FSP: "I maintain that the past is of significance only as far as it embodies unfinished situations" (Perls, 1979, p. 14). "Wherever we find an unfinished situation it means we are still carrying with us some business from the past which we have to finish" (Perls, 2012, p. 148). "We carry much of the past with us only as far as we have unfinished situations" (Perls, 1969a, p. 45). "We cannot possibly be aware of the past and cannot possibly be aware of the future. We are aware of memories, we are aware of anticipation, and of plans of the future; but we are aware here and now" (Perls, 1973, p. 192).

JCO: So you have no interest in a client's past?

FSP: "It would not be accurate to say there that there is no interest in historical material and in the past" (Levitsky & Perls, 1970, p. 2). "While it is pathological to live in the past or future, it is healthy … to remember past occurrences and to plan for future events" (Perls et al., 1951, p. 90).

JCO: Some of my clients remain troubled by their memory of events that happened weeks, months or years ago.

FSP: "Memories disappear, except for unfinished situations … Imagine a waiter remembering all the orders he has ever taken! There is no need for a memory after the customer has paid his bill" (Perls, 2012, p. 168). "We justify our current unhappiness by our past experiences, and wallow in our misery" (Perls, 1973, p. xiv). "Through therapy, he must learn to live in the present" (Perls, 1973, p. 63). "Delving into the past serves the purpose of finding 'causes' – and thus excuses – for the present situation" (Perls et al., 1951, p. 44).

JCO: Why not spend some time in session exploring the past?

FSP: "The past is what is unchanging and essentially unchangeable" (Perls et al. 1951, p. 437). "When the individual is frozen to an outmoded way of acting, he is less capable of meeting any of this survival needs, including his social needs" (Perls, 1973, p. 25-26).

JCO: So clients need to fully live in the present moment?

FSP: "Nothing exists except the

here and now" (Perls, 1969a, p. 44). "The past exists no more and the future is not yet" (Perls, 1979, p. 13). "No experience is ever possible except in the present" (Perls, 1973, p. 64). "Gestalt therapy is therefore a 'here and now' therapy, in which we ask the patient during the session to turn all his attention to what he is doing at the present, during the course of the session – right here and now" (Perls, 1973, p. 63).

JCO: I am not clear. How does this help to guide therapy sessions?

FSP: "All therapy that has to be done can only be done in the now" (Perls, 1970a, p. 17). "We don't have to dig ala Freud, into the deepest unconscious" (Perls, 1973, p. 119). "We deal only with the present" (Perls, 2012, p. 174). "Since all sensing takes place in the here and now, gestalt therapy is 'present time' oriented" (Perls, 1967, p. 308).

JCO: I like to look to the future. Why focus so much on the moment?

FSP: "The aim is to expand, or, better, to heighten awareness of what you are doing and how you are doing it" (Perls et al., 1951, p. 46). "The senses are the means of awareness, consciousness, attention" (Perls, 1948, p. 570). "Through therapy, he must learn to live in the present … we ask the patient during the session to turn all his attention to what he is doing at the present, during the course of the session - right here and now" (Perls, 1973, p. 63). "The healthy person trusts his senses rather than his concepts, his prejudices" (Perls, 1969c, p. 24).

JCO: So you use therapy to expand the client's awareness of the present moment?

> *"It is important to avoid confusing self-consciousness with self-awareness"*
>
> *(Perls, 1969c, p. 255)*

FSP: "Exactly. That's what I wanted to point out" (Perls, 1970b, p. 229). "As long as you are awake, you are at every moment aware of something" (Perls et al.1951, p. 96). "We treat all time during the therapeutic session as if it were here and now; for awareness and experience can only take place in the present" (Perls, 1973, p. 87). "No experience is ever possible except in the present" (Perls, 1973, p. 64).

JCO: So, you feel awareness in the present moment is essential?

FSP: "Awareness per se - by and of itself - can be curative" (Perls, 1969a, p. 17). "Without awareness there is nothing" (Perls, 1969b, p. 68). "Lack of awareness is characteristic for the neurotic" (Perls, 1948, p. 570). "The goal of psychotherapy is … for the patient to become aware of himself" (Perls et al., 1951, p. 383).

JCO: But wouldn't the focus on awareness make some people feel more self-conscious?

FSP: "It is important to avoid confusing self-consciousness with self-awareness" (Perls, 1969c, p. 255). "Self-interruptions can readily be observed. The 'er .. er' and 'uh' of any self-conscious speaker" (Perls, 1978b, p. 54). "Correct concentration is best described by the word fascination … the rest of the world disappears time and surroundings cease to exist" (Perls, 1969a, p. 188). "When, for instance, you are fully absorbed in dancing that you feel the oneness of mind, body, soul, music and rhythm, then you realize the pleasure of self-awareness … In self-consciousness there is always something unexpressed, … self-consciousness can only be disposed of by conveying in actuality your feelings to the person concerned" (Perls, 1969c, p. 255).

JCO: How do you help clients to improve their awareness of the present moment?

FSP: "I suggest, for example, the following experiment: Let him begin every sentence with the words 'here and now' and observe how he reacts" (Perls, 1948, p. 575). "Often, however, the patient will escape from experiencing the present. He will go into the past or the future" (Perls, 1979, p. 14). "We frequently find the flight into the past, looking for so-called causes and explanations and other avoidances of responsibility" (Perls, 1979, p. 14). "The flight into the past is mostly characteristic of people who need scapegoats. These people fail to realize that, despite what has happened in the past, their present life is their own, and it is now their own responsibility to remedy their shortcomings, whatever they may be" Perls, 1969c, p. 208).

JCO: Yes, many of my clients want to discuss past events.

FSP: "The goal of psychotherapy is to make awares unawares [sic] conflicts and to remove

false conflicts" (Perls, & Goodman 1950, p. 5). "We use the word 'unaware', but give it a much wider scope than ... the unconscious" (Perls, 2012, p. 89). "Psychotherapy means assisting the patient in facing those facts which he hides from himself" (Perls, 1969c, p. 189). "Avoidance is the main characteristic of neuroses" (Perls, 1969c, p. 189). "The neurotic avoids imaginary hurts such as unpleasant emotions. He also avoids taking reasonable risks. Both interfere with any chance of maturation" (Perls & Stevens, 1975, p. 4).

JCO: I have a few more questions.

FSP: "I see that you are playing with your hands" (Perls, 1978a, p. 56). "So, let's interrupt this, at this moment, and do a little bit of gestalt therapy" (Perls, 1978a, p. 60). "What is your hand doing?" (Levitsky & Perls, 1970, p. 3).

JCO: Umm, just rubbing my fingers.

FSP: "What are you doing with your feet now? ... I can see you kicking your feet" (Dolliver et al., 1980, p. 137).

JCO: Sorry. I just tapped my foot. It doesn't mean anything.

FSP: "No, there's more to it" (Perls, 1970a, p. 25). "Now get your legs into the act" (Clarkson & Mackewn, 1993, p. 114).

JCO: What ... Why?

FSP: "There are many times when the patient's unwitting movement or gesture appears to be a significant communication" (Levitsky, & Perls, 1970, p. 9). "Awareness of body feelings, of sensations and perceptions,

> *"Much of what you are only dimly aware and almost unaware can be brought into awareness by giving it the requisite amount of attention and interest"*
>
> *(Perls et al., 1951, p. 97)*

constitutes our most certain ... knowledge" (Levitsky & Perls, 1970, p. 4). "Take into account any involuntary movements the patient makes - shrugging his shoulders, kicking his feet, etc., and draw the patient's attention to them" (Perls, 1973, p. 87).

JCO: Can we get back to the interview?

FSP: "Let's interrupt this, at this moment, and do a little bit of Gestalt therapy" (Perls, 1978a, p. 60). "Begin meditation by closing your eyes and just listening to your own thinking, whatever you are saying to yourself" (Perls, 1970a, p. 35). "Close your eyes and attend to your breathing" (Perls, 1973, p. 173). "First get rid of the bad air, the carbon monoxide, and then bring in the fresh air" (Perls, 1978a, p. 62). "Concentrate on your 'body' sensations" (Perls et al., 1951, p. 100). "Close your eyes. Enter your body. What do you experience physically?" (Perls in Clarkson & Mackewn, 1993, p. 113). "What are you aware of now?" (Perls, 2012, p. 184).

JCO: My mind was racing through a lot of thoughts.

FSP: "Allow yourself to withdraw when there is no interest" (Perls, 1970a, p. 36). "The empty mind in Eastern philosophy is worthy of highest praise. So lose your mind and come to your senses" (Perls, 1970a, p. 38).

JCO: Your ideas seem closely aligned with mindfulness-based strategies.

FSP: "Say this again" (Perls, 1970b, p. 209).

JCO: It sounds like you recommend a nonjudgmental awareness of thoughts.

FSP: "You are right" (Perls, 1969b, p. 207). "Our strategy for developing self-awareness is to extend in every direction the areas of present awareness" (Perls et al., 1951, p. 95). "Much of what you are only dimly aware and almost unaware can be brought into awareness by giving it the requisite amount of attention and interest" (Perls et al., 1951, p. 97). "Now, you see what I just did was a typical little piece of Gestalt therapy" (Perls, 1978a, p. 58). "How do you feel now?" (Perls in Dolliver, 1980, p. 300).

JCO: Okay, I see the value of slowing down and being in the moment.

FSP: "The aim is to expand or, better, to heighten, awareness of what you are doing and how you are doing it" (Perls et al, 1951, p. 46). "The ideal therapy ... should be restricted to the here and now and the communication between therapist and patient" (Perls, 2012, p. 174). "A good therapist doesn't listen to the content of the bullshit the patient produces, but to the sound, to the music, to the hesitations. Verbal communication is usually a lie. The real communication is beyond words ... So don't listen to the words, just listen to what the voice

tells you, what the movements tell you, what the posture tells you ... What we say is mostly either lies or bullshit" (Perls, 1969a, p. 57). "The nonverbal is always more important than the verbal. Words lie and persuade; but the posture, the voice, the nonverbal behavior is true" (Perls, 1973, p. 155). "Therapy, then, consists in analysing ... *how* what is said is said, with what facial expression, what tone of voice, what syntax, what posture, what affect, what omission" (Clarkson & Mackewn, 1993, p. 85).

JCO: Does your approach try to help clients get in better touch with reality?

FSP: "The answer is no" (Perls, 1978a, p. 70). "Reality per se does not exist ... it is something different for each individual ... Reality is determined by the individual's specific interests and needs ... Whatever is the organism's foremost need ... evokes our interest, attention" (Perls, 1948, p. 571). "Reality is nothing but the sum of all awareness as you experience here and now" (Perls, 1969b, p. 30).

> *"We assume there is an objective world from which the individual creates his subjective world"*
>
> *(Perls in Brownell, 2010, pp. 126-127)*

JCO: So you focus on the client's subjective experience?

FSP: "We assume there is an objective world from which the individual creates his subjective world" (Perls in Brownell, 2010, pp. 126-127). "Reality is determined by the individual's specific interests and needs ... Whatever is the organism's foremost need makes reality appear as it does. It makes such objects stand out as figures which correspond to diverse needs. It evokes our interest, attention" (Perls, 1948, p. 571). "The reality which matters is the reality of interests" (Perls, 1969c, p. 40).

FSP: "Let's introduce the empty chair ... Now change seats" (Perls, 1973, p. 122).

JCO: Can we just get back to our conversation?

FSP: "I'm tired now. Let's get together sometime soon and talk" (Perls, 1969b, p. 22).

JCO: Wonderful. I will come back next month.

James C. Overholser

Jim Overholser is a professor of psychology at Case Western Reserve University, Cleveland, Ohio, and is a licensed clinical psychologist who provides outpatient psychotherapy through a local training clinic. Dr. Overholser conducts research on depression and suicide risk and has published books on suicide prevention and the Socratic method of psychotherapy.

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Academic/Research Paper

Psychedelics, used responsibly and with proper caution, will be for psychiatry what the microscope is for biology or the telescope is for astronomy

By Rob Ó Cobhthaigh



Research into the therapeutic use of psychedelics is currently undergoing a major renaissance, after a decades-long hiatus due to the political fallout from the first wave of psychedelic research in the 1950s and 60s

This article will give an overview of the current psychedelic science and examine the promise and challenges of psychedelic-assisted therapy.

It is important for psychotherapists to be aware of the recent developments in psychedelic science for two reasons. Firstly, to be aware of the therapeutic potential of psychedelics as well as their risks, and secondly, to consider how best to support clients who self-experiment with psychedelics to integrate and process their experiences.

Psychedelics are a term meaning "mind manifesting", "denoting a group of chemical compounds that, when taken, dramatically alter consciousness for a period of between one and eight hours" (Forde, 2019 p. 32).

The 'classic psychedelics' (DMT, ayahuasca, LSD, mescaline, peyote, and psilocybin (the active ingredient in 'magic mushrooms')) are seeing an explosion in scientific study of their therapeutic potential.

MDMA and ketamine are not considered classic psychedelics but are included in this article due to their therapeutic properties.

Psychedelic Research

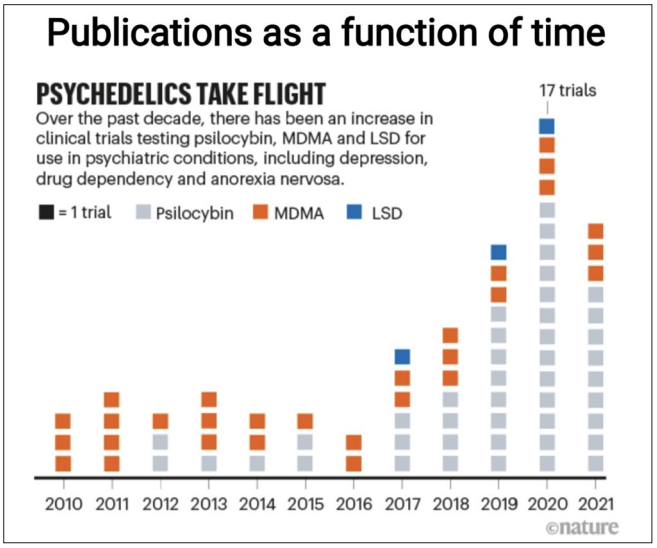
This renaissance is being led by prestigious research institutes such as MAPS (the Multidisciplinary Association for Psychedelic Research), the Johns Hopkins Center for Psychedelic and Consciousness Research in the US, and the Centre for Psychedelic Research at Imperial College, London.

Psychedelics are currently illegal in Ireland under the Criminal Justice (Psychoactive Substances) Act 2010, however a clinical trial is currently taking place in Tallaght Hospital/ Trinity College, Dublin on the use of psilocybin for treatment resistant depression under the supervision of psychiatry Professor Veronica O' Keane. Dr John Kelly calls the initial data "promising", and that "hopefully, eventually we'll have a psychedelic therapy programme within the HSE" (Freyne, 2022).

Given the large number of clinical trials currently underway, it is impossible to give a complete overview of the field, so in this article, I will focus primarily on the use of psilocybin- assisted therapy for depression and MDMA for PTSD. However, research is currently underway on psychedelic-assisted therapy for a very diverse range of mental and physical conditions.

Most notably, major clinical trials are ongoing

studying psilocybin therapy for treatment resistant depression (Phase 3), LSD therapy for generalized anxiety disorder (Phase 2), DMT therapy for major depressive disorder (Phase 2), MDMA for Eating Disorders (Phase 2) and ketamine therapy for alcohol use disorder (Phase 3). While outcomes of these trials should not be prejudiced by high expectations, the very fact that so much time and resources are being channeled into this area indicates the therapeutic potential.



It worth mentioning that studies showing promise in the treatment of major depression, anxiety and cluster headaches with LSD are occurring at the University of Basil, Switzerland; in the treatment of alcoholism with LSD and psilocybin in the US and Switzerland; the easing of end-of-life anxiety with psilocybin for people with life threatening cancer, and the treatment of opioid addiction with Ibogaine in New Zealand and Mexico (Tatala, 2020).

Research has also shown promising results in using psychedelics to treat Alzheimer's and dementia suggesting a "… potential role for both sub-perceptual 'micro'- and psychedelic-doses as a strategy for neuroprotection and cognitive enhancement in prodromal Alzheimer's disease." (Vann Jones, 2020, pg. 2).

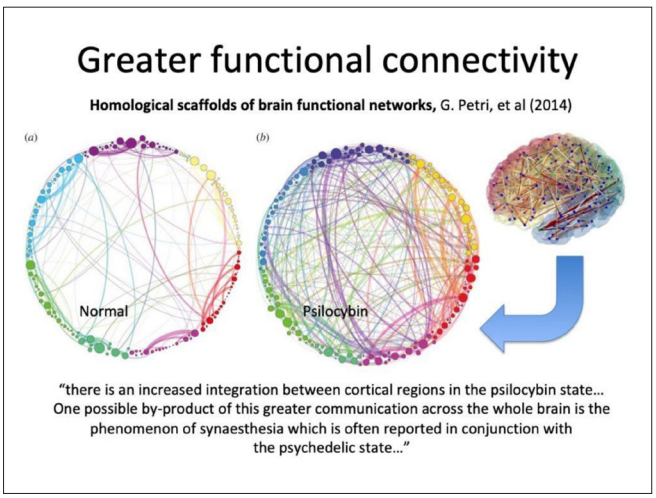
The Therapeutic Promise of Psychedelics

"When delivered safely and professionally, psychedelic therapy holds a great deal of promise for treating some very serious mental health conditions." (O'Hare, 2019, p. 1).

The 'classic psychedelics' have a similar mechanism of action. They are serotonergic agonists which cause activity in serotonin receptors. Most notably,

Neuroimaging studies have consistently shown that psychedelics significantly reduce DMN activity, as does meditation, and that this correlates with the experiencing of ego-dissolution (or losing the sense of self)

they temporarily reset the Default Mode Network (DMN) (Canal 2018). The Default Mode Network is responsible for our sense of ego- self, and our thoughts. Neuroimaging studies have consistently shown that psychedelics significantly reduce DMN activity, as does meditation, and that this correlates with the experiencing of ego-dissolution (or losing the sense of self). This "resetting" of the DMN could be linked to the antidepressant effects of psilocybin. (Carhart-Harris et al., 2012; Carhart-Harris et al., 2018).



A recent study on the "Long-term effects of psychedelic drugs" states that some of the changes that can occur include: enduring changes in personality/attitudes, depression, spirituality, anxiety, wellbeing, substance misuse and mindfulness (Aday et al., 2020, pg. 1).

Psilocybin for depression

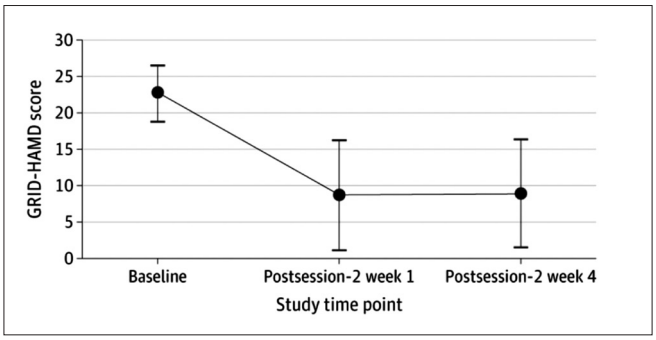
Psilocybin is a naturally occurring psychedelic compound produced by more than 200 species of fungii and has been used by indigenous people for healing for thousands of years (Schultes, 2001). A landmark 2017 study conducted by the Beckley/Imperial Research Programme, published in the *Lancet Psychiatry*, provided the first clinical evidence for the efficacy of psilocybin-assisted psychotherapy to treat depression, even in cases where all other treatments have failed. The findings showed that

Dr Roland Griffiths of Johns Hopkins, showed that psilocybin can induce mystical-type experiences which can have profound and transformative effect on people's lives

"psilocybin was well-tolerated, and induced a rapid and lasting reduction in the severity of depressive symptoms" (Carhart-Harris et al., 2017, pg. 1).

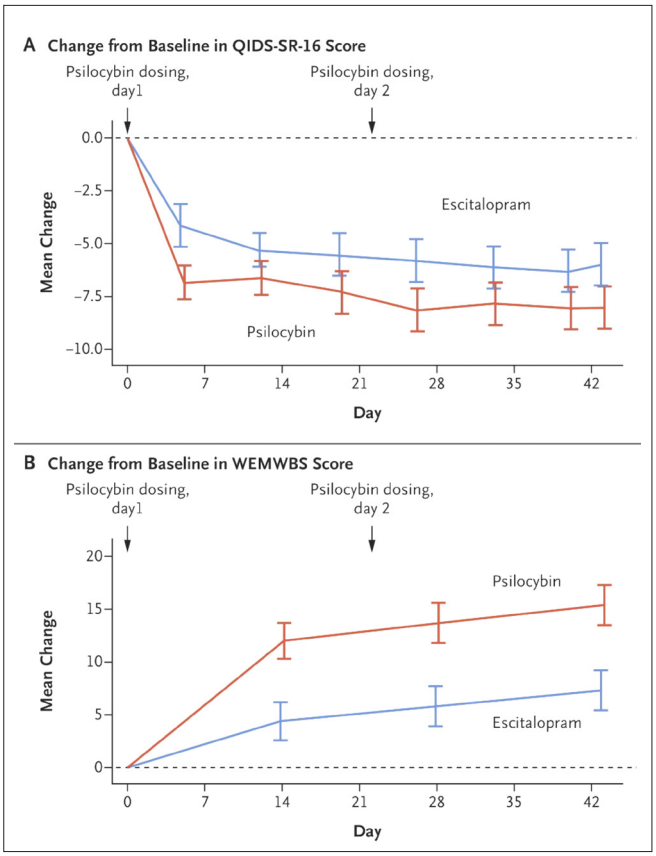
A more recent randomized clinical trial published in the *Journal of the American Medical Association Psychiatry*, found that "psilocybin administered in the context of supportive psychotherapy (approximately 11 hours) produced large, rapid, and sustained antidepressant effects" in patients with major depressive disorder. (Davis et al., 2020, pg. 4)

Decrease in the GRID Hamilton Depression Rating Scale (GRID-HAMD) Scores at Week 1 and Week 4 Postsession-2 Follow-up in the Overall Psilocybin Treatment Sample



Extraordinarily, the effect sizes reported in this study were approximately 2.5 times greater than the effect sizes found in psychotherapy alone and more than 4 times greater than the effect sizes found in psychopharmacological depression treatment studies (i.e. SSRIs).

A major paper in the *New England Journal of Medicine* in April 2021 showed the results of a Phase 2 clinical trial evaluating psilocybin-assisted therapy compared with psychotherapy and escitalopram, a common SSRI antidepressant, in the treatment of major depressive disorder (MDD). It showed that psilocybin-assisted therapy outperformed the SSRI antidepressants on several measures, however the trial data was not as conclusive as some hoped. (Carhart-Harris et al., 2021).



The therapeutic benefits of psilocybin go beyond the treatment of depression. One of the pioneers of psilocybin research, Dr Roland Griffiths of Johns Hopkins, showed that psilocybin can induce mystical-type experiences which can have profound and transformative effect on people's lives : "Fourteen months after participating [in one study], 94% of those who received psilocybin said the experiment was one of the top five most meaningful experiences of their lives; 39% said it was the single most meaningful experience "(Griffiths et al., 2011, pg. 1).

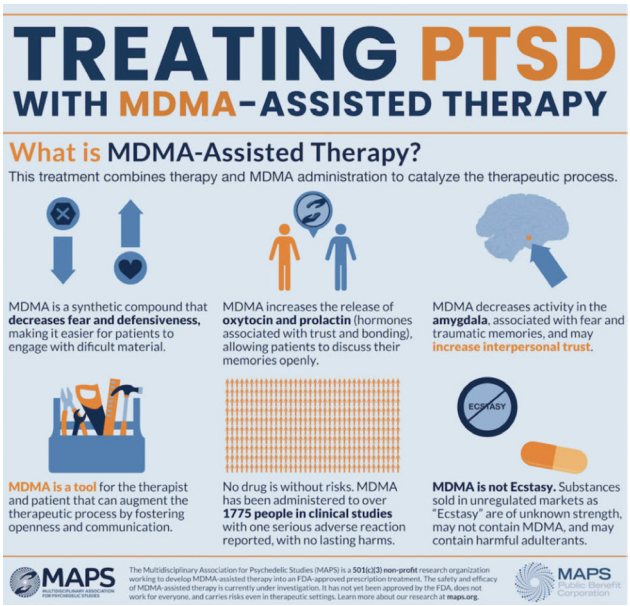
According to Amanda Fielding of the Beckley Foundation: "We've noticed that the people who experience the most ego dissolution, which can be expressed as having a mystical experience, are very often the people who have the best results in treating their condition" (Meehan, 2017, pg. 1)

MDMA for PTSD and Relationship Counselling

MDMA is known for inducing heightened energy levels, euphoric mood, openness, and empathy (Wardle, 2014). Currently, nine study sites in six European countries are involved in the Phase 2 *Open Label Multi-Site Study of Safety and Effects of MDMA-assisted Psychotherapy for Treatment of PTSD*, with a Phase 3 trial planned.

In the US, the Multidisciplinary Association for Psychedelic Studies (MAPS) is undertaking a plan to make MDMA-assisted therapy into a Food and Drug Administration (FDA)-approved prescription treatment by 2023. With preliminary research being extremely promising, the FDA has granted 'Breakthrough Therapy' Designation for MDMA-Assisted Therapy for PTSD.

A major paper published in May 2021 in *Nature Medicine* showed the results of MAPS US Phase 3 clinical trial, showing that 88% of individuals who underwent MAPS' MDMA-AT protocol experienced clinically meaningful reductions in PTSD symptoms. Perhaps even more remarkable was the fact that 67% of participants in the treatment arm no longer met the criteria for a PTSD diagnosis 2 months post-treatment, versus 32% of those in the placebo group (Mitchell et al., 2021).



Other studies have shown the potential of MDMA in enhancing relationship satisfaction, which shows potential application for use in couple's counselling. (Monson et al., 2012): "[People on MDMA] don't have the same level of fear response. They feel more relaxed, so they can tell each other things they might not otherwise be able to talk about," says Katie Anderson, a lecturer at Middlesex University, who has studied MDMA use in couples' therapy. (Anderson et al., 2020, pg. 3).

Psychiatrist Bessel Van Der Kolk, author of the seminal book on trauma, *The Body Keeps the Score* (Van der Kolk, 2014), has described from his own experience how MDMA offers the possibility for people to have a deep inner experience in which they can tolerate things that were intolerable before, and experience perspectives that were previously inaccessible. For deep inner healing to occur, we need to help people get into a state where they can observe what happened to them with a sense of calm and self-compassion, and then put it into the past, where it belongs (Van der Kolk 2018, pg. 1).

But he also cautions about the importance of using these substances in the correct way:

> *At the same time, it's unlikely that MDMA will prove to be the magic pill. It's not the only way to get to that deep state of self-observation and self-awareness. It's very important that people not go wild and create excessive expectations. But does the current work with psychedelics and MDMA have great promise? Absolutely. I'm still worried that people will be careless and take it without well-trained guides. You need to be accompanied by a very good therapist to use these drugs, once they're legal, for optimal therapeutic advantage*. (Van der Kolk, 2018, pg. 1)

Ayahuasca

Ayahuasca, a powerful DMT containing hallucinogenic mix used as a traditional medicine by the indigenous peoples of the upper Amazon, is seeing a huge growth interest for its therapeutic potential. Research is currently on going on the therapeutic use of ayahuasca for addiction, and for certain psychiatric disorders (Frecska et al., 2016; Geddes, 2020).

In one recent study published in *Nature:*

> *Effects of ayahuasca on mental health and quality of life in naïve users" showed that after the use of ayahuasca, more than 80% of those subjects showed clinical improvements in psychiatric disorders that persisted at 6 months. The study showed significant reductions in depression and psychopathology, with long-term users showing lower depression scores, and higher scores for self-transcendence and quality of life, as compared to their peers* (Jiménez-Garrido et al., 2020, pg. 1).

The challenges of psychedelics

I present the current scientific literature with a strong caveat, that if these substances are not administered in a carefully controlled set and setting, in the correct dosages, that they may be harmful and even dangerous. It should be noted that all the scientific research mentioned states the importance of proper screening, preparation, supervision, and integration. In rare instances, psychedelics can evoke a lasting psychotic reaction, more often in people with a family history of psychosis (Barrett, 2016).

That said, a large-scale 2015 meta-analysis by a team of researchers from Johns Hopkins and the University of Alabama showed 'classic psychedelics' to be surprisingly safe (Henricks et al., 2015).

The study analyzed data from more than 191,382 people between 2008 and 2012 during the annual National Survey on Drug Use and Health. More than 13 percent of those surveyed (27,235 people) had used 'classic psychedelics' at some point in their life. The respondents who had used a classical psychedelic were 19 percent less likely to have been in psychological distress during the previous month, 14 percent less likely to have had suicidal thoughts over the last year, 29 percent less likely to have made plans for suicide and 36 percent less likely to have attempted suicide in the past year than the survey respondents who had never used psychedelics.

Data from the first era of psychedelic research supports this idea. Around 10,000 participants are thought to have participated in LSD research in the 1950s and 60s, and the rate of psychosis, suicide attempts and suicides during treatment "appears comparable to the rate of complications during conventional psychotherapy, according to an analysis of data from this era" (Passie, 2008, pg. 2).

Widespread coverage of the new wave of psychedelic research has found its way into the media and popular culture. This is leading anecdotally to a rise in the self-administration of these powerful substances, including the practise of 'microdosing', taking regular, sub-perceptual doses of a psychedelic substance for improved wellbeing. A recent paper in *Nature* co-authored by Paul Stamets, found "psilocybin micro-dosers demonstrate greater observed improvements in mood and mental health at one month relative to non-microdosing controls", although this research needs further study to be conclusive. (Rootman et al., 2022, pg. 1).

According to Dr Mike Scully, Chair of the Addictions Psychiatry Department, at the College of Psychiatrists of Ireland, addiction to psychedelic drugs is very rare.

> *When I was training as a junior doctor, hallucinogenic drugs had a really negative reputation. They were considered habit -forming substances and were said to be very damaging. But when you actually look at the modern literature on psycho-pharmacology, that impression does not appear to be evidence-based*

He goes on to say…

> *I looked at a paper from 2015 published in the Journal of Psychopharmacology, from a large population study of 130,000 adults in the United States, including 19,000 psychedelic users. It failed to find evidence for a link between psychedelic use [of LSD, psilocybin or mescaline], and mental health problems* (Meehan, 2017, pg. 3).

As the pioneer of psychedelic therapy, Dr Stanislav Grof, succinctly said "Psychedelics are tools. There's nothing intrinsically good or bad about them. It's like asking whether a knife is dangerous or useful: it depends on who is using it and for what purpose" (Winter, 2009, pg. 3).

On the therapeutic potential of 'bad trips'

One of the main concerns relating to psychedelics is the fear of a 'bad trip'. These concerns are valid, with the literature showing that about 10-30% of participants in a therapeutic setting have challenging or very challenging experiences. (Barrett et al., 2016). However, the evidence suggests that if meaning can be found for those challenging experiences, a 'bad trip' can still have therapeutic value.

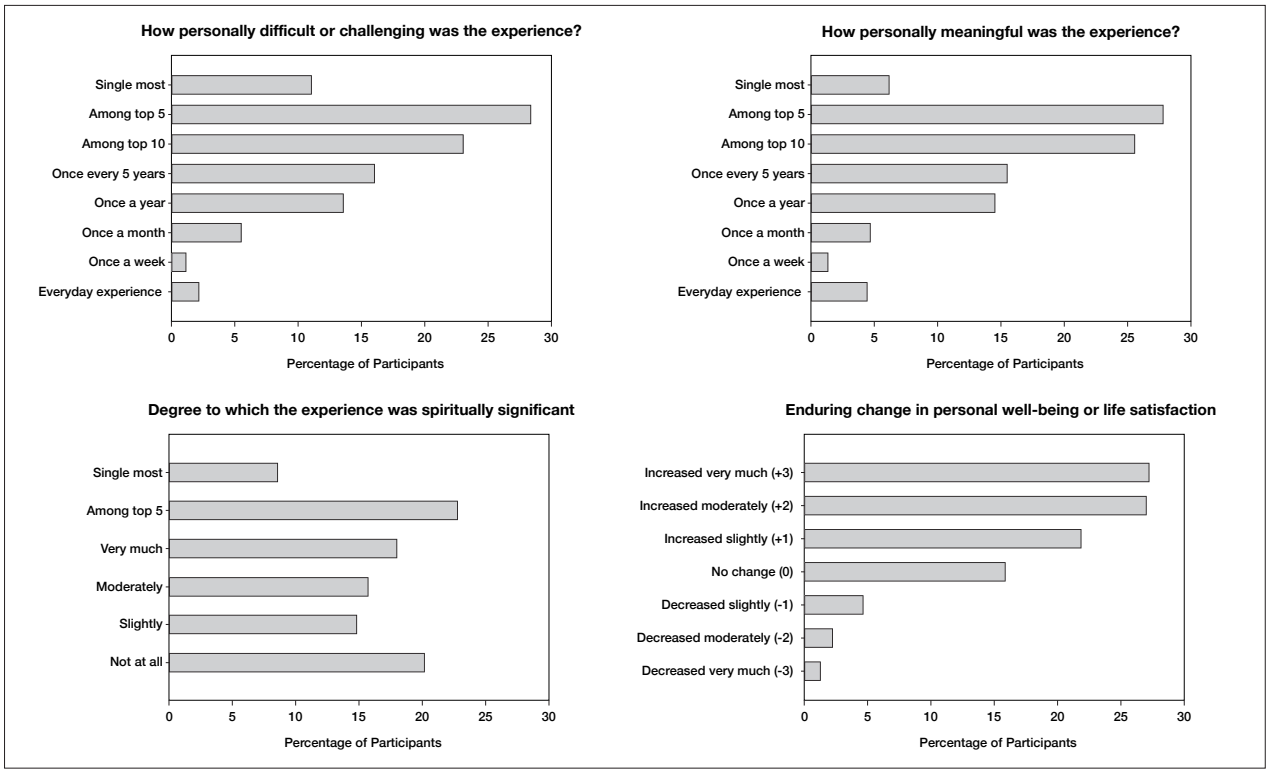
According to MAPS (2020) the type of psychedelic crises that may arise…

> *Old traumas can be remembered and relived. These memories can be of a physical nature (reliving one's birth, childhood abuse and/or illness, memories of famine and/or war, accidents, rape are some of the possibilities of re-emergence). These memories can also be of an intellectual, emotional nature (reliving verbal abuse, a lack of basic emotions, body contact, love, nurture, or a disassociation due to a traumatic experience)* (pg. 1).

Whether these experiences are re-traumatising or beneficial depends largely on the therapeutic container provided.

In a very large study in the *Journal of Psychopharmacology,* 1,993 individuals completed an online survey about their single most psychologically challenging experience (i.e. their worst "bad trip") after consuming psilocybin mushrooms in a non-therapeutic setting (Carbonaro, 2016). Thirty-nine percent rated it among the top five most challenging experiences of their lifetime. The level of difficulty of experience was positively associated with dose, the higher the dose the more likely to have a challenging experience.

Despite these difficulties, 84% endorsed benefiting from the experience and the study concludes that "the incidence of risky behavior or enduring psychological distress is extremely low when psilocybin is given in laboratory studies to screened, prepared, and supported participants." (Carbonaro, 2016, pg. 1). As Vickor Frankl (2006) pointed out, "Those who have a 'why' to live, can bear with almost any 'how'" (pg. 23),



it would seem that helping people find meaning in challenging experiences is the key to unlocking the therapeutic potential of 'bad trips'.

Interestingly, a recent paper in the *Irish Journal of Medical Science* on mental health service user attitudes to psilocybin therapy, showed 72% agreed that psilocybin should be tested for medicinal value, 59 % believed that psilocybin should be granted medical treatment status, and 20% believed psychedelics are unsafe even under medical supervision (Kelly et al., 2021)

Challenges facing the emerging field of psychedelic therapy

In a recent paper *Consciousness, Religion, and Gurus: Pitfalls of Psychedelic Medicine* , Dr Matthew Johnson of Johns Hopkins sees the main challenges as (1) Sloppiness regarding use of the term "consciousness". (2) Inappropriate introduction of religious/spiritual beliefs of investigators or clinicians. (3) Clinical boundaries and other ethical challenges associated with psychedelic treatments.

Johnson goes on to note that …

> *My observation suggests that psychedelic therapy is like putting a magnifying glass on many of the aspects of non psychedelic psychotherapy, including both positive aspects, e.g., the importance of rapport, and negative ones, e.g., potential for abusing a position of expertise or authority* (Johnson, 2020, pg. 3).

Some other major issues facing the emerging field include the challenge of training sufficient numbers of therapists and supervisors, the difficulty in blinding clinical trials, the possible under-reporting of adverse events (AEs) in clinical trials, the issues of generalisability and expectancy in clinical trials, the issue of relapse for clinical trial participants, the medicalisation of sacred indigenous medicines, potential for re-traumatisation during the psychedelic experience, and the question of how to safely navigate sexual trauma in the psychedelic space (Ó Cobhthaigh et al., 2020). Much work is currently ongoing to address these issues.

Irish psychiatrist Dr Roberta Murphy of Imperial College, London published a paper in March 2022 in *Frontiers in Pharmacology* investigating for the first time the relationship between the therapeutic alliance and rapport, and the quality of the acute psychedelic experience and treatment outcomes, as well as the need to better understand the therapeutic mechanisms of action in psilocybin-assisted therapy (Murphy et al., 2022). The paper found evidence of an effect of therapeutic alliance and rapport on the quality of the psychedelic experience, which in turn was associated with changes in depressive symptom severity 6 weeks later. As with all forms of therapy, the therapeutic relationship really matters.

The renaissance in psychedelic science

poses opportunities but also challenges for the psychotherapy profession. What role, if any, will psychotherapists in Ireland play in the therapeutic use of psychedelics? Do psychotherapists have a role in mitigating the risk for clients of the potential harmful effects of psychedelic self-experimentation? What role, if any, will psychotherapists play in helping clients integrate psychedelic experiences? And how will the training of psychedelic-assisted therapists integrate into the current models of psychotherapy? These questions have no easy answers and require serious consideration.

The psychedelic renaissance raises major legal, ethical, and educational considerations for the mental health field in general. Psychedelics are not a magic bullet, a panacea, but there are grounds for cautious optimism. As psychedelic-assisted therapy becomes more mainstream in the US and Europe, the considerations arising from this psychedelic renaissance will become more prevalent in Ireland. For this reason, it is important that the psychotherapy profession be prepared.

Rob Ó Cobhthaigh

Rob Ó Cobhthaigh MSc BA (Hons) CEP is a psychotherapist (MIACP) and transpersonal therapist. He was educated at Trinity College, Dublin, DCU (Turning Point) and IEP France, and is a professional member of MIND, the European Foundation for Psychedelic Science. Through his work with the Inwardbound Institute in the Netherlands he has collaborated with the Johns Hopkins Centre for Consciousness and Psychedelic Research and the University of Leiden. rob@inwardbound.nl

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Academic/Research Paper

Hikokomori – a sociocultural mental health phenomenon: An examination of the research on extreme social isolation

By Eileen M Higgins



Photo credit Maika Elan

The onset of the Covid-19 pandemic in early 2020 brought social interaction to a sudden and unexpected halt, forcing isolation on large swathes of the global population for many months

Some researchers in the mental health community feared these conditions would only result in an increased occurrence of voluntary social withdrawal even after quarantine restrictions were relaxed (Kato et al., 2020). These concerns were rooted in studies of Hikokomori Syndrome (HS), a formally diagnosable type of social withdrawal that emerged primarily in Japan over the past two decades and is defined by a number of conditions; notably by voluntary isolation within a person's own home for a period of six months or longer. Though no single cause has been identified, it's believed cultural factors may be a significant influence on the development of HS (Pozza, et al., 2019). The Covid-19 pandemic saw cultural encouragement of isolation develop in many regions where it had previously been absent; laying the potential foundation for an increase in long-term social withdrawal.

Social isolation is a difficult psychological condition to address, as it has a multitude of causes and symptoms. In many cases, a brief period of social withdrawal may be a positive and healthy behaviour, reflective of self-exploration and improvement (Coplan, Bowker, & Nelson, 2021). Extreme examples like HS may seem to suggest that negative isolating behaviours have clear differences, however it may not always be immediately obvious that destructive aversion to social interaction has manifested (Biordi & Nicholson, 2013). By the time social withdrawal is realized, a patient is likely to present a number of symptoms from related psychopathologies, such as depression and anxiety. This has left an open question in the research on social withdrawal as to whether it is the root cause of co-occurring pathologies or vice versa (Pozza, et al., 2019).

Literature Review

Social withdrawal is one of many conceptions of isolation present in the literature on mental health. This complicates research as isolation is referred to as a symptom of many social, medical, and psychological conditions and is not always considered a cause for concern. Though social withdrawal itself is specific enough to be differentiated from most of these conceptions, it is present in a diverse subset of recognized mental health conditions, making

its definition nebulous at best. The following literature review spans previous research on the notions of social withdrawal, voluntary social isolation, and HS.

Voluntary Social Isolation

The notion of voluntary social isolation is often referred to as 'solitude'. Coplan, Bowker, and Nelson (2021) provide a broad theoretical review of solitude in psychological literature for the purposes of showing that it is a paradoxical subject. Depending on the context, solitude can be a reward or a punishment, welcome or unwelcome, and healthy or destructive. Partially because of this, there is little agreement on how the notion of solitude should be operationalized or studied. Coplan, Bowker, and Nelson specify that social withdrawal occurs when a person seeks, "to remove themselves from opportunities for social interaction […] as a means of avoiding social contexts perceived as stressful or unpleasant" (2021, p.5). They note that, consistent with the paradoxical nature of solitude, even though the isolation is desired in this case, the associated emotions remain unwelcome (Rubin, Coplan & Bowker, 2009).

Hikikomori Syndrome

A type of social withdrawal that began emerging in Japan in the 1970's and reached a level of prevalence by the 1990's, attracted significant concern from the psychological community. The history, symptoms, and spread of this social avoidance are discussed by Kato et al., (2019). Though there are a number of affiliated symptoms, the primary criterion for an HS diagnosis is the cessation of any social interaction, typically by no longer attending to work or school, for at least six months and spending most of this time confined to one's home. Like many studies of social withdrawal, Kato et al., (2019) note that HS can be the result of a vast variety of psychosocial conditions. They also point that, though HS originated in Japan, similar conditions have emerged in other countries. In discussing HS outside of Japan, Pozza, et al., (2019) reveal that the criteria for this syndrome have been further narrowed to exclude the presence of others psychoses, such as agoraphobia or schizophrenia, that may cause isolation. The social withdrawal in HS must be voluntary and not induced by fear, hallucination, or similar condition. Pozza, et al., (2019) discuss an emerging trend of HS in Italy and make special note of the fact that it most commonly develops during major life transitions, especially the transition from high school to university.

Though there are a number of affiliated symptoms, the primary criterion for an HS diagnosis is the cessation of any social interaction, typically by no longer attending to work or school, for at least six months and spending most of this time confined to one's home

Kato et al., (2016) have done much to promote the recognition of HS as a diagnosable psychiatric condition, including publishing a 2016 case study of a patient displaying extreme social withdrawal. The patient, referred to only as "Mr. T", was a 39-year-old male that had confined himself almost exclusively to his room for nearly 19 years. Refusing to leave his parents' home for the purposes of finding a job or otherwise supporting himself, Mr. T relied on his family's generosity for survival. To gain insight into Mr. T's psychosis, Kato et al., (2016) conducted an unstructured, qualitative interview with him in conjunction with a review of previous psychiatric treatment. They found that Mr. T felt no sense of concern for what hardship his life choices may have caused his family. Instead, he saw his parents' home as something akin to a "complimentary hotel" (Kato et al., 2016, p.113). In addition to social withdrawal, the authors note that Mr. T also displayed guarded and, on occasion, agitated behaviour when forced to be around others, suggesting a potential comorbidity with schizophrenia.

The case study of Kato et al., (2016) is valuable as it suggests that psychotherapy may be a potentially effective treatment option for HS. This approach did not resolve Mr. T's HS; nevertheless, it did noticeably improve his willingness to leave his home. There are a number of unique features, however, that surround Mr. T's psychotherapy. Most notably, this therapy occurred as part of an involuntary hospitalization that was forced on Mr. T after he became aggressive towards his mother. During the lengthy period of Mr. T's social withdrawal, mental health professionals had tried a number of treatments, including pharmacotherapy. In comparison to these, psychotherapy, specifically family therapy, was far more effective. After this therapy, Mr. T showed a much greater willingness to accompany his parents when they left home and be generally more helpful around the house. Though therapy did not entirely resolve Mr. T's HS, Kato et al.,'s (2016) study of his case provide a significant step towards intervention guidelines and measurement for this condition.

Nagata, et al., (2013), performed a more rigorous study of patients formally diagnosed with social anxiety disorder (SAD) that the authors believed may better be described as HS. Like Kato et al., (2016), Nagata, et al., (2013) believe HS is associated with certain symptoms, such as hypersensitivity to criticism, that justify its recognition as a diagnosable disorder. The researchers performed structured interviews with several patients diagnosed with SAD for the purposes of discerning whether they met the criteria for HS. Qualifying factors included social withdrawal lasting more than six months, along with no desire to attend school or work, and spending most of the time at home. Patients found to be suffering from HS were treated with the standard pharmacotherapy utilized for SAD with the addition of cognitive behavioural therapy (CBT) and group activity. CBT was specifically focused on restructuring hypersensitivity to peer relationships, an aim believed to work in conjunction with therapeutic group activities to reduce aversion to leaving home.

Out of 141 patients interviewed, 27 were found to meet the criteria for HS. This equates to roughly 19% of patients interviewed in the study. Nagata, et al., (2013) found that, similar to Kato et al., (2016), HS frequently displayed comorbidities such as depression, eating disorders, and general anxiety. Furthermore, anxiety was noted to develop earlier in HS patients than those suffering from SAD alone. The researchers interpreted this observation to suggest that HS is likely more prevalent than it may appear, however comorbidities may disguise this fact. Anxiety not only develops earlier in HS sufferers, but also tends to be more severe. Those suffering from HS were also more likely to develop obsessive compulsive disorder. These factors may disguise HS as the underlying cause of other symptoms. Unfortunately, this fact also complicates treatment. Nagata, et al., (2013) noted that HS patients responded to treatment substantially less than those suffering from SAD. The work of Nagata, et al., (2013) remains valuable for the insight it provides into discerning HS from other potential diagnoses.

Though several studies cited in this review note the existence of HS outside of Japan and Asia, it is often considered a condition unique to its country of origins

Yong and Kaneko (2016) sought to contribute further insight to the understanding of HS by directly accessing the voices of those experiencing it. The researchers conducted informal interviews with individuals exhibiting symptoms of HS that had not yet sought professional treatment. This population was specifically targeted because Yong and Kaneko (2016) wanted to assess whether those personally experiencing HS found it to be a negative experience. Their research was based in the phenomenological paradigm and was based around the leading question, "What is it like to be in a social withdrawal state for more than six months without maintaining interpersonal relationships with others?" 8 subjects were recruited for this study through a mixture of sampling methods. To reduce social anxiety, interviews were held by phone.

After thematically coding the interviews, Yong and Kaneko (2016) found the most prominent theme to be "coping with difficulties". Most interview subjects reported confining themselves in their bedrooms as a means of avoiding pressures from work, school, and similar social activities. Related terms included "hopelessness", "relationship fatigue", "inevitability", and "fear". As in other studies, these results showed HS to be uniquely associated with major life transitions and similar events. Yong and Kaneko (2016) also described a second category of responses characterized by terms like, "mistrust", "anonymity", "hindrance", and "transposition". The authors suggested these terms reflected a lack of social expression. This inability to express emotions, in turn, generated feelings like "mistrust" and "hindrance" that only further perpetuated HS. Ultimately, Yong and Kaneko (2016) found that it was the predictability of the home environment that most attracted people with HS. Though the experiences that triggered HS were highly context specific, the results left HS sufferers afraid of the lack of control and predictability of daily life. They concluded that a more relaxed social environment may help people with HS recover, however this is an untested conclusion. Most valuable from the research of Yong and Kaneko (2016) is the insight that HS is specifically related to anxiety regarding the unpredictability of everyday social situations.

Though several studies cited in this review note the existence of HS outside of Japan and Asia, it is often considered a condition unique to its country of origins. This has been noted in Malagon-Amor, et al., (2014) and Pozza, et al., (2019) as a barrier to the recognition of HS in the DSM. Kato, et al., (2012) sought to counter this belief early in discussions of submitting HS for recognition as a formal pathology. They submitted two case studies to mental health specialists in a variety of countries for consideration as to whether they had personally

observed symptoms suggesting HS. It was found that nearly every specialist contacted confirmed they had, suggesting HS exists in many cultures and contexts.

Potential Causes of Social Withdrawal and Hikikomori

The circumstances or experiences that may give rise to HS remain relatively unknown. The case studies presented by Yong and Kaneko (2016), Nagata, et al., (2013), and Kato et al., (2016) all focus heavily on the comorbidities associated with HS. These included SAD, depression, and hypersensitivity. This focus on comorbidities begs the question as to which conditions come first. Furthermore, the early development of anxiety among those diagnosed with HS further blurs the causal sequence as to whether anxiety gives rise to HS and other symptoms or vice-versa. Other potential causes for social isolation and HS have been suggested in the literature, however, that are completely separate from psychiatric conditions.

Malagon-Amor, et al., (2014) conducted the first study of Hikikomori within Europe, examining individuals that matched the criteria for HS in Spain. The study was based around a combined methodology of structured interviews, review of psychiatric history, and in-home psychiatric treatment. This study produced similar results to other case studies on HS, notably that psychiatric comorbidities were a common feature of the condition. Malagon-Amor, et al., (2014) drew several novel conclusions, however, that contradict many previously held beliefs regarding HS. Notable among these is that HS is not necessarily a condition seen predominantly among youth. Many of the patients visited as part of this study were around the age of 40, though there was significant variation. Furthermore, Malagon-Amor, et al., (2014) found a substantial number of cases that qualified as HS within Spain, adding further evidence to the suggestion that HS is not a condition unique to Asia.

The relationship between HS and technology addiction is unclear, however it has occasionally been suggested as a contributing factor to this unique form of social withdrawal

The most valuable contribution from Malagon-Amor, et al., (2014) was a finding that family dynamics played a significant role in the development of HS. Most patients diagnosed with HS had a number of close relatives with a history of psychiatric illness. Beyond this, extremely close or otherwise unusual parental relationships were very common among those with HS. Malagon-Amor, et al., (2014) discuss one specific case as an example in which a mother was extremely opposed to her son receiving psychiatric treatment. The mother had been catering to every need of her adult son for his entire life and could be seen as an enabler of his HS. Her reasoning for preventing psychiatric treatment for her son was that she refused to entertain any notion that their relationship was unhealthy. This mirrors the case of Mr. T presented in Kato et al., (2016), who had relied heavily on his mother to prepare meals, provide shelter, and supply other basic necessities.

Though not specifically focused on HS, Porcelli, et al., (2019) performed an insightful study of the neurobiology behind general social withdrawal. The authors conducted an extensive literature review on the neuroscientific processes behind social interaction. A central finding of this review is that these processes are profoundly complex, to the degree that the neurobiology behind socialization remains poorly understood. Despite this, some general conclusions have been drawn regarding patterns that surround progressive social withdrawal. A notable finding is that withdrawal from social interaction is degenerative. Specifically, withdrawal typically follows from an increasing reduction in established regular interactions with family and friends. This degenerative and sequential path for social withdrawal suggests, according to Porcelli, et al., (2019) that a potential primary focus for treatment should be on the maintenance of social relationships rather than on their initiation. This is reflective of the conclusions of Malagon-Amor, et al., (2014) in their case study of HS. Further reflecting HS research, Porcelli, et al., (2019) note that social withdrawal is often the earliest sign of other pathologies, such as schizophrenia, depression, and anxiety. This suggests a complex relationship between social withdrawal and these pathologies.

Social withdrawal apart from HS has a history of research outside of it being a problematic pathology. There exist many contexts in which social withdrawal is a natural inclination that is not necessarily cause for concern in and of itself. In their study of solitude, Biordi and Nicholson (2013) discuss self-imposed isolation in the wake of a traumatic event. A potent example they give is that of a person diagnosed with a terminal disease. Such a person may want to distance themselves from their social connections to avoid being perceived as a burden as well as to ready their close friends for their absence after

death. Excessive use of the internet is another oft-mentioned cause of isolation that deserves special mention. A study by Hampton, et al., (2009) observed that direct social relationships can easily be replaced by less substantive, geographically dispersed relationships via this technology. The relationship between HS and technology addiction is unclear, however it has occasionally been suggested unique form of social withdrawal. This suggested relationship, however, may be due to the strong association of HS with Japan and its culture.

Conclusion

All of the existing case studies found by the researcher were presented in the literature review. Unfortunately, none of them were specifically focused on social withdrawal individuals as they went through the therapy process. Rather most focus on understanding the basic experience of HS or the success of therapy after-the-fact through interviews. Additionally, this scarcity of literature significantly limits the material by which the conclusions of future case studies examining the therapeutic process of individuals presenting with extreme social withdrawal may be cross referenced. Though it remains unclear if HS can be considered a rare condition, it is a condition that is still in the process of becoming known in the greater psychiatric community. As such, no clinical trials or similarly rigorous studies regarding its diagnosis and treatment exist yet. These circumstances somewhat necessitate the use of single case studies.

Though a single case study provides insight, it contains a number of inherent shortcomings that limit its application. With a sample of only one individual, it is clearly impossible to arrange any sort of experimental set up with a control. Thus, would prevent the study from yielding any conclusion regarding a causal influence between the Covid-19 pandemic and the client's HS. The researcher simply must trust that their intuition regarding the connection between these two circumstances is real. There is also the fact that a single individual cannot be considered much of a representative sample. These two factors, lack of causal inference and a lack of representation, prevent the conclusions of the case study from being generalizable to other individuals (Nissen & Wynn, 2014).

As is the illustration with case studies, they can only provide suggestions for treatment based on one therapist's experience. Consequently, extreme social withdrawal presents a unique challenge to the therapist who must design a therapeutic process as the case studies indicate, as HS is generally resistant to most treatment. Nevertheless, in the case study of Kato et al., (2016), it suggests that psychotherapy may be an effective approach to HS. For the time being HS remains a relatively understudied phenomenon in the greater psychiatric community, hence, why there are a limited number of case studies. Perhaps more experimental research designs, such as randomized control trials, may provide further insight into what causes HS as it becomes an increasingly recognized diagnosis.

Eileen M Higgins

Eileen M Higgins is an Accredited member of the IACP, and proprietor of The Therapy Room in Athy, Co. Kildare. She holds a Diploma in Counselling, and a BSc (Hons) in Integrative Counselling & Psychotherapy and is currently studying MSc in Psychology (BPS). Eileen can be contacted at https://the-therapy-room-psychotherapist.business.site/

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Academic/Research Paper

Rising rates of psychopathology and the changing ecology of childhood

By Evan Dwan



The purpose of this article is to make the argument that rising rates of psychopathology in western societies (McGilChrist, 2021) are rooted in the changing ecology of childhood (Schore, 2012)

The early developmental environment has changed in recent decades potentially putting larger numbers of people at risk for disorders because it does not meet the emotional needs of infants and children. Traditional child-rearing practices like alloparenting (non-parents who provide parental care), co-sleeping and breast-feeding have declined, depriving infants of essential sources of nurture (Narvaez et al., 2013b). In addition, work practices, technology and other stresses are further reducing the relational connections required for healthy development (Sparrow, 2016; Perry, 2013b). It will be argued that we must look to the environments in which humans evolved to understand what infants and children need for healthy development and how a failure to meet these needs can result in pathology. Finally, the article will conclude by arguing that the psychotherapy field has a key role to play in addressing this problem through early intervention and prevention.

Development and disorder

The developmental view of mental disturbance sees emotional problems as developmental outcomes that result from successive transactions between the child and the environment (Sroufe et al., 2009). Disturbance arises from "patterns of maladaptation interacting with on-going challenging circumstances in the absence of adequate support" (Sroufe et al, 2009, p.239). The human brain and mind are a dual system with the unconscious located in the right hemisphere (Schore, 2019b). The attachment relationship structuralises the developing right-brain unconscious for better or worse through the "implicit intergenerational transmission of resilience against or vulnerability to, later psychiatric, personality and developmental disorders" (Schore, 2019, p.23). Inadequate early parenting creates a vulnerability that may become pathogenic and destructive of development if later experiences too are unfavourable (Schore, 2019).

Leckman and March (2011) write that "A scientific consensus is emerging that the origins of adult disease are often found among developmental and biological disruptions occurring during the early years of life" (p.341). Prenatal and postnatal environments play a critical role in shaping this trajectory (Schore, 2012). Dysregulated affect plays a primary role in not just psychopathogenesis, but all illness and disease. During early critical periods when the infant is dependent on external regulation, growth-inhibiting environments can create epigenetic changes in the developmental trajectory of those coping systems (Schore, 2012).

In development, states become traits (Perry, 1995) and so if children

have dominant experiences of separation, distress, fear and rage they will go down a pathogenic pathway (Schore, 2012). Chronic arousal of the FEAR (this term is capitalised to indicate it is a primary process affect) system in early development can promote the development of anxiety disorders and depression (Panksepp, 2012). Through frequent activation this circuit can become sensitised, primed for future activation. In early critical periods attachment histories are burnt in to the infant's right brain (Schore, 2012). Secure attachment equates with emotional health, while insecure attachment creates a predisposition to later forming psychiatric disorders – these dispositions are being set up in the first thousand days (Schore, 2017). Agreement has emerged that affect dysregulation is a basic mechanism of all psychiatric disorders and that right brain deficits are central to all personality disorders (Schore, 2019).

The changing ecology of childhood

The past sixty years has seen a gradual erosion of supports for families from the wider community (Lally, 2015). These informal supports were critical to everyday life. In the 1950's a struggling parent was part of the larger family's concern and solutions to problems were typically found through established relationships in extended family and community networks. Changes in family, work and women's roles has led to babies losing something essential: early nurturance provided by trusted caregivers. Few formal structures were developed to take the place of dissolving informal ones. Berry Brazelton points out that for decades we have known that the demands of the workplace on families and the loss of social supports are incompatible with what babies need to flourish and thrive (in Lally, 2015).

Early interactions build neural networks and establish biological set points that can endure for the lifespan (Cozolino, 2014). Reduced levels of nurturance and social interaction in infancy alters the developmental trajectory of the right brain producing deficits in affect regulation that are linked with developmental psychopathologies (Schore, 2012). Schore refers to a dogma within developmental circles that children can cope with deviations in the quality of early care without altering their resilience in the face of adversity ignores the continuing dramatic increases in childhood psychopathology including bipolar disorder, ADHD and autism, which all demonstrate deficits in right brain functioning. The high prevalence of mental disorders in youth is accompanied by a child obesity epidemic and researchers are now seeing insecure attachment as a risk factor for obesity (Schore, 2012). Psychologist Jean Twenge has studied rates of psychopathology in adolescents using the same assessment tool and stringent standards from the years 1938 to 2007 (McGilChrist, 2021). There are between five and eight times as many students who meet the cut-off for psychopathology in the latest group compared to the earliest – this may be an underestimate as many of the latest are on antidepressants that did not exist for the first group.

Decades of research shows that ancient societies knew how to facilitate optimal development in children

(Porges, 2019)

Evolutionary history

The infant's emotions and motives are adapted for a "rich evolving experience within a happy family supported by an intimate caring community of friends and neighbours who have a secure and creative traditional way of life" (Trevarthen, 2019, p.38). If disturbance weakens these impulses during the formation of body and brain, or if the environment does not support normal expectations for which the organism is adapted, chronic stress and psychopathology can result. The infant's psychic powers are regulated in relationships and destructive events in these relationships create trauma and disorder. The fate of the infant depends on how the society of adults manage work and life in the whole community with its technology, stresses, conventions and social conduct.

Decades of research shows that ancient societies knew how to facilitate optimal development in children (Porges, 2019). Tronick states:

> The most widely accepted model of the caretaking environment of the human infant at birth and into the second year of life is that it should provide… almost constant contact between the infant and mother, with frequent nursing bouts of short duration (2007, p.102).

Bowlby (1969) claimed that a biological structure takes the form that is determined by the environment in which the system has been functioning throughout its evolution. He calls this the environment of evolutionary adaptedness (EEA). It is only within this environment that the system can be expected to operate efficiently. Bowlby warned against modern child-rearing practices that deviated dramatically from the EEA (Hewlett and Lamb, 2005). Anthropology gives a unique perspective on human nature by applying "phylogenetic depth and cross-cultural breadth" which exposes tensions between modern infant care and the evolved biology of mothers and

infants (Ball and Russel, 2013). Ethnographers have described a set of generalisations called the hunter-gatherer childhood model (Konner, 2005). These descriptions suggest that modern-day childcare practices are discordant with those in the EEA – something which has developmental implications.

In hunter-gatherer groups and traditional human societies, infants are raised within a small group of collaborative caregivers who share the role of attachment figure (Siegel, 2012). This enables the child to develop a wide range of survival strategies. Humans need the support of a network of caregivers to provide collaborative nurturance. The integration model holds that in a network of multiple attachment relationships, secure attachments can compensate for insecure ones (Mesman et al., 2016). Cross-cultural studies show that secure attachment relationships routinely exist outside the mother-infant dyad (Gottlieb, 2004; Howes and Spieker, 2008; Lamb and Lewis, 2010; Morelli and Rothbaum, 2007).

Bowlby argued that infants are born with the 'set goal' of remaining in contact with the mother (Hrdy, 2005). Physical proximity symbolises the comforting availability of the caregiver (Wallin, 2007). Babies are subject to feelings of distress that they cannot manage alone. Availability is about accessibility but also, crucially, emotional responsiveness. The goal of the attachment system is the felt sense of security. Babies shape their caregivers to be responsive to their needs; for this to occur, caregiver's need to be present, available emotionally, and protected from too many demands (Brazelton, 2015).

Modern caregiving

In modern caregiving systems children are often cared for by non-kin who are likely to be less attuned to the child than a family member would be (Narvaez et al., 2013). Nonmaternal and nonparental care in the first year is a risk for insecure attachment and insecure-avoidant infants who have received such care express more negative affect and upon reunion and engage less in object play with the mother (Schore, 2012). Even infants who use in home baby-sitters for more than twenty hours per week show more avoidance upon reunion and are more likely to be classified as displaying insecure attachment. There has also been a link reported between early day care and aggression and noncompliance. Elevated insecure patterns are consistently found in child-care children. Care initiated early in life and experienced for many hours, in particular in child care centres, is linked with higher levels of externalising behaviour problems which is not simply the result of low-quality care. There has also been shown to be a link between day care and elevated cortisol levels. Schore (2012) argues that the stressful environment of day care is known to jeopardise children's development.

> *Research shows that maternal employment in the first year after birth is linked with developmental risks like insecure attachment*
>
> *(Belsky, 2001)*

One study demonstrating the effects of stress in the perinatal period shows that brief daily separations induced high stress for prolonged periods in the infant (Wei et al., 2010). This stress was linked with anxiety in adulthood despite the fact that the infants received increased maternal care afterwards. The authors conclude that exposure to stress in the postnatal period overrides the capacity of maternal care, programming anxiety behaviour through the inhibition of the normal growth spurt at this time (Schore, 2012). Research shows that maternal employment in the first year after birth is linked with developmental risks like insecure attachment (Belsky, 2001) and negatively impacting the cognitive abilities of children (Hill et al, 2005). The long-term impact of this is an increase in the number of people with a neurobiological predisposition for psychiatric disorders (Schore, 2012).

Separation and disconnection

A lot of disturbance in development is caused by caregivers' failure to respond to young children's healthy needs for closeness and fears of separation (Sroufe et al., 2009). Ethnographic data from societies around the world demonstrate that mothers in traditional societies are in almost constant contact with their infants, carrying them on their bodies, breastfeeding at will and sleeping beside them (Ball and Russell, 2013). Euro-American mothers and infants have experiences that differ significantly with the close and prolonged contact between mothers and infants in anthropoid primates and amongst human societies worldwide. Harry Harlow's research showed the need for 24-hour contact between infants and mothers – infants will seek this even with a cloth-covered inanimate substitute (cited in Ball and Russell, 2013). All of the data confirm that children experience extreme distress when separated from their primary caregiver (Bloom, 2013). Normal infant care in western societies is a very recent development (Ball and Russel, 2013). For the majority of the world's cultures separation of the infant from its mother for sleep is viewed as neglectful or abusive. Even in the West this practice is recent - less than two centuries ago mother-baby sleep contact was the cultural norm.

Donald Winnicott argued that an infant does not exist in isolation but within the context of the child-caregiver relationship (cited in Hart, 2010). Most mammalian offspring find it distressing when they lose contact with their caregiver (Narvaez et al., 2013). In infant rats, even short separations from the mother can cause lifelong changes in stress responsivity. Even in less social species than humans, physical separation creates painful emotions. Work on rats has shown that multiple systems are regulated by the presence of the mother and these become dysregulated in her absence. Monkeys separated from adults when young produce less serotonin which is linked with impulsive violence and antisocial behaviour in mammals (Narvaez et al., 2013). Excessive separation distress in early development makes the brain vulnerable to depressive disorders later in life. Rats with less touch had higher anxiety and lifelong heightened response to stress. These effects echoed down the generations as low-nurturing mothers bred low-nurturing daughters compounding the effects of poor care over generations.

Young mammals have a powerful emotional system to indicate that they are in need of care – the panic/ grief/ separation distress system (Panksepp, 2013). This becomes activated when they are lost or left alone and alerts caregivers to seek out and attend to the needs of the child. If a baby is left to cry for a long time a number of detrimental outcomes occur (Noble et al., 2018). The brain is flooded with stress hormones that destroy neuronal connections. Pain circuits become activated and opioids, which produce feelings of well-being, are diminished. With nonresponsive care the baby may shut down emotions, appearing fine, when in reality his cortisol readings are very high. Animal studies show on-going experiences of grief set up mood disorders (Watt and Panksepp, 2009). Unrelieved stress in early life leads to anxiety and depression later in life as well as using alcohol for relief. Stress response systems can become permanently wired to oversensitivity from early stress leading to all sorts of negative health outcomes including accelerated aging and mortality.

> *From the point of view of attachment theory, the night might be a very stressful time, when infants need protective caregiving the most*
>
> *(Mesman et al., 2016)*

From the point of view of attachment theory, the night might be a very stressful time, when infants need protective caregiving the most (Mesman et al., 2016). In Israeli Kibbutz, where infants sleep away from their mothers who then are largely unavailable, there are higher rates of attachment insecurity (Mesman et al., 2016). These infants are cared for by their mothers during the day but a stranger at night. Higher levels of resistant attachment have been recorded in these contexts, probably due to inconsistent responsiveness. Disorganised attachment is also high in another Kibbutz sample, possibly due to the unpredictable circumstances.

Touch and co-sleeping positively impact regulatory processes probably through effecting the vagal system and reducing stress hormones (Narvaez and Gleason, 2014). Co-sleeping is "a context of care, a foundation for socialisation, and an aspect of our developmental niche" (Middlemiss, 2014, p.164). Anthropologists and others have drawn attention to the fact that infant co-sleeping is nearly cross-culturally universal and is practiced by all old-world monkeys and apes (Hewlett and Roulette, 2014). Hidden regulators have been documented during infant-mother co-sleeping which includes regular feeding (Narvaez et al., 2013). The take home message from Harlow's work on monkeys seemed to be never to leave nonhuman primates alone (cited in McKenna, 2014). However, it is ironic that among the least mature primates of all – human infants – in western cultures the "critical importance and advantages of sustained contact, day and night, comes to be considered problematic" (McKenna, 2014, p.59). Prescott (2013) argues that bottle-feeding has deprived the infant of essential sensory-motor nutrients like touch, movement, smell and the taste of the mother. Prescott's research shows that in 82% of cultures where weaning age is 2.5 or greater there are absent or low suicide rates. We now live in an environment, concludes Prescott, of 'sensory-emotional deprivation'.

Relational trauma is imprinted through right-brain to right-brain interactions in which the child resonates with the rhythm of the mother's dysregulated state (Schore, 2019, p.238). Trauma can be understood as the sudden rupture of attachment bonds (De Zulueta, 2006); or, according to Bowlby, events that significantly threaten the attachment relationship (Szjanberg et al., 2010). Infants are adapted to rely on the availability of responsive parental care for protection and for regulation of emotions and biology (Bureau et al., 2010). In infancy a hidden trauma can occur from the unavailability of a responsive attachment figure to comfort and regulate the stress and fear that are part of the infant's daily experience. The fundamental need of the infant is for psychological connection; therefore, repeated

and brief separations that leave a child alone in extreme stress can create traumatic reactions (Allen, 2013). Indeed, aloneness in the face of overwhelming affective experience is the root of psychopathology (Fosha, 2021). Schore (2019) agrees that parental affective unresponsiveness is a hidden trauma specific to infancy which can hyperactivate the infant's stress response over time. Longitudinal evidence suggests that this trauma may have an equal or greater impact on development than maltreatment which is more easily observed (Bureau et al., 2010).

Intervention and prevention

There is a need to focus psychotherapeutically on the precursors to disorders in childhood not just their manifestations in adulthood (Schore, 2012). Peter Fonagy argues that prevention and early intervention should be the core of mental health (in Emde, 2019). Models of effective early intervention during the period of the brain growth spurt in the first two years of life are equated with prevention (Schore, 2012). Integrated and multidisciplinary services are needed to implement the range of interventions required to improve long-term outcomes (Colizzi et al, 2020). Mental health professionals have responsibility for giving direction to social, political and other healthcare groups involved in meeting the mental health needs of children. Policy statements on parenting should be formulated (Narvaez et al, 2013). Current child-rearing practices are being seen as 'risky' based on the fact that they depart from tried and tested traditions from our evolutionary history. In particular, practices like formula feeding, sleeping in isolation, institutional day-care, 'crying it out' practices, lack of skin-to-skin contact and isolated parenting fall into this risky

Current child-rearing practices are being seen as 'risky' based on the fact that they depart from tried and tested traditions from our evolutionary history

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category. 'Best parental practice' education should be provided for all, to increase understanding of children's basic needs. When the developmental needs of children are recognised, plans to fulfil these requirements can more easily be designed and evaluated (Greenspan and Brazelton, 2009).

Conclusion

Throughout this article the argument has been made that rising rates of psychopathology are linked with the changing ecology of childhood. The basic needs of infants and children are based on the environments in which humans evolved and the large deviations from this environment that we are witnessing in the modern world puts greater numbers of people at risk for disorders. In particular, a lack of nurturing touch, separation (disconnection) from caregivers and the absence of an extended community to provide care and support can have detrimental effects on development. There are opportunities to make a difference in this area through investment in prevention programmes and promoting policies that support practices that meet developmental needs. The psychotherapy field can play a key role in these efforts.

Evan Dwan

Evan Dwan is a psychotherapist, educator and life coach with extensive experience working with children, parents, and families. Evan's educational work ranges from primary teaching to the design and delivery of adult education courses in subjects such as developmental psychology and sociology. During his career, Evan has published numerous articles in several fields, including mental health. He has recently completed a Masters of Psychotherapy at DBS. This article is an extract of a larger research project exploring approaches to prevention through the optimisation of early developmental environments.

E-mail: evandwan@yahoo.com
Website: www.evandwan.com
Ph: 0877677822

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Voice of the Student

Pre Menstrual Dysphoric Disorder (PMDD): A brief overview

By Sinead Larkin



This article is an extended version of a presentation given as part of the IACP Dublin Regional Committee's Networking Evening on 23 September 2022

PMDD stands for Pre Menstrual Dysphoric Disorder. According to Osborn et al. (2020), "Prevalence estimates for PMDD range from between 3 and 8%" (p. 1), whilst the International Association for Premenstrual Disorders (IAPMD) suggests that the figure is between 5-10% (https://iapmd.org/facts-and-figures). PMDD is a condition which can have a truly debilitating effect on sufferers. Despite this impact, the condition is still relatively unknown in the general population and the medical community. It is my belief that raising awareness of the condition among mental health professionals will help them to understand the impact on clients with this condition. This increased awareness and understanding then, will help therapists to more deeply empathise with these clients. Furthermore, this enhanced understanding and empathy can be experienced by clients with PMDD and promote safety sufficient to open up about their experiences free from shame and judgement.

What is Pre Menstrual Dysphoric Disorder (PMDD)?

The World Health Organisation's International Classification of Diseases (ICD-11) gives a specific code to PMDD (GA34.41), which legitimises PMDD as a valid medical condition worldwide. According to this classification, PMDD is a mood disorder which occurs during the luteal phase (second half) of the menstrual cycle, and which "cause[s] significant distress or significant impairment in personal, family, social, educational, occupational or other areas of functioning and do not represent the exacerbation of a mental disorder" (World Health Organisation, 2019, para. 1). PMDD also appears in the DSM-5, which specifies that PMDD is "not an exacerbation… of another disorder" and is not caused by "physiological effects of a substance… or a general medical condition" (American Psychiatric Association (APA), 2013, pg. 172) offering further legitimacy of PMDD as a condition.

Both the ICD-11 and DSM-5 state that PMDD is temporally related to the luteal phase. The menstrual cycle consists of two phases: follicular and luteal. In an average 28-day cycle, the follicular phase takes place during days 1 – 14 and this includes the actual period. The luteal phase takes place during days 15 – 28, and it is during this phase that progesterone levels are at their highest. It is this increase in progesterone which is responsible for PMDD because PMDD is caused by an increased sensitivity to this hormone. When the luteal phase ends and progesterone levels decrease, PMDD symptoms disappear. This is significant because there are a range of other health conditions such as thyroid issues and bipolar disorder (among others) which present similarly to PMDD,

however these other conditions are not solely limited to the luteal phase. Furthermore, many of these other conditions can be ruled out via a blood test – PMDD cannot. It is therefore useful if a person feels they may have PMDD that they monitor their symptoms (for example, by keeping a diary, or using a symptom tracker) and that they get a full blood panel, in order to rule out alternative underlying issues.

Symptoms

PMDD presents with a range of 11 symptoms, which are divided into two categories. At least 5 of the 11 symptoms must be present overall, with at least one from each category, in order to confirm a diagnosis of PMDD. The DSM-5 outlines the symptoms as follows:

> ***Affective Symptoms:*** *lability of effect (e.g. sudden sadness, tearfulness or sensitivity to rejection); irritability, anger or increased interpersonal conflicts; depressed mood, hopelessness or self-deprecating thoughts; anxiety or tension, feeling keyed up or on edge.*
>
> ***Behavioural/Cognitive Symptoms:*** *decreased interest in usual activities; difficulty concentrating; lethargy, low energy, easy fatigability; change in appetite, overeating, food cravings; hypersomnia or insomnia; feeling overwhelmed or out of control; physical symptoms (breast tenderness or swelling, headache, joint or muscle pain, bloating, weight gain)* (APA, 2013, pg. 172-173).

To sum up, then, PMDD is the likely diagnosis if conditions with similar symptoms have been ruled out; if at least 5 of the 11 symptoms are present (with a minimum of 1 Affective and a minimum of 1 Behavioural/Cognitive symptom); if these have occurred in at least two menstrual cycles over the past year; and if symptoms only occur during the luteal phase.

There is so much shame and embarrassment relating to periods: many people use euphemisms like "That time of the month"

Diagnosis

However, getting a medical diagnosis is not easy and many people self-diagnose. This is because PMDD is still widely misunderstood despite being a valid condition. Ro (2019) gives the example of a woman with PMDD whose concerns were "dismissed" by five doctors, one of whom stated "Oh, it's just PMS. My wife gets that" (para. 4). Likewise, Osborn et al. (2020) discuss "the poor understanding of PMDD by most health professionals", the effect of which is "many years of unrecognised and untreated symptoms, and mental health misdiagnoses" (p. 2).

Additionally, enormous stigma surrounds menstrual health: Kerrigan (2022) discusses the numerous experiences of her friends who "were constantly disregarded by their doctors"; whilst her own severe menstrual symptoms were "unequivocally dismissed" until she was eventually diagnosed with endometriosis.

Likewise, there is so much shame and embarrassment relating to periods: many people use euphemisms like "That time of the month", instead of explicitly stating that they have their period. And let's not forget the mysterious otherworldly blue liquid that appeared in ads for sanitary products for years: it's only this year, 2022, that Always Ultra have started using the colour red in their ads. Whilst that is progress, as is Lidl's campaign for free sanitary products, and various workplaces and entertainment venues offering free sanitary products in their bathrooms, more needs to be done to erode the shame attached to something which is completely natural. Equally, more awareness is needed to emphasise that PMDD is a real condition with real symptoms, and those with this condition need to be supported instead of their experiences being laughed at, derided or dismissed. As Ro (2019) suggests, "It should be possible to… recognise the severity and rarity of PMDD, and dismantle tired jokes and sexist misunderstandings about PMS".

If proof were needed of the severity of PMDD, Eisenlohr-Moul et al. (2022) reported that 34% of those with PMDD have attempted suicide (p. 8). That figure is deeply troubling, especially because it may underestimate the actual number of people attempting suicide due to PMDD. The stigma, and for many, overwhelming shame, can prevent people from speaking about their experiences and represent a barrier to seeking support.

Lived Experience

Shame, and the reluctance to speak up, is something with which I personally am all too familiar. In 2017, I was working in an extremely toxic workplace environment, and often had to work 14-hour shifts or 12 straight days without a break. I was physically, mentally, and emotionally exhausted, and I began to notice an unusual pattern occurring. For 9 days before my period arrived, I could feel a visceral gnawing anger and feeling of being "keyed up" in my chest, bubbling away like a pot of pasta on the hob, and it was so intense that I was terrified of the pot essentially boiling over. At the same time, I was constantly exhausted but barely slept, due to a combination of insomnia and itching skin that was so severe I'd end up with scars on my legs from scratching (severe itching is another physical symptom of PMDD, which mostly occurs at night when progesterone levels are at

their highest). Whilst I've always been an openly emotional person, I would frequently have crying fits that were so intense it was like experiencing profound grief and loss.

When my period arrived, these symptoms would completely disappear and I felt so confused and ashamed because I thought there was something seriously wrong with me: it was like I was Jekyll and Hyde, becoming a completely different person for at least 9 days of every month and I was too scared to tell anyone for fear of what they would think of me. Furthermore, I was genuinely terrified that this changed personality would become permanent. I was used to being content with my life and being the person who would make my friends (and myself) laugh all the time. So instead of opening up and seeking help, I internalised how I was feeling and the fear and shame just ate me up and exacerbated my PMDD symptoms.

I finally decided to start researching my symptoms to find out what was going on, and the moment I realised that I had PMDD was a huge revelation – because I knew that this wasn't my fault. Many people don't like labels, but those of us with PMDD like this diagnosis because it means that we have something to work with, we can name the enemy. Most importantly, we know we're not broken or damaged – we're just highly sensitive to our own progesterone and that isn't our fault. Unfortunately, however, PMDD is a condition without a cure, and it only fully ceases when menopause starts. Whilst that is a horrible realisation for those who endure it every month, there are some forms of treatment and management which numerous studies have found to be successful.

Research Studies

In research conducted by Fathizadeh et al. (2019), magnesium was found to be significantly beneficial in lowering pre-menstrual symptoms in trial participants, because magnesium normalises the action of progesterone on the central nervous system. From my own personal experience, I notice if I don't take magnesium every day: in these cases, the feelings of anger and of being "keyed up" heighten significantly. Other supplements which have led to decreased symptoms for some of those with PMDD include tryptophan, which increases serotonin and acts as a sleep aid. Additionally, tryptophan can be found in a number of foodstuffs such as milk, tinned tuna, turkey, cheese, and nuts (specifically cashews, pistachios, almonds), whilst Omega-3 fatty acids also reduce the psychiatric symptoms of premenstrual conditions. However, it is important to state that there is no one-size-fits-all form of management for PMDD symptoms and that the supplements mentioned here are suggestions only: they will not be effective for everyone with PMDD.

These studies also show that those with PMDD may have a history of other trauma-related conditions

Other researchers have examined the use of serotonergic antidepressants (SSRIs) in treating PMDD. Given the fact that PMDD is limited only to the luteal phase, rather than occurring throughout the month, efficacy studies of "luteal phase" dosing (Rapkin and Lewis, 2013, p. 537) have been conducted. However more research is required, as the success of such trials remain limited, and many of those with PMDD with whom I have spoken in peer support groups have expressed a reluctance to take medication for the condition.

Other research suggests that smoking increases the likelihood of developing PMDD, because for smokers the Hypothalamic-Pituitary-Adrenal (HPA) stress response is negatively impacted by nicotine. This causes a sensitivity and susceptibility to stress, meaning that pre-menstrual symptoms worsen for smokers. In fact, when smokers who experience severe pre-menstrual symptoms gave up smoking, those symptoms either became less severe or disappeared completely (Choi and Hamidovic, 2020).

The connection between stress and PMDD, as per the research by Choi and Hamidovic, is important because many studies indicate that a history of trauma can lead to PMDD (Epperson et al., 2012). The association between early life trauma and PMDD is affirmed by Kulkarni et al. (2022) who associate "emotional abuse and/or chronic trauma across childhood" with PMDD. These studies also show that those with PMDD may have a history of other trauma-related conditions such as Chronic Fatigue Syndrome, Fibromyalgia, Irritable Bowel Syndrome.

The Power of Therapy

Since 2017, I have been in regular contact with other people who are severely affected by PMDD. Through our collective experiences, it is our belief that counselling and psychotherapy, particularly a humanistic approach, are an effective means of supporting those with PMDD. Due to the aforementioned stigma surrounding menstrual health, many of those with PMDD will have some level of internalised shame and guilt, not least because we all start off believing that we are to blame for our condition. Validation, as well as reassurance that PMDD is not our fault, is therefore extremely beneficial. Ro (2019) has found that menstrual health is something that many people joke about, which leads to further shame for those with PMDD. The lack of judgement present within therapy can help with overcoming internalised shame, effect catharsis and heal self-limiting shame dynamics during and post-treatment.

The IAPMD have published personal

accounts of many people with PMDD on their Blog:

> *In the bad weeks leading up to my period, I literally crawled into bed and wished I would die… My mood would plummet so low. I'd be so negative about myself and everyone else that any little thing could trigger me off into a whirlwind of anger or bursting into tears* (Holly, 2021).

It is clear that for many people with PMDD, they are filled with self-hatred and have no self-compassion. Therapy can therefore be incredibly helpful due to the presence of therapist compassion and kindness where clients are unable to furnish such feelings to themselves.

Likewise, the IAPMD also recently published the below quote:

> *The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is so vital*. (IAPMD, 2022)

This, for me, affirms the power of therapy: if clients with PMDD can talk through how they are feeling with a therapist who is empathetic and non-judgemental, this can be transformative. Indeed, Kirschenbaum and Jourdan (2005) affirm that "It is the therapist's empathy, acceptance, and genuineness that allow many clients to feel safe enough to enter into a real relationship with the therapist" (p. 46). Providing the core conditions with a client who has PMDD is extremely beneficial, especially if the client has a history of trauma and the self-cruelty and shame which accompany such experiences.

Conclusion

From my own lived experience, I can testify to the positive benefits of good PMDD informed therapy. I was attending a therapist when I first developed PMDD, however the material discussed in those sessions was very much on a surface level only. In the past year, however, I have been unpacking some incredibly difficult material relating to trauma with a different therapist, who has been incredibly supportive and compassionate. I have noticed that over the course of my sessions with him, my symptoms each month have either been less severe, or, on a few occasions, almost non-existent. Indeed, I believe that Rogers (1974) said it best when he wrote "simply to listen understandingly to a client and to attempt to convey that understanding were potent forces for individual therapeutic change" (p. 116). The power of empathy, compassion and support, with clients who have PMDD cannot be underestimated. As awful as the symptoms can be during the luteal phase, they are not permanent. Just like a phoenix, those with PMDD can rise again each month, especially if we have therapists who can be there to support us during those days when we absolutely cannot support ourselves.

Sinead Larkin

Sinead Larkin is a second-year student of Counselling and Psychotherapy at PCI College. Prior to starting her degree, she completed a Certificate in Counselling and Psychotherapy with PCI. Sinead has five years lived experience of PMDD, and it is her hope that this article will increase awareness and understanding of the condition among mental health professionals.

Contact Details:
sineadpatricia.larkin@pcicollege-edu.ie

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FLORESCENCE*

Perfect Vision

By Loretta Tyndall

Race memory ignited
Factors out of our control
Separation annihilation fear of the unknown
A different kind of famine
A different kind of segregation
Triggering a collective anxiety held in the frame.
Events outside of my remit make me feel forgotten
Disturbance at the centre of my being
Ancestral unease
of danger that cannot be fully comprehended.

A shifting of perception, trying to find the new anchor
Now pushed apart by invisible threat
What does life look like now?
What was once normal now strangely surreal
Nothing feels right, nothing now wrong
Where do we settle? where do we belong?
Dancing to regain balance

Recognition in another's eyes
Reading unconscious cues bringing inner content
We are relational beings tuning into our song
Without the oxygen of each other's presence
The flame might flicker and die, nothing beats the touch of love

We identify with the belonging
Gathering like a flock of birds at evensong
Roosting, jostling, settling back together.

The Flying Jacket

By Paul Hewer

When my words will not turn
And catch their prey
I search for feathers.

Near Calf Close Bay
Where the Beck splits the tree
I am waiting.

In my special place
Of earth meeting stream
I long for a Shaman's Flying Jacket.

The Grandfather's had no wings
And walked inside the hollow hills.
To open seams of lead.

Lying shirtless on the earth
They scraped out what the dynamite blasted
How can I hope to fly?

With no underworld map
I will go where the Beck meets the Tree
And wait.

Only a Trickster or Thief
May take what the earth hides
Or what the Shaman sees.

*THE PROCESS OF FLOWERING OR DEVELOPING RICHLY AND FULLY

Poetry of the dream

By Mike Hackett

Poetry, the horn of plenty
Bears fourth a cornucopia
Of words, dream catcher
of soul language
Weaving threads from which
my psyche speaks
When morning comes
I sieve silken words to sift
The essence of my voice
Thou art poetry
the Axis Mundi of my being

IACP Noticeboard

Cathaoirleach's Letter to Members Winter 2022



Dear Member,

I am delighted to be writing my first letter as your Cathaoirleach. I was elected with my fellow board members at the Annual General Meeting in October. It was amazing to have the opportunity to see each other face-to-face again and catch up properly in lovely Galway at our first in-person AGM and Conference in two years.

I am very thankful to our former Cathaoirleach Bernie Hackett, for her guidance and leadership over the last two years, as we all know it was a challenging time not just for the IACP but for everyone - everywhere. I believe as an organisation that we have come out of it all as a stronger and more agile professional body focused on our mission and our clients' well-being.

I also would like to pay tribute to Geraldine Looney who also stepped down from the board at our Annual General Meeting. Geraldine brought a lot to our board meetings; her contribution will be missed especially around how to respond to injustice and work to overcome individual barriers. As an organisation we will endeavour to continue to hear your voice on the new board and wish you the best in all you do.

I want to congratulate the newly elected members of the board of directors. I look forward to continuing to serve with you. I am excited to work with Jade Lawless as Leas-Cathaoirleach, she did a fabulous job as Treasurer, and I know she will be a great partner as we work together leading the board.

I want to extend a special welcome to our first-time board members, Angela Keaveney and Caroline Kehoe. I want to assure you that we all take our roles as Directors to serve the members of IACP and to safeguard the governance and integrity of the organisation very seriously and are committed to upholding IACP's values.



Former Cathaoirleach Bernie Hackett



Jade Lawless Leas-Cathaoirleach

On a personal note I very much appreciate the confidence you have in me as a leader of our organisation that you elected me to hold the position again as Cathaoirleach. As some our long-standing members may recall I had the honour of serving as chairperson of the board from 2012 to 2014.

As I said in my remarks at the Annual Conference I started my volunteering journey with the IACP way back in 2005 as a member of the Midlands Regional

Cathaoirleach's Letter to Members



Séamus Sheedy IACP Cathaoirleach

Committee. That first experience took my comfort zone and challenged me in a positive way. My work on the committee further developed my critical thinking skills that helped me progress in my own personal and professional development.

I would encourage all members at any stage of your career to consider volunteering with the IACP. If you are newly accredited or have decades of experience, we all bring our own special talents, skills, and perspectives to the table. Believe me when I say you will get back what you give by ten-fold.

One of the many highlights for me at the Annual Conference was the ability to honour our award winners in person and have family and loved ones present for the presentation and photographs. I would like to add my congratulations to Liam Cannon the 2022 Carl Berkeley Memorial Award honouree. Liam has made such a huge positive impact on our profession and his efforts to expand access to counselling to children and young people in Donegal is inspiring.

I also extend my heart-felt congratulations to all our honourees. You can read all about the Regional, Research, and Public Inspiration award recipients in the special Annual Conference section in the next few pages of the journal. I was humbled to be amongst the Regional Award recipients and want to extend my appreciation to the Midlands Regional Committee for your recognition of James O'Connor and my contributions to the Midlands area. Personally, I have the belief that the position I hold is an honour foremost in my mind as I go about my job. When I am at work I often think of the courage the clients have, and the privilege to serve them and their needs.

I commend all those involved in managing and getting the regions on such a sound footing. Thank you for all the hard work you do on behalf of IACP, being part of making us such a professional organisation. I must say I am very impressed by all the wonderful work carried out by all the regions.

> *"The broadest, and maybe the most meaningful definition of volunteering: Doing more than you have to because you want to, in a cause you consider good."*
>
> *Ivan H. Scheier*

I also want to extend my sincere appreciation to Dr Michael Keane, Dr Sharon Lambert, and Brian Pennie, PhD. All of their talks at the Annual Conference were fascinating and informative. I especially enjoyed the great interaction between our members and our expert speakers during the questions and answers time after each presentations. So many insightful comments and discussions organically occurred with the in-person format.

We have many exciting regional workshops and opportunities to earn CPD (Continual Professional Development) points in the coming months, please review the listings contained within or consult. iacp.ie for the latest information on upcoming events.

As we turn our thoughts to the festive season I want to wish you all a very happy Christmas and a terrific 2023. I hope our paths cross often in the new year!

Mise le meas,

Séamus Sheedy.

Séamus Sheedy
Cathaoirleach, IACP

A Message from the Chief Executive Winter 2022



Dear Member,

As I sit down to write this winter message and I reflect upon seeing so many of your friendly faces at the Annual General Meeting and Conference in October at the Galway Bay Hotel, I am energised and inspired all over again by your dedication, enthusiasm, and commitment to the counselling and psychotherapy profession and your clients.

My hardy congratulations to the newly elected board of directors and to our recently elected Cathaoirleach Séamus Sheedy and Leas-Cathaoirleach, Jade Lawless. I look forward to working closely with the board in fulfilling our mission and continuing our work to raise awareness and promotion of our accredited members' services, to lobbying Government for increased investment in counselling and psychotherapy and raising awareness of the benefits of counselling and psychotherapy.

It has been a great privilege to work so closely with Bernie Hackett, our former Cathaoirleach, over the last two years. I would like to thank Bernie again for her wonderful support, advice, and generosity of spirit. Her calm character and dedication proved to be great benefits in progressing the work of the IACP and on behalf of myself and all the staff I would like to wish Bernie the very best.

This year – as in many years past – the IACP have lobbied the government for provision of counselling and psychotherapeutic supports in schools. Now we are delighted to see concrete progress in the form of a €5 million pilot project to provide these much-needed services. The announcement represents an encouraging case of advocacy work bearing fruit. On the foot of this announcement, the IACP was invited to participate in last month, in a Roundtable Discussion on Mental Health Supports in Schools and Tertiary Education hosted by the Joint Committee on Education, Further and Higher Education, Research, Innovation and Science.



Bernie Hackett, our former Cathaoirleach with IACP Chief Executive Officer Lisa Molloy

In relation to timeframe for state regulation we note the latest update from the Minister at the end of last month– in which he anticipates that the Registration Board will require a number of years to complete its work. This is due to the significant body of preparatory work that the Registration Board is required to undertake.

I am encouraged to report that a meeting with the CORU Registration Board is planned for later this month, and we will of course update you all following this meeting.

A message from the Chief Executive



Lisa Molloy and Minster for Education Norma Foley discuss the Government's investment in the counselling in schools pilot programme

At the AGM I provided updates on some of our member services. For those that could not attend I'll share again here.

- We offer access to a wide range of high quality online CPD and it is evident from our CPD portal figures and feedback how valuable this is to our members. There are currently more than 3,800 IACP members who have availed of these courses, which is fantastic to see.
- We have also been building on our commitment to ensure the development of research within the IACP and it has been a productive year on that front. We have carried out two surveys in the last year – one, a public survey issued in May 2022, as well as a full member survey issued in December 2021. Working on our two year cycle, our next full member survey is scheduled for late 2023.
- In line with our Research Strategy, we have developed videos to guide our members around research and how to access high quality research articles. We recently issued a survey to gain insight about members experiences in engaging with research and to identify challenges that members may face.
- I am also delighted to let you know that a working group has been established by the Board to develop a Volunteer Strategy. Our Volunteer Strategy Working Group will seek to develop a comprehensive strategy to support the invaluable work of our volunteer members. The group will hold its first meeting shortly and will be consulting widely with the membership for input in the development of the strategy.
- We have recently launched another project, which features in our Strategic Plan, and that is the CARA Mentorship Programme. The idea behind CARA is to provide support to those members who have recently qualified, on commencing their professional journey. It will also provide support to accredited members in relation to improving their practice and professional network. CARA will create a capacity to offer support and encouragement while fostering community and sense of belonging. Please do keep an eye in our monthly E-news for more information.



Wayne Tobin



Aidan O'Leary

On the staff front we have welcomed Wayne Tobin as our new Communications Officer and Aidan O'Leary who is our new Administration Officer, they are both a great addition to our wonderful staff. I know that you will all make them feel very welcome in the year to come.

As I close, I wish you all a very happy Christmas and best wishes for good health and a joyous new year!

Lisa Molloy
Chief Executive, IACP

IACP Annual General Meeting 2022

IACP Board of Directors 2022/2023



Séamus Sheedy
Cathaoirleach



Jade Lawless
Leas Cathaoirleach



Ray Henry
Company Secretary



Edward Boyne
Board Member



Damian Davy
Board Member



Eamon Fortune
Board Member



Angela Keaveney
Board Member



Caroline Kehoe
Board Member



Peter Ledden
Board Member



Liam Neville
Board Member



Elizabeth O'Driscoll
Board Member



Save the Date

IACP Annual General Meeting 2023

Friday 20th October and Conference on Saturday 21st October.
Royal Marine Hotel, Dún Laoghaire.

AGM Motions and Results 2022



Motion 1
That the IACP Memorandum and Articles of Association (known henceforth as the IACP Constitution) and the Bye-Laws is hereby amended by the addition to paragraph 12.4 which is underlined below:

A member who is appointed Cathaoirleach in their sixth year on the Board of Directors shall be allowed continue for another year in order to fulfil that role for a two-year term.

A member who is appointed Leas Cathaoirleach in their sixth year on the Board of Directors shall be allowed continue for another year in order to fulfil that role for a two-year term. In addition, they shall be eligible for election to the position of Cathaoirleach and if appointed, may serve for an additional term as Cathaoirleach. These are exceptions to the maximum period specified in paragraph 12.1 and 12.5.

This motion was carried

Motion 2
The IACP engage with insurance providers to determine the type of insurance that is needed for psychotherapists and counsellors in the present day.

This motion was not carried

Motion 3
That the IACP direct a review of the sections of the Supervision Policy Document which pertain to the period of Pre-Accreditation to ensure good supervisory governance, clarity, and accountability.

Note: The word *Agency refers to the organisation/group/service with whom the Pre-accredited Member is accruing hours to qualify for IACP accreditation.

This motion was carried

Motion 4
That the IACP undertakes to make the services of a suitably experienced Barrister (or other similarly qualified legal expert) available as a source of advice and counsel to IACP members to support them in their work with adult clients who report incidences of coercive control, sexual assault and trauma. This assistance is proposed particularly in relation to Therapists' reporting obligations.

Such support could provide clarity, instruction and assistance to the membership who encounter adult sexual assault and trauma in the course of their client work.

This legal counsel could also advise on suitable training in this area for the IACP membership.

This motion was not carried

Motion 5
The Board of Directors seek Members' support for the IACP to enter into an accreditation recognition agreement with the National Counselling Society (NCS) in the United Kingdom, equivalent to the accreditation recognition agreement currently in place with the British Association for Counselling and Psychotherapy (BACP).

This motion was not carried

Motion 6
That motion number 7 passed at the 2021 AGM is hereby rescinded.

This motion was carried

Motion 7
The IACP rescind the change to the IACP Course Criteria point 6.4 and remove the addition of the new sentence applied in 2021 at the request of the course providers and without the vote of the membership: "Students cannot receive payment directly for client work from the client during training."

This motion was not carried

Motion 8
Implementation of Motions Carried at IACP AGM.

1. Motions agreed and "Passed" by the membership at National AGM's to be implemented to validate the voice of members.

2. Motions to be enacted within a year of the Motion been passed.

However

3. If legal opinion is required, this to be sought independently at the screening stage to safeguard the integrity of the Organisation.

This motion was not carried

Motion 9
The IACP offer an on-line version of the IACP Journal to the membership who agree to receive in this way.

This motion was withdrawn

IACP Annual General Meeting 2022 – Highlights



Lisa Molloy briefs members on lobbying activities for the year



IACP Staff - left to right Sandra Matthews, Olivia Baxter, Laurie Dool, and Stephen Kelly



Pat Hughes, IACP Member Care



Martin Ryan, Finance Manager, Dr Ellen Kelly, Research & Education Officer



IACP Staff - left to right: Iwona Blasi, Dr Ellen Kelly, Nicole Mac Dermott

IACP Annual General Meeting 2022 – Highlights



Shane Kelly, CEO, The Psychological Society of Ireland, Dr Damian Davy, Hilde Davy



Liz O'Driscoll and Jade Lawless



Séamus Sheedy, Jade Lawless, Lisa Molloy, Ray Henry



Patrick Harraghy and Jimmy Browne



Hannah Furey, Accreditation Officer, Liz Gannon, Regional Liaison Officer, Tom Meade, MIACP



IACP Staff: Iwona Blasi, Carol Murray, Emma Gribben

IACP Annual General Meeting 2022 – Highlights



Gráinne Clancy



Rita O'Quigley



Louise Foy



Jim Hutton



Olive Cross



Voting

IACP Annual General Meeting 2022 – Highlights



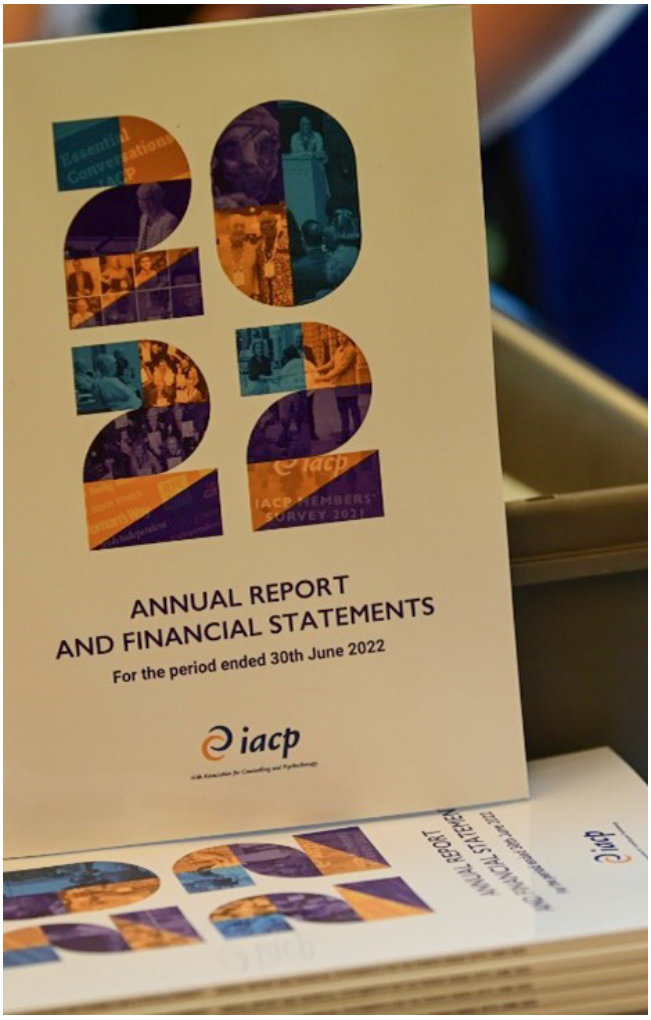
Board members: Liz O'Driscoll, Eamon Fortune, and Liam Neville



IACP staff: Sandra Matthews and Pat Hughes



Breda Farrell, Chair of DRC and Roisin Ní Cheallaigh, Secretary of DRC



IACP Annual Conference



This was our first in-person conference since the COVID-19 pandemic and we were delighted that we could all gather together again. A very important event in the IACP calendar, the 7th Annual Conference took place on the 15th of October in the Galway Bay Hotel. "Can Your Brain Be Shaped?" was the theme of this year's event. The speakers inspired delegates to reflect on this year's theme with discussions exploring neuroscience and personal change, moving beyond trauma through recovery and advocacy and age-reversing habits.

Speakers



Dr Michael Keane spoke about "Neuroscience and personal change - Insights from 10 years of functional brain imaging". Dr Michael Keane is a Behavioural Neuroscientist, Psychologist, Entrepreneur, Academic, and Neurotechnology expert. He has pioneered the latest advances in 3D functional brain imaging and brain optimisation technologies to image thousands of brains, allowing people to see inside their own brains and get real insights into who they are and how they work.



Dr Sharon Lambert whose session was entitled "Beyond Trauma – Recovery and Advocacy". Dr Sharon Lambert joined the teaching staff in the School of Applied Psychology in 2014. Dr Lamber's research interests revolve primarily around the impact of trauma on development, its link with substance dependence and mental health and consequent considerations for service design and delivery.



Brian Pennie, PhD - In a session entitled "Age-Reversing Habits: How I Made My Brain 10 Years Younger", illuminated how he turned his life around after 15 years of addiction. Since embracing his second chance at life, he has become a doctor of neuroscience and psychology, a lecturer at the top two universities in Ireland, an executive coach to some of Ireland's most influential leaders, and a consultant to some of the world's largest organisations.

Conference Awards

Carl Berkeley Memorial Award

The IACP recognised Liam Cannon as the recipient of the 2022 Carl Berkeley Memorial Award and the Northern Ireland Regional Award. The national Carl Berkeley Memorial Award honours a member of the IACP who has made an outstanding contribution to the development of the counselling profession by creating or influencing counselling projects or counselling development work at a local and national level. Mr Cannon's many contributions to expanding the availability of counselling and psychotherapy services to county Donegal's young people has facilitated nearly 7,000 counselling sessions delivered to children and



Liam Cannon with IACP Chief Executive Officer Lisa Molloy

adolescents since 2015. Recognising the importance of community counselling supports, Mr Cannon has created a model of community counselling, developed robust governance, and has led on the establishment of services which cover most of Donegal. Mr Cannon has been an IACP Accredited Member since 2007 and Accredited Supervisor since 2013.

IACP Public Inspiration Award

James O'Connor of Tullamore was honoured with the 2022 Public Inspiration Award for his advocacy for increased access to mental health services for all. This award recognises an individual who campaigns for greater access to counselling and psychotherapy. An Ambassador for See Change since 2015, James campaigns for greater access to counselling and psychotherapy. He speaks publicly about the benefits and value of counselling and psychotherapy and draws attention to the positive work of IACP members. Along with his partner Lisa Guing, Mr O'Connor also established Accessible Counselling Tullamore (ACT).

IACP Research Excellence Award

Neil O'Connor was the 2022 Research Excellence Award recipient for his article entitled 'The safety of naming': exploring internalised homonegativity in LGBTQ+ therapists and its impact on therapeutic work'. This award recognises a commitment to significant research in counselling and psychotherapy. Mr O'Connor acknowledged his academic supervisor for his research, Dr Siobáin O'Donnell from Dublin Business School. Mr O'Connor's research was published in The Irish Journal of Counselling and Psychotherapy Winter 2020 Edition.



Neil O'Connor the 2022 Research Excellence Award recipient

Cathaoirleach's Award

A special presentation was made to outgoing IACP Cathaoirleach Bernie Hackett for her many years of dedication and contributions to the IACP. Bernie's daughter Emma surprised her on stage with a beautiful bouquet of flowers. Bernie received a very warm standing ovation from delegates showing their appreciation for her calm and steady leadership. This was Bernie's second standing ovation in two days having also received one at the AGM, the day before.



James O'Connor with IACP Cathaoirleach Séamus Sheedy



Emma and Bernie Hackett with IACP Chief Executive Officer Lisa Molloy.

IACP Regional Awards

The IACP Regional Awards recognise an IACP accredited member who makes a notable contribution to the profession of counselling and psychotherapy in their local community and region. The honourees are nominated by the regional committees. The IACP Board of Directors wishes to congratulate all of the Regional Award recipients and thanks them for their contributions.

Regional Award Recipients
Maureen Levy, Dublin Region;
Linda Breathnach, North East Region;
Eamon Fortune, Western Region;
Séamus Sheedy, Midlands Region;
Tom Meade, Southern Region;
Kate Bree, West/North West Region;
Liam Cannon, Northern Ireland Region;
William Egan, Southeast Region;



Regional awards recipients 2022 Clockwise from top: Maureen Levy, Dublin Region; Linda Breathach, North East Region; Eamon Fortune, Western Region; Séamus Sheedy, Midlands Region; Tom Meade, Southern Region; Liam Neville collecting the West/North West Award on behalf of Kate Bree; Liam Cannon, Northern Ireland Region with NIRC Chair Louise Foy; William Egan, South East Region (not pictured)

Conference Charity Partner 2022

Clare Haven Services was appointed as the IACP Conference Charity Partner 2022 by the IACP Western Regional Committee. Clare Haven Services is a voluntary organisation committed to promoting the rights of women and children to live and grow in a peaceful non-violent home environment.



Dr Siobhán O'Connor of Clare Haven Services receiving charity donation from Lisa Molloy at the annual conference

IACP Annual Conference 2022 – Highlights



Elliott Ainley, Australian Counselling Association (ACA), Lisa Molloy, Natalie Bailey & Fiona Ballantine Dykes, British Association for Counselling Psychotherapy, Séamus Sheedy and Jade Lawless, IACP Cathaoirleach and Leas Cathaoirleach and Philip Armstrong of ACA attending a breakfast meeting prior to the annual conference to discuss developments in their respective countries



IACP Communications Team: Nicole Mac Dermott and Wayne Tobin



Natalie Bailey & Fiona Ballantine BACP, and Jimmy Browne



Dan Banks



Dr Brian Conlon, Angela Keaveney, Patrick Harraghy



Mary Ellen Ni Chéidigh and Mark Foster



Séamus Sheedy, Brian Pennie, Lisa Molloy



SRC Committee members, Olive O'Riordan, Marie O'Mahony and Cliodhna Ryan with IACP staff member Carol Murray





Christina Hartung and Aidan Cahill

IACP Staff: Emma Gribben & Liz Gannon

IACP AGM and Annual Conference Photography - Jonny Pardoe

IACP Noticeboard

IACP Pre-Budget Submission 2023



A big thank you to all of our members who contacted their TDs and Senators to urge them to support our Budget 2023 priorities. We were encouraged by the announcement for a pilot programme and investment of €5 million for in-school counselling. This pilot scheme is a positive step towards giving our children and young people access to the help they need, when they need it.

Tax relief to be fully extended to include counselling and psychotherapy, as a qualifying health expense, in Budget 2023, We are calling for these measures to increase access to counselling and psychotherapy supports. This increased access will make it more affordable to people who need these supports.

Access to counselling and psychotherapy services through primary and secondary schools.

The application of the **VAT exemption** would bring counsellors and psychotherapists into line with the exemption currently available to psychologists, thereby ensuring equity of treatment of mental health professionals.

Mental Health Reform Pre-Budget Submission



Lisa Molloy, CEO and Nicole Mac Dermott, Communications Supervisor joined with fellow member organisations of Mental Health Reform in August for a photo call to draw attention to the organisation's pre-budget submission, requesting the Government to invest €100 million in our mental health services for Budget 2023. Including:

- €25M to maintain existing levels of services; and
- €75M to be used exclusively for developing our services to drive change in the system, and deal with the new challenges faced.

New Research Tab on the IACP website

In line with the IACP Research Strategy - to aid the further development of a research function and the promotion of a research culture across the organisation – we are delighted to let you know that there is a new Research Tab on the home page of the IACP website hosting information, documents, research files and new video resources - including an introduction to research and how to search for research articles.



Merger of Annual Renewal/Re-accreditation Fees

Information for Supervisor and Accredited Members
The IACP is keen to make our administration processes more user friendly for our members. With this in mind, the board of directors has decided to merge the annual renewal/re-accreditation fee with the annual member fee for 2023. This means that your renewal fee for 2023 will now be included with your annual fee.

The Accredited Member fee will now include the usual €289.00 fee as well as the €20.00 renewal fee, so that the combined fee of €309.00 will be in your January 2023 annual member fee bill.

The Supervisor Member fee will now include the usual €415.00 fee as well as the €30.00 renewal fee, so that the combined fee of €445.00 will be in your January 2023 annual member fee bill.

It is important to note that the renewal fee you would normally pay during the year will now be merged with your annual member fee. There is no change to the overall fees to be paid by members.

We hope that this change will lead to a more streamlined re-accreditation process for members. The Accreditation Department will notify members well in advance of their renewal date as normal and will explain the new system for renewing accreditation.

Membership Renewal Rates and Online Payment Facility

Please find the 2023 membership rates below. Do also note the various means by which you can make pay your annual fee. The online payment link, sent to your email address, is very convenient and you can also check the balance owed before you start your payment.

Online Payment facility – A secure payment link will be sent to all members where we have an email address on record. This will record your payment on our system and automatically send you an IACP Pdf receipt. If you have an email address that we haven't got on record, then please let us know by emailing iacp@iacp.ie.

Direct Debits – Those members already availing of the direct debit facility are advised that payment will be debited on Tuesday 31st January 2023. No forms need to be returned to head office.

Members wishing to commence using the direct debit facility should complete and sign the direct debit mandate form which can be downloaded from our website at www.iacp.ie . This should be returned to IACP no later than 31st December 2022.

You can also stagger your fee payment over 3 months (Jan – March) by writing STAGED on the DD form.

If you currently have a DD set up with IACP you do not need to do anything further.

Cheques – Of course you can still send a cheque, PO or bank draft to the IACP office to renew your membership.

Discount for over 65s – A special discount of 5% on annual membership fees is available to all those over 65. Once we have your date of birth on file then you will receive this discount, and your renewal fee will already reflect this discount if you applied for it this year, or if you have received the discount in previous years.

Membership Rates 2023:

Category:	€
Accredited Member	€309.00
+ Accredited Supervisor	€136.00
Retired Accredited Member	€84.00
Pre-Accredited Member	€194.00
Student Member	€84.00
Inactive Accredited Member	€105.00
+ Inactive Accredited Supervisor Member	€42.00
Late Admin Fee	€25.00
Accredited Course Membership	€2,312.00
Accredited Supervision Course Membership	€1,590.00

IACP Noticeboard

CARA Mentorship Programme

We are delighted to launch the IACP Cara Mentorship Programme. This programme will facilitate a voluntary mentor/mentee relationship between a pre-accredited/ accredited IACP member and senior accredited IACP member. The programme aims to create capacity for support and encouragement while fostering community and a sense of belonging.

Interested Mentors and Mentees should email iacp@iacp.ie and request an application form.

How does it work?
Members express their interest in taking part in the programme by requesting an application from iacp@iacp.ie

IACP Member Care will create a bank of mentors and provide referrals to mentees, who will then contact the mentor directly by phone/email.

This is a 12-month pilot with built in review.

Mentor - Areas covered:
- Business advice
- Marketing advice
- Networking/Sharing information and experiences

Areas not covered:
- Personal therapy
- Supervision

The IACP would like to thank Volunteers Izabela Morris, Geraldine Looney, Karen Ward and Andrew Harbourne-Thomas, who developed the idea of CARA during Member Categories Working Group meetings.

IACP in the Media

Mental health as important as physical – Irish Examiner – 21/10/2022

East Cork man wins Irish Association for Counselling and Psychotherapy award – thecork.ie – 05/11/22

Offaly man hailed for commitment to counselling – Offaly Independent – 05/11/22

Fortune rewarded for professional commitment – Clare Champion – 04/11/22

Offaly man wins prestigious IACP Midlands Regional Award Midland Tribune – 03/11/22

Linda Breathnach MIACP wins prestigious North East award – Mid-Louth Independent and Drogheda Independent – 02/11/22

Cork man awarded for his work 'supporting people who want more in life' – corkbeo.ie – 01/11/22

Offaly man wins prestigious IACP Midlands Regional Award – offalyexpress.ie – 31/10/22

Tullamore mental health advocate wins national Public Inspiration Award – Offaly Independent

WORKING LIFE – Irish Examiner – Lisa Molloy – 28/11/22

Tullamore mental health advocate wins national Public Inspiration Award – offalyindependent.ie – 27/10/22

ACP honours James O'Connor with prestigious Public Inspiration Award – Tullamore Tribune – 27/10/22

Major award for Limerick youth therapist – limerickpost.ie – 26/10/22

Prestigious award for inspirational Offaly man – offalyexpress.ie – 25/10/22

Top award for outstanding contribution – donegalnews.com – 21/10/2022

Liam Cannon honoured for services to counselling profession – Donegal Democrat – 21/10/2022

Top award for outstanding contribution 12 – Donegal News & Derry People – 21/10/2022

Irish Counselling Award for Letterkenny man – Tirconaill Tribune – 21/10/2022

"For me, success is working in a role that you love," – Lisa Molloy – businessandfinance.com – 18/10/2022

New plan to provide counselling in primary schools – Wicklow Times (North Edition) – 18/10/2022

How to overcome impostor syndrome: 'It affects high achievers who feel unworthy' 23 – irishtimes.com – 15/10/2022

Pádraig O'Moráin: Being kind to colleagues is key to our own wellbeing irishtimes.com – 13/10/2022

€5m boost.... The Echo – 10/12/2022

Further delay for the regulation of Counsellors and Psychotherapists newsgroup.ie – 11/10/2022

AM Letters to the Editor: Wearing masks in healthcare settings – irishexaminer.com – 10/10/2022

Transphobia Causes Mental Health Issues – Hot Press – 3/11/2022

Counselling for schoolchildren – Irish Examiner – 10/10/2022

Counselling can help but only if you're open to the experience – Corkman (North Edition) – 6/10/2022

Counselling can help but only if you're open to the experience – Wicklow People (West Edition) – 5/10/5/2022

IACP Letters to the Editor

Letter to the Editor – The Echo – IACP CEO Lisa Molloy's letter – 12/10/22

Letter to the Editor – Irish Examiner – In-school counselling – 10/10/22

IACP Accreditations

First Time Accreditation

Ailbhe O'Neill	Co. Wexford	Helen McInerney	Co. Tipperary	Mary Cooney	Co. Cork
Ailish Blunnie	Co. Dublin	James Fay	Dublin 8	Michael Kane	Co. Kildare
Aisling Piercy	Co. Meath	Jim Fox	Co. Dublin	Norma Simpson	Co. Kildare
Angela Buckley	Co. Dublin	Joanne Smith	Co. Dubin	Owen Drummond	Co. Wexford
Anna Coonan	Co. Tipperary	Julie Crone	Co. Meath	Patrick Boland	Co. Wicklow
Anne Wallace	Co. Cork	June Campbell	Co. Dublin	Paul Adams	Co. Galway
Anne O'Connor	Co. Dublin	June Neylon	Co. Cavan	Paul Grace	Co. Waterford
Anne Marie O'Reilly	Co. Tipperary	Karen Begley McCarthy	Co. Waterford	Peter Hyde	Co. Cork
Annette Homan	Co. Cork	Kathleen O'Donovan	Co. Cork	Renata Krolak-Sarnowska	Co. Kildare
Arran Whelan	Co. Dublin	Kathryn O'Toole	Co. Dublin	Rhona Reilly	Co. Dublin
Barry Donnelly	Co. Laois	Keith Grogan	Co. Kilkenny	Rita Normanly	Co. Sligo
Barry Watters	Co. Louth	Dr. Kevin Stevenson	Co. Limerick	Roisin Condron Wynne	Co. Carlow
Blanaid Dwyer	Co. Dublin	Kim Dunleavy	Co. Mayo	Roisín Kenny	Co. Cavan
Blanaid Dwyer	Co. Dublin	Kim O'Doherty	Co. Cork	Ruth Carroll Clarke	Co. Louth
Brian Cullen	Co. Kildare	Kristina Silovs	Co. Monaghan	Sandra Gottl Shiel	Co. Dublin
Bríd O'Meara	Co. Dublin	Laura Eustice	Co. Galway	Sarah Jennings	Co. Carlow
Catherine Kelly	Co. Meath	Laura Burke Hurley	Co. Cork	Seán Moran	Co. Louth
Catherine McKenna	Co. Cork	Lidia Kaleta	Co. Galway	Sharon O'Farrell	Co. Meath
Catriona Mullally	Co. Galway	Lisa Collins	Co. Dublin	Sheila Magee Hedderman	Co. Cork
Chloe Reynor	Co. Dublin	Liudmyla Nakonechna	Co. Wicklow	Sheila McFarlane	Co. Donegal
Ciaran Everitt	Co. Meath	Lorna Lambert	Co. Dublin	Sian Williams	Co. Dublin
Cliona Browne	Co. Wicklow	Lucy Greene	Co. Clare	Sian Williams	Co. Dublin
Conal Jacob Harpur	Co. Dublin	Margaret O'Donovan	Co. Cork	Sinead Coyne	Co. Dublin
Connor Cahill	Co. Dublin	Margaret Flanagan	Co. Waterford	Sinead McColgan	Co. Donegal
Dan Boland	Co. Wicklow	Marian Cusack	Co. Meath	Sinead Delaney	Co. Meath
Eileen Ni Shuilleabhain	Co. Galway	Marie Dorrington	Co. Dublin	Stephen Byrne	Co. Galway
Elizabeth Cronin	Co. Cork	Mariusz Sunklad	Co. Kerry	Susan Sugrue	Co. Tralee
Evelyn Flynn	Co. Waterford	Mark Gleeson	Co. Dublin	Tara McSweeney	Co. Cork
Frank Harkin	Co. Westmeath	Mark O'Byrne	Co. Carlow	Tina Twomey	Co. Dublin
Garry Plunkett	Co. Dublin	Martina Doyle	Co. Carlow	Veronica Carson	Co. Mayo
Geraldine Byrne	Co. Dublin	Martyna Sygula	Co. Dublin		

Newly Accredited Supervisors

Anthony Freegrove	Co. Wexford	Deirdre O'Riordan	Co. Dublin	Mary Mullins	Co. Roscommon
Breda Friel	Co. Donegal	Donna McHugh	Co. Donegal	Niamh Mulligan	Co. Cork
Brenda McGrath	Co. Dublin	Donna O'Brien	Co. Dublin	Pauline Bergin	Dublin 9
Brian Murtagh	Co. Kildare	Dr. Elmarie Egan-Sage	Co. Cork	Philip Burke	Co. Dublin
Cathy Power	Co. Dublin	Emer O'Grady	Dublin 2	Ramesh Ramsahoye	Co. Wexford
Christopher Place	Co. Galway	Georgina Kennedy	Co. Kilkenny	Ruth Callaghan	Co. Cavan
Clare Carolan	Co. Cavan	Jennifer Anne Hamilton	Co. Galway	Sharon O'Farrell	Co. Meath
David Hamill	Co. Dublin	Lynda Boxwell	Co. Meath		
David Kearns	Co. Dublin	Máire Ní Dhomhnaill	Co. Mayo		

IACP Noticeboard

New CPD Offerings on the IACP Online CPD Portal

To access free training, please visit IACP Members Area on iacp.ie and click on "Online CPD"

IACP, Holy Cross and DePaul University Conference 2022

The Sixth Counselling and Psychotherapy Conference organised by the IACP, the University of Holy Cross, New Orleans and DePaul University, Chicago took place in Trinity College Dublin, on 20th July 2022.

This CPD includes 5 recordings from the Conference:

- Margaret O'Reilly-Carroll: Trauma informed Psychological First Aid and Mental Health Psychosocial care in working with dislocated migrants and refugees.
- Alan Kavanagh & Patrick Nevin: Travelling Together to Improve Mental Health Within the Traveller Community: What do we need to do differently?
- Gráinne Clancy and Breeda Birmingham: Menopause in the Therapeutic Space.
- Mark Tolan: From Encounter to Assimilation: A Qualitative Study of Pluralistic Therapists' Lived Experience of Incorporating Routine Outcome Monitoring into Their Clinical Practice.
- Theodore P. Remley, Jr.: Significant Legal and Ethical Concerns of Counsellors in the United States.

CPD HOURS: 5

Marketing Your Private Practice - IACP

IACP in collaboration with PCI College are happy to present IACP Members with this free eight modules comprehensive online CPD on marketing.
This is a knowledge-based training on core areas of setting up, marketing and maintaining practice for a niche private practice.
The training is relevant to all members, including supervisors and can be counted as Supervisor specific CPD.

CPD HOURS: 8

Let the Voices be Heard! Part 1

IACP, along with the British Association for Counselling and Psychotherapy (BACP) and the American Counseling Association (ACA), organised an international social justice conference, which took place in October 2019 in Belfast, Northern Ireland.

This CPD is the first part of the recordings (part 1 of 2) and includes the following presentations:

- Social justice counselling - challenges and future directions by Dr. Manoving J. Ratts
- Directionality, synergy, and social change: linking therapy to social justice by Mick Cooper
- A Reflection: On opening to the client's perspective when we talk about work that is real and human and creative by Eina McHug
- Therapeutic involvement in oral history and memorial in the service of social justice by Maureen Slattery Marsh, Dr Saima Nasar and Gavin Schaff

CPD HOURS: 4

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

COMMITTEE & DATE	EVENT TITLE, PRESENTER & LOCATION	TIME	PLACES	PRICE	CPD HOURS
MIDLAND REGIONAL COMMITTEE					
10/12/2022	**Autism-Informed Therapy Counselling & Psychotherapy with Adult Autistic Clients** Presenter: Eoin Stephens Venue: Zoom *Bookings will close on Thursday 8th December 2022*	10:00 - 13:00	80	€30 IACP Members only	3
WEST NORTH WEST SUPERVISORS FORUM					
04/02/2023	Facilitators: Brian Conlon & Michael Shane McGuire Venue: Zoom *This Event will open for bookings at 10am Tuesday 6th December 2022*	TBC	-	IACP Supervisors Only	-

Season's Greetings From The Regional Committees

Midlands Regional Committee

The Midlands Regional Committee wishes all IACP members a Happy, Healthy, and Peaceful Christmas, and a 2023 that brings you all that you wish for. Best wishes from Ciaran, Anita, Sinead, Cathy, Amy, David and Laura. We would like to thank you all for attending our events in 2022 and we look forward to seeing you at our events in 2023.

The Midlands Regional Committee

❄❄❄❄❄

North East Regional Committee

We wish all IACP members and staff, along with your loved ones, a happy, healthy and peaceful Christmas and New Year.

North East Regional Committee

❄❄❄❄❄

Dublin Regional Committee

The DRC wishes a very Happy Christmas to all our members and hopes the New Year will be all you'd wish it to be. We are grateful for your support in 2022 and look forward to seeing many more of you in person in 2023. We're delighted to continue to work on your behalf and are particularly grateful to the IACP staff for their continued help and support. Wishing peace and love to all.

Dublin Regional Committee

South East Regional Committee

The South East Regional Committee would like to wish all our IACP members a very happy Christmas and a peaceful and prosperous New Year. We look forward to meeting you at our workshops and networking events in 2023.

South East Regional Committee

❄❄❄❄❄

Western Regional Committee

Dear Western Regional Members, on behalf of the Western Regional Committee, I would like to wish you all a very good Christmas and hope to find you well and meet you in the New Year at our Network Evenings and Workshops. We would like to thank you for all your kind words, well wishes and feedback throughout the year that keep the Committee going strong. Kind Regards,

Western Regional Committee



Northern Ireland Regional Committee

The Northern Ireland Regional Committee remembers especially the community of Creeslough at this time as they try to rebuild their lives and live with their losses. We would like to send heart filled Christmas wishes to all the regional members and to the committees and members throughout Ireland. Thank you for your support and we look forward to seeing you at workshops in the New Year.

Northern Ireland Regional Committee

❄❄❄❄❄

West/North West Regional Committee

Wishing all warmest seasonal greetings from the West/North West Regional Committee and we hope that it's a time of mind, soul, and body balancing, while honouring ancient sacred customs and embracing new ones.

West/North West Regional Committee

❄❄❄❄❄

Southern Regional Committee

A very happy holiday to all and a big thank you to the fab committee for all the hard work in 2022.

Southern Regional Committee

Bernie Hackett Cathaoirleach 2020 to 2022

Bernie Hackett stepped down as Cathaoirleach at the Annual General Meeting in October. Her tenure begin in 2020 and her calm and steady leadership during the COVID-19 pandemic was keenly appreciated by our members and staff. Bernie became a fully accredited member of the IACP in June 1991 and has been an active volunteer during most of her 29 years of membership.

Thank you from the members of the board, IACP members, and staff for all of your amazing contributions over the years.



Committee and other service:

- Board of Directors from 2017 to 2022 – Cathaoirleach from 2020 to 2022.
- Executive Committee from 2007 to 2013
- Complaints Committee (Chairperson)
- Standards Committee
- Supervision Committee
- Supervisor Forum Organising Committee (Chairperson)
- South East Regional Committee (Chairperson)
- Media Panel
- Supervisor Training Course Criteria Working Group
- Supervisor Accreditation Working Group
- Course Accreditation Assessor







Bernie Hackett Cathaoirleach 2020 - 2022



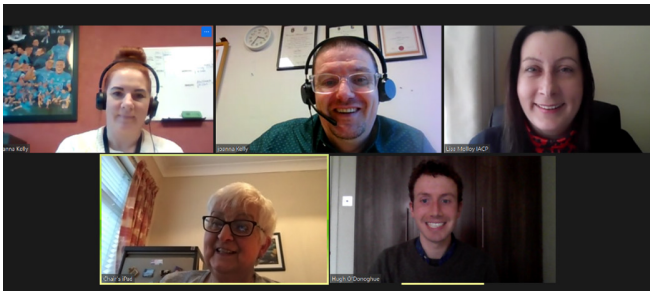
















iacp

Tis the season to be jolly

IACP Christmas period opening/closing times 2022/2023

Closed Friday 23rd December '22 to Monday 2nd January '23

Re-opening on Tuesday 3rd January '23

SEASON'S GREETINGS

from the IACP

THANKS SO MUCH FOR BEING A MEMBER!
WE LOOK FORWARD TO WORKING WITH YOU IN 2023



TRAUMA SUPPORT:

TOOLS & TECHNIQUES FOR WORKING WITH TRAUMA

CPD FOR PROFESSIONALS

RECENTRE
THRIVING AFTER TRAUMA

THIS TRAINING WILL TAKE A BLENDED THEORETICAL AND EXPERIENTIAL APPROACH WHERE YOU WILL LEARN ABOUT TRAUMA BY EXPERIENCING RECENTRES MODEL OF TRAUMA SUPPORT IN A GROUP SETTING. THIS APPROACH DRAWS FROM A WEALTH OF EXPERIENCE IN WORKING WITH TRAUMA AS WELL AS DRAWING ON THE WORK OF PETER LEVINE, BESSEL VAN DER KOLK, DEB DANA, ATTACHMENT THEORY, AND OTHER PSYCHOTHERAPEUTIC MODALITIES.

20 HOURS CPD ACCREDITED

GROUP SIZE LIMITED TO 14 EARLY BOOKING IS ADVISED!

www.recentre.uk

TRAINING TO INCLUDE:

- WORKSHOP BASED TRAINING CO-FACILIATED BY PROFESSIONALLY ACCREDITED, EXPERIENCED, AND TRAUMA-TRAINED PRACTICIONERS
- INTEGRATING TRAUMA INFORMED EXPERIENTIAL PRACTICES IN COMBINATION WITH GROUNDED THEORETICAL KNOWLEDGE
- SUITABLE FOR PSYCHOTHERAPISTS. COUNSELLORS, PSYCHOLOGISTS, TRAUMA RECOVERY COACHES, AND ANYONE WORKING WITH TRAUMA AND MENTAL HEALTH

FRIDAY 31ST MARCH - MONDAY 3RD APRIL **2023**

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HOLLY PERREAULT

CEO & FOUNDER RECENTRE
TRAUMA RECOVERY COACH

FOR FUTURE DATES OF THIS COURSE OR IF YOU REQUIRE A CUSTOMISED OFFERING OF THIS COURSE CONTACT

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validium
Part of HealthHero

Exciting opportunities to work with Validium as part of HealthHero

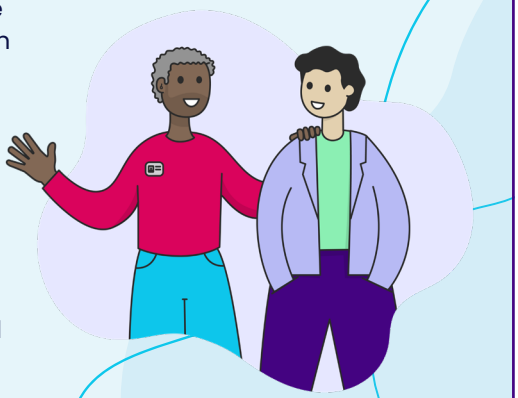
Are you an accredited Counsellor?
Are you looking to balance your current private practice/work commitments with an Affiliate role with a leading EAP Provider?

At Validium, we are increasing our network of associate Affiliate Counsellors due to an unprecedented period of growth and can offer flexibility to see clients at times that work for you.

Our affiliates enjoy the following benefits;

- New developed portal system
- 24/7 support for risk cases
- Free CPD training opportunities
- Referrals will be provided with brief case assessment details

We would be delighted to discuss this opportunity with you and answer any questions that you may have at this stage; please contact us on **val-network@healthhero.com**.



Practitioner Certificate Course for helping Professionals

working with Autistic Adults

AUsome Training

Recognised by IACP - 60 CPD points

7 places left

This 10 day course will equip you with the knowledge and skills to recognise Autistic traits, to adapt and to work in a supportive manner with your Autistic clients.

All facilitators are Autistic themselves.



Delivered online - weekends- January to June 2023
Early Booking advised, limited to 25 places.
Course Fee: €1,250

Become part of our Neuro-affirming network

WWW.AUSOMETRAINING.COM

2023 Workshops on Bereavement & Loss

We are hosting a series of introductory workshops which will be delivered online from January – June on a range of topics covering loss and bereavement.

The workshops are targeted at professionals and volunteers who may wish to learn more about loss and bereavement and for those working with people who have experienced a major loss.

- Overview of Loss and Bereavement
- Bereavement in the School Community
- Supporting Bereaved People
- Understanding Grief and Supporting the Suicide Bereaved
- Children and Loss
- Supporting Adolescents Through Grief and Loss
- Loss and Grief in Later Life
- Addiction and Loss
- Handling Difficult Calls or Interactions – An Introductory Workshop for First-line or Front-desk Staff
- Prolonged Grief Disorder/ Complicated Grief: An introduction to why grief becomes stuck & what can help
- Dementia and Loss
- Supporting Adults with Intellectual Disabilities through Bereavement and loss
- Mindfulness, Self Compassion and the Journey of Grief
- Grief is Creative? The Arts of Loss and Bereavement

Irish Hospice Foundation
To die and grieve well wherever the place

More topics to be added.
To book go to www.hospicefoundation.ie
For further details please contact Iris Murray
email: iris.murray@hospicefoundation.ie Tel: 01 679 3188

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START PLANNING THE NEW YEAR WITH PCI COLLEGE

Offering a Range of 1-Day to 5-Day
Continuous Professional Development
and Personal Development Courses in 2023



Applications Available for Postgraduate Courses From January 2023:

- *MSc Cognitive Behavioural Therapy*
- *MSc Addiction Counselling & Psychotherapy*
- *MSc Child and Adolescent Psychotherapy*

Visit **www.pcicollege.ie** to get the latest updates on what we have to offer you in 2023.
Call us at **01 464 2268** to speak with our team today.

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915 sq ft part of Palace Medical Centre

Accessible to motorway and ample parking

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Established 2006

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- Opportunity for client referrals

TREEHOUSE PRACTICE
BRAND NEW
Purpose built Therapy Rooms for hire



Perfect for psychotherapy & counselling

5 Therapy rooms including a fully equipped OT room available for hire for hourly or half day sessions

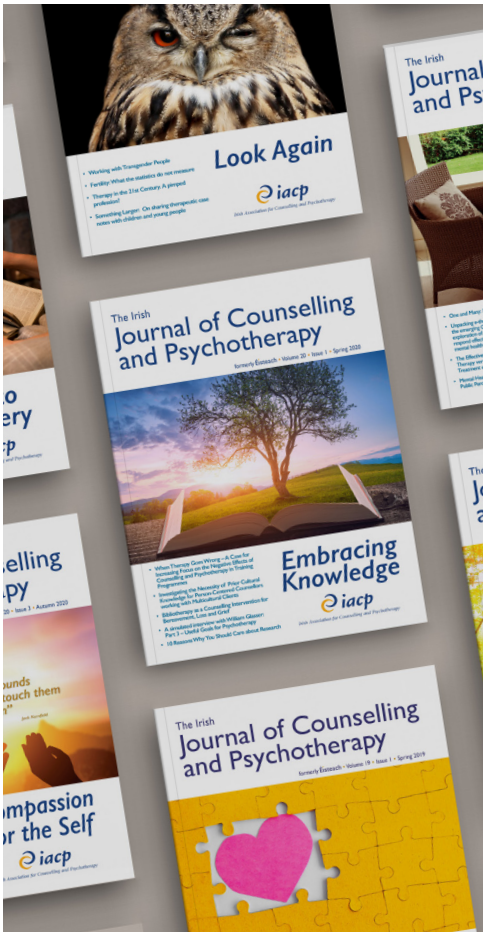
For further enquiries
info@treehousepractice.ie
01 2937882

1 Summerhill Parade,Sandycove
co. Dublin, A96 T180
Directly opposite Sandycove Dart Station

MEDIA INFORMATION 2022/2023

ADVERTISING IN THE IRISH JOURNAL FOR COUNSELLING AND PSYCHOTHERAPY

Advertise in the most widely read professional journal for counsellors and psychotherapists in Ireland



The Irish Journal for Counselling and Psychotherapy

Is the quarterly publication for the Irish Association for Counselling and Psychotherapy (IACP)

The IJCP explores a wide-range of topics relating to counselling and psychotherapy through evidence-based articles on clinical theory.

The journal has an outreach of 5,000 readers (including institutions and universities).

All ads should be supplied as high resolution PDFs. If supplied as a JPEG (Not recommended), It should be a 300dpi file.

All ads should be supplied at the correct dimensions as re-scaling can cause distortion or reduction in quality.

Please see:
www.iacp.ie/IJCP-back-editions
for examples of the journal

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ADVERTISING IN THE IRISH JOURNAL FOR COUNSELLING AND PSYCHOTHERAPY

Advertise in the most widely read professional journal for counsellors and psychotherapists in Ireland

PRICING	
Full Page	€720
Half Page	€480
Quarter Page	€360
Eighth Page	€180
Back Cover	€900
Flyers	€POA
Advertorials	€POA

Please note: we do not charge VAT on our adverts

AD DEADLINES	
BOOKING	**ARTWORK**
1st February	5th February
1st May	5th May
1st August	5th August
1st November	5th November

Please note: requests for ads to appear on specific pages cannot be guaranteed

DIMENSIONS FOR ARTWORK

All ads should be supplied at the correct dimensions as re-scaling can cause distortion or reduction in quality.

Full Page: w179mm x h249mm
Half Page: w179mm x h123mm
Quarter Page: w88mm x h123mm
Eighth Page: w88mm x h60mm

To ensure text is legible please ensure that the content suits the size of ad chosen. The minimum guideline size for body text is 8pt type

PUBLICATION DATES
Spring - 1st March
Summer - 1st June
Autumn - 1st September
Winter - 1st December



For ad bookings and back issues please see:

www.iacp.ie/IJCP-back-editions

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Notes

Notes

Exclusive Offer for IACP Members

We are delighted to be able to inform all members of IACP, including pre-accredited members, of a special rate to prepare and file your income tax return.

Expert Services Accountants and Tax Advisors Limited are based in Dublin but we offer a nationwide service for all clients, either in-person or remotely, depending on your preference, and we can look after every aspect of your accounting requirements for you.

Whether this is your first time having to file tax returns or you want to get a better deal on the service that you are currently getting, Expert Services can assist you with everything.

Our special rate for IACP members of only €200 plus VAT will include everything you require:

- **Registration with Revenue / Change of Current Accountant**
- **Preparation of your Counselling Income and Expenditure account**
- **Advice on any credits or expenses that will reduce your final tax liability**
- **Preparation of your F11 Income Tax Return**
- **Filing of your F11 form with Revenue**
- **Liaise with Revenue in relation to any issues or queries in relation to your return**
- **Organise payment or refund of final tax amount**
- **Provision of a tax clearance certificate and set of accounts, if required**

Contact Jerry and his team today for more information by emailing *jerry@expertservices.ie*
We also offer all other accounting services including CGT, Company Accounting Packages, Payroll etc.

Expert Services

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