

Journal of Counselling and Psychotherapy

formerly *Éisteach* • Volume 25 • Issue 2 • Autumn 2025



Men, masculinity, and psychotherapy

Also in this issue:

Imposter syndrome –
A literature review

Time to say goodbye –
Trainee psychotherapists' experiences
of therapeutic endings

Florescence –
Members' poetry

Contents

From the Editor	3
Men, masculinity, and psychotherapy	4
By Ciarán Everitt	
Imposter syndrome – A literature review	11
By Katerina Maskanceva	
Time to say goodbye – Trainee psychotherapists' experiences of therapeutic endings	18
By Lisa McKevitt	
Florescence	23
IACP Noticeboard	24

Editorial Board:

Eve Menezes Cunningham (Editor-in-Chief), Jayne Leonard (Vice Chair), Kaylene Petersen, Hamza Mahoney, Rosie Woolfson and Louise Flynn.

Editor:

Kaylene Petersen (MIACP)

Assistant Editor:

Rosie Woolfson (MIACP)

Design and layout:

GKD.ie

ISSN:

2565-540X

Advertising rates and deadlines:

Contact the IACP for details. (Early booking essential)

© Irish Association for Counselling and Psychotherapy – IACP

All rights reserved. No part of this publication may be reproduced, stored in, or introduced into a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording, or otherwise), except for brief referenced extracts for the purpose of review, without the prior written permission of the copyright owners.

Our Title

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

Disclaimer:

The views expressed in this publication, save where otherwise indicated, are the views of contributors and not necessarily the views of the Irish Association for Counselling and Psychotherapy. The appearance of an advertisement in this publication does not necessarily indicate approval by the Irish Association for Counselling and Psychotherapy for the product or service advertised.

Next Issue:

December 2025

Deadline for Advertising Submissions for Next Issue:

Booking and Artwork: 31st October

For more information about advertising please see www.iacp.ie/IJCP-back-editions.

Articles:

Each issue of *IJCP* is planned well in advance of the publication date and some issues are themed. If you are interested in contributing, please see ‘Guidelines for Submitting Articles’ on the IACP website, www.iacp.ie or email iacpjournals@iacp.ie to request a copy.

Contacting IJCP:

iacpjournals@iacp.ie

From the Editor:



Dear Colleagues,

Welcome to the Autumn 2025 edition of the *IJCP*. As we lean into a new season, we leave behind the warmest summer in Ireland on record. For many, the warmth and sunshine was something to relish and, perhaps, helped ease the pressures and stress many feel in a world currently so unsettled and fraught with conflict, displacement, power dynamics and economic hardship. Even if we are not personally impacted by these conflicts and stressors, knowing we live in a society with such discourse and chaos can exacerbate feelings of helplessness and fear for the future.

In our roles as counsellors and psychotherapists we understand that while conflict on an international scale can undoubtedly impact how we feel, internal conflict is often at the heart of issues clients bring to therapy. Such internal conflict can manifest in feelings of guilt, anxiety, confusion, a battle between “right and wrong”, and ambivalence as clients struggle with conflicting desires and their own personal goals. The articles selected for this issue of the *IJCP*

examine differential ways internal conflict can present in clients and therapists.

Our lead article by Ciarán Everitt explores how implicit and explicit societal biases shape the perception of masculinity in the therapeutic space. This article addresses the barriers to men engaging in emotional work, including conflicting feelings of being perceived as weak, and the factors that can discourage openness and help-seeking behaviours. The author suggests adopting a therapeutic model that is balanced, evidence-based, and strengths-focused can help foster deeper engagement and personal growth. Further, it is proposed that by reshaping the therapeutic narrative to reflect the realities of male psychology, practitioners can create environments where men feel supported, validated, and empowered to navigate their inner worlds in a way that feels authentic to them.

Our second offering by Katerina Maskanceva puts a spotlight on imposter syndrome, which is defined as a psychological pattern where individuals doubt their accomplishments and fear being exposed as frauds. Individuals with the condition often discount their achievements and focus on negative feedback, which can lead to increased levels of anxiety, depression, overpreparation or procrastination, decreased performance, and burnout. Through examination of extensive literature, Katerina reveals that mental health professionals, who often face high expectations for competence and empathy, may experience exacerbated feelings of self-doubt

and inadequacy. The author’s research found evidence-based solutions, including mindfulness and peer support, to be beneficial in alleviating the effect of the imposter phenomenon by fostering a healthier and more productive professional environment.

Our third article by Lisa McKeivitt examines therapeutic endings from the unique perspective of therapists in training. The author conducted her own study on the types of client-therapist endings and the impact of grief and loss on this process.

The findings revealed that while participants expressed numerous positive experiences, for some, endings were anxiety-provoking, sad, and difficult to face.

The author found that therapeutic endings require trainee therapists to come to terms with their meaning, and highlights the importance of giving time and focus to this part of the therapeutic relationship – from a training and supervisory standpoint.

Finally, in our Florescence section we present a poem by Paula Polland. Paula’s touching and heartfelt poem reveals her personal grief of losing a parent.

The *IJCP* Editorial Committee would like to take this opportunity, as always, to thank all contributors to the *IJCP* Autumn 2025 issue. Your hard work, dedication and patience was appreciated. We would also like to wish our readers all the best for the coming season.

Kaylene Petersen (MIACP),
Editor

Rosie Woolfson (MIACP),
Assistant Editor

The content of our journal does not express the views or the opinions of the IACP but the individual authors.

Practitioner Perspective

Men, masculinity, and psychotherapy

By Ciarán Everitt



The discourse surrounding masculinity often paints a conflicted picture – one that oscillates between societal fear of traditional masculinity and a therapeutic environment that may struggle to engage men effectively. A greater understanding of men’s experiences in therapy, and the biases that shape them, can help tailor psychotherapy to better meet their needs

Introduction

Men’s mental health has gained increasing attention in recent years, yet men remain significantly underrepresented in therapy (Barry & Liddon, 2020). In Ireland, suicide rates among men are disproportionately high, with men accounting for 78.3% of suicides (Central Statistics Office [CSO], 2021). Despite increased awareness, barriers to seeking

psychological support persist, reflecting both cultural norms and structural challenges within mental health services.

A key reason for men’s reluctance to engage in therapy is the enduring expectation of stoicism and self-reliance – a pattern well-documented in research on masculinity and mental health (Mahalik et al., 2007). In clinical practice, men frequently express

concerns that seeking therapy may be perceived as weakness, reinforcing their hesitation to engage in emotional work. These traits, often viewed as markers of traditional masculinity, can discourage emotional openness and help-seeking behaviours (Barry & Seager, 2019). Additionally, therapy itself may not always be structured in a way that aligns with how men process emotions. Many existing models prioritise verbal expression and introspective exploration, which may feel uncomfortable or unfamiliar to men whose emotional engagement is more action-oriented.

Beyond individual hesitation, societal biases – both implicit and explicit – shape how masculinity is perceived within the therapeutic space. Masculine traits such as competitiveness, assertiveness, and emotional restraint are often viewed critically, while vulnerabilities in men may be overlooked or dismissed (Seager & Barry, 2019). Addressing these biases and adapting therapeutic approaches to better align with male engagement styles is essential for improving mental health outcomes for men.

This article explores the nuances of masculinity within the therapeutic context, examining how gamma bias – a cognitive distortion that leads to asymmetrical perceptions of male and female behaviour (Seager & Barry, 2019) – societal perceptions of masculinity, and therapists’ own attitudes may influence treatment. It also outlines ways psychotherapy can be adapted to resonate more effectively with men.

Masculinity, biology, and socialisation

While societal expectations heavily influence male behaviour, biological and neurological factors also play a role in shaping how men experience and express distress. Testosterone, for example, is associated with risk-taking, competitiveness, and motivation, while also contributing to confidence, anxiety regulation, and goal-driven behaviour (Carré & Olmstead, 2015; Zilioli & Watson, 2012). However, these biological factors do not act in isolation. Rather, they interact with cultural norms, influencing how men respond to emotional challenges.

Socialisation plays an equally significant role in shaping how men express emotions, handle stress, and engage with therapy. Rather than viewing nature and nurture as opposing forces, it is more accurate to consider their dynamic interaction – where biological predispositions are shaped, reinforced, or even overridden by cultural and environmental factors (Barry & Seager, 2019). Understanding this complexity allows therapists to work with, rather than against, the ways men naturally process and express emotions.

Evolutionary psychology provides further insight into sex differences in cognitive and emotional processing. Historically, men relied on logical analysis, problem-solving, and spatial reasoning to navigate their environments, making thinking their primary mode of interpreting the world (Geary, 2021). Research has found that women tend to report higher levels of emotional expressiveness, particularly for negative emotions, suggesting a greater emotional attunement (McRae et al., 2008). Additionally, women generally outperform men in tasks involving emotional recognition, such as

The absence of a father – whether through physical absence, emotional unavailability, or generational trauma – can leave deep psychological wounds

interpreting facial expressions, further indicating their heightened capacity for emotional attunement (LaFrance et al., 2003).

Despite these differences, societal stigma frequently pressures men to suppress emotional expression, reinforcing the idea that emotional literacy is unmasculine (Fiorenzato et al., 2024; Kret & DeGelder, 2012). This not only isolates men from their emotions, but also discourages them from seeking support (Seager & Barry, 2019). Effective therapy must acknowledge both biological and social influences by integrating structured, cognitive-based approaches with emotional exploration.

Initiation rites and male development

While masculinity is shaped by both biological factors and socialisation, many cultures have historically reinforced this development through initiation rites – structured processes designed to guide boys into manhood. These initiation rites are a key but often overlooked aspect of male psychological development.

Across cultures, such rites have long helped boys transition into mature, responsible men. Robert Bly (1990) argues in *Iron John* that modern Western society has largely abandoned these rites, leaving many men feeling unanchored and disconnected from a deeper sense of purpose.

Barry and Liddon (2020) highlight that initiation rites – both

traditional and modern – help young men develop resilience and identity. Research suggests that structured transitions, such as military training, sports teams, and mentorship programmes, can serve as contemporary forms of initiation, fostering emotional intelligence and self-discipline (Barry & Walker, 2022). These findings reinforce the importance of recognising male-specific developmental milestones in therapy.

Initiation rites serve several psychological functions (Turner, 1969; Van Gennep, 1909/1990; Gilmore, 1990):

- Separation from childhood identity – Boys leave behind the comforts of boyhood and face the realities of adulthood.
- Challenge and transformation – Physical, emotional, or psychological tests build resilience, self-awareness, and confidence.
- Integration into the community – A clear sense of belonging and responsibility strengthens positive masculine identity.

In the absence of structured rites, many men unconsciously seek initiation through risk-taking, addiction, or destructive relationships (Le Breton, 2004). In therapy, helping men consciously create meaningful rites of passage – through personal challenges, physical endurance, or community involvement – can be a vital part of their healing journey.

Absence of a father figure

In the absence of such rites, and particularly in cases where fathers are physically or emotionally unavailable, many young men struggle to find a clear path to mature masculinity, leading to the phenomenon of the “lost

son". The absence of a father – whether through physical absence, emotional unavailability, or generational trauma – can leave deep psychological wounds. Guy Corneau (1991) in *Absent Fathers, Lost Sons* explores how paternal absence contributes to feelings of inadequacy, abandonment, and anger. These unresolved emotions often surface later in life as difficulties with emotional regulation, commitment, and self-worth.

Barry and Seager (2019) argue that the absence of strong, engaged male role models has contributed to a crisis in masculinity. Without clear templates for healthy masculine identity and emotional resilience, many boys struggle to develop a secure sense of self. Research has identified a serial mediation pathway between father absence and hostility in depressed youth (Liu et al., 2023) and men affected by father absence often report complex emotional and psychological impacts, including issues with identity and emotional expression (East et al., 2017).

In Ireland, a significant proportion of children are raised in single-parent households, with over 85% of these families led by mothers (CSO, 2022). While many thrive, the absence of engaged father figures can leave some boys struggling with masculine identity and emotional resilience. These psychological effects often extend into adulthood, shaping how men relate to authority, navigate intimacy, and develop self-worth.

Neuroscientific research indicates that boys raised without father figures may exhibit heightened levels of cortisol – the stress hormone linked to anxiety and emotional dysregulation (Barry & Seager, 2019). This underscores the importance of stable male role models in childhood and

Traditionally, men derived meaning from providing, protecting, and achieving

adolescence, as well as the potential for structured mentorship in adulthood to mitigate these effects.

Therapy can play a vital role in helping men heal the father wound by reframing their experiences, fostering resilience, and supporting the development of a healthier masculine identity (Flouri et al., 2015; Xiao-Ge et al., 2023; East et al., 2014; Shelvock & Joy, 2024; Snamam et al., 2023). Effective therapeutic interventions include:

- Reframing narratives – Helping men separate their self-worth from their father's presence or absence.
- Developing alternative mentors – Encouraging the cultivation of positive role models for guidance and support.
- Inner child work – Addressing the neglected parts of the self that still seek validation and reassurance.
- Processing grief and anger – Creating space for men to express and integrate feelings of loss, rejection, and disappointment.

An approach that validates these experiences while offering constructive pathways forward can empower men to reclaim their masculinity in a way that fosters emotional health and personal growth.

The absence of a father figure often leaves men searching for an internal sense of guidance, structure, and identity. Without

strong male role models, many struggle to define what it means to be a man in a meaningful and fulfilling way. This lack of direction can manifest as emotional detachment, low self-worth, or engagement in destructive behaviours (Corneau, 1991; Barry & Liddon, 2020). While therapy can help men process unresolved wounds related to paternal absence, healing is not just about understanding the past – it is also about forging a path forward.

Meaning, purpose, and male identity

One of the most significant factors in male psychological resilience is a sense of meaning and purpose. Viktor Frankl (1959/2006) argued in his book *Man's Search for Meaning* that individuals can endure immense suffering if they can find a deeper purpose in it. Logotherapy, developed by Frankl, is a form of psychotherapy that emphasises the human search for meaning as the central motivational force (Frankl, 2006). Based on his experiences as a psychiatrist and Holocaust survivor, Frankl posited that even in the most challenging circumstances, individuals can endure and transcend suffering by finding purpose in their lives.

Many men who struggle with mental health describe a profound sense of emptiness, lack of direction, or disengagement from life's deeper meaning. Without a clear sense of purpose, they may turn to avoidance strategies such as addiction, excessive risk-taking, or emotional withdrawal (Culpin, et al., 2023).

Traditionally, men derived meaning from providing, protecting, and achieving. While modern shifts in gender roles have allowed for greater flexibility in identity, they have also contributed to an existential crisis for some men, leaving them feeling disconnected

from clear sources of purpose (Barry & Walker, 2022).

The therapeutic process can help men reconnect with meaning, shifting their focus from external validation to internal fulfilment. Logotherapy and existential analysis, which centres on the pursuit of meaning even in suffering, offers a valuable framework. Therapists can integrate meaning-based approaches by:

- Encouraging goal-setting – Helping men establish meaningful personal or professional aspirations (Schlenberg & Melton, 2010).
- Exploring legacy and impact – Guiding men to reflect on how they want to contribute to their families, communities, or the world (Heintzleman & King, 2014).
- Reframing adversity – Assisting men in finding meaning in past struggles, rather than viewing them solely as trauma (Southwick & Charney, 2012).
- Facilitating mentorship – Encouraging men to engage in mentorship roles, reinforcing purpose through guiding others (Haggard & Turbin, 2012).

Sex differences and shadow work for men

When men find meaning, they also find a greater sense of psychological wholeness. This pursuit of purpose is deeply connected to shadow work – the process of integrating the hidden, neglected parts of the self. Carl Jung's concept of the shadow (Jung, 1959) – the unconscious part of the psyche that holds repressed emotions, instincts, and desires – is particularly relevant for men. Shadow work involves

When emotional distress does not present a clear solution, many men default to avoidance, suppression, or distraction – reinforcing societal expectations that they should contain rather than express their feelings

bringing these hidden aspects into conscious awareness, fostering self-integration and emotional depth (Barry & Liddon, 2020; Beaton, 2022; Masters, 2018).

Barry and Liddon (2020) argue that shadow work is essential in male psychology, as many men suppress emotions they fear will be judged as weak, dangerous, or unacceptable. These suppressed aspects may include vulnerability, grief, aggression, or deep-seated fears of inadequacy. Robert Augustus Masters (2018) in *To Be a Man* emphasises that confronting and embracing the shadow is key to developing healthier relationships with oneself and others.

Biological sex differences influence how men and women process emotions. Research suggests that men's brains are more compartmentalised, which may contribute to difficulty integrating emotional experiences (Barry & Seager, 2019). Evolutionary psychology provides further context: historically, men relied on cognitive-first processing for survival, excelling in logical analysis, problem-solving, and high-stakes decision-making (Geary, 2021). While these skills were essential for navigating challenges, they also shaped a tendency to view emotions as problems to be solved, rather than experiences to be felt. When emotional distress does not present a clear solution, many men default to avoidance,

suppression, or distraction – reinforcing societal expectations that they should contain rather than express their feelings.

This suppression is further compounded by Ireland's complex historical legacy. Generations of Irish men have inherited the emotional aftermath of colonial oppression, economic hardship, forced emigration, religious dominance, and institutional abuses. These collective wounds have reinforced stoicism as a survival strategy, where suffering is endured in silence rather than processed and expressed.

Many Irish men carry unspoken grief, shame, or unresolved trauma passed down through family lines, often manifesting as emotional detachment, addiction, or difficulties with intimacy. In therapy, addressing these intergenerational wounds through shadow work allows men to break cycles of inherited pain, reclaim suppressed aspects of themselves, and redefine masculinity beyond historical burdens.

By integrating structured cognitive approaches with emotional exploration, therapy can create a bridge for men to engage with their emotions without feeling that they are compromising their identity. Shadow work, when combined with an understanding of evolutionary psychology, can help men reconnect with neglected emotional aspects of themselves.

Effective shadow work practices in therapy include:

- Journaling and self-reflection – Encouraging men to explore and articulate repressed emotions and past wounds.
- Guided visualisation and meditation – Techniques to access and engage with the shadow self.

- Somatic work – Incorporating breathwork, movement, or martial arts to process and integrate repressed emotions.

When therapists provide a safe space for shadow work, men can cultivate greater emotional authenticity and psychological wholeness – while still honouring their natural cognitive-first approach.

Embodiment practices for men in therapy

Many men process stress and emotions through action rather than verbal introspection (Ogden, 2006). Traditional talk therapy, which prioritises verbal expression, may not always align with how men naturally engage with their inner world. Neuroscientific research suggests that movement-based therapies – such as breathwork (Zaccaro et al., 2018), martial arts (Vertonghen & Theeboom, 2010), and somatic experiencing (Payne et al., 2015) – can provide men with more effective ways to regulate stress and access deeper emotional states.

Men's nervous systems are wired to process stress through physical movement – a trait that historically served as an adaptive mechanism for survival (Ogden, 2006). This aligns with evolutionary psychology perspectives, which suggest that physical exertion and structured challenge played essential roles in problem-solving, resilience-building, and emotional regulation in ancestral environments (Geary, 2021). Encouraging embodiment practices in therapy can provide a natural and effective way for men to process emotions, particularly those tied to trauma, grief, or suppressed anger.

Research also supports the effectiveness of group-based embodiment practices, where

To counteract these biases, therapists can adopt a more evidence-based and strengths-focused approach. Research indicates that men often respond favourably to structured, goal-oriented therapeutic approaches that align with their problem-solving tendencies

men engage in physically active, community-driven interventions to improve mental health outcomes (Dunbar, 2010). Studies show that men who participate in structured, physically demanding activities – such as group workouts (Davis et al., 2015), martial arts training (Vertonghen & Theeboom, 2010), and wilderness therapy (Cook, 2008) – report higher levels of emotional resilience and social bonding. These environments offer a space where emotions can be processed indirectly through shared challenges and camaraderie, reducing the stigma surrounding emotional expression (Cochran & Rabinowitz, 2000).

Effective embodiment practices in therapy include:

- Breathwork and grounding exercises – Helping men regulate their nervous systems and access deeper emotional awareness.
- Martial arts and movement therapy – Using controlled physical engagement to process aggression, frustration, and suppressed emotions.
- Cold exposure and endurance training – Enhancing resilience and emotional regulation through physiological stress adaptation.

- Somatic experiencing – Engaging with bodily sensations to release stored trauma and integrate emotions.
- Peer-led physical activities – Encouraging participation in structured group settings that foster both physical and emotional connection.

By incorporating embodiment practices, therapists can create therapeutic models that align with men's natural ways of processing stress and emotions. This ensures that therapy is not only intellectually stimulating, but also physically and emotionally integrative.

Therapists' own issues around masculinity and gamma bias

Like all individuals, therapists bring their own perspectives and biases into the therapy room – often unconsciously. Many, influenced by modern gender discourse, may view masculinity through a pathologising lens, perceiving traits such as emotional stoicism, competitiveness, or risk-taking as inherently problematic rather than context-dependent expressions of male psychology (Barry & Seager, 2019).

One major factor shaping these biases is gamma bias (Seager & Barry, 2019). This bias amplifies men's negative behaviours while minimising or overlooking their positive contributions. For instance, male aggression is widely condemned, yet male heroism or sacrifice is often dismissed as expected rather than acknowledged or celebrated. This skewed perception can create a therapeutic environment where men feel misunderstood or unfairly judged, discouraging engagement with therapy.

To counteract these biases, therapists can adopt a more evidence-based and strengths-

focused approach. Research indicates that men often respond favourably to structured, goal-oriented therapeutic approaches that align with their problem-solving tendencies. For instance, a scoping review by Seidler et al. (2018) emphasises the importance of tailoring psychological treatments to men's specific needs, highlighting that structured and directive approaches can enhance engagement in therapy.

Additionally, studies show that men benefit from therapeutic approaches that validate their lived experiences – including the pressures to succeed, provide, and protect (Barry & Seager, 2019). By integrating these insights, therapists can better understand male emotional expression, which often differs from the more verbal, emotionally expressive norms associated with female psychology. This is particularly relevant in Ireland, where psychotherapy training often emphasises emotionally expressive therapeutic models, which may not always align with how men engage in self-reflection. Therapists looking to create a more supportive space for male clients can consider the following strategies:

- Challenging internalised biases – Reflecting on personal attitudes toward masculinity and identifying unconscious biases that may affect clinical work.
- Reframing masculine traits – Recognising that stoicism, competitiveness, and emotional restraint can be adaptive rather than inherently unhealthy.
- Recognising male-specific struggles – Acknowledging the unique societal pressures men face, such as provider expectations, that shape their mental health challenges.

By reshaping the therapeutic narrative to reflect the realities of male psychology, practitioners can create environments where men feel supported, validated, and empowered

- Providing strength-based therapy – Focusing on resilience, problem-solving, and growth rather than only encouraging emotional vulnerability.
- Incorporating action-based interventions – Using physical activity, structured goal-setting, and mentorship to engage men in ways that align with their natural tendencies.

By shifting from a deficit-based to a strengths-based approach, therapists can foster an environment where men feel validated, understood, and encouraged to engage in meaningful self-exploration.

Conclusion

If therapy is to be truly effective for men, it must move beyond the pathologisation of masculinity and instead recognise the unique interplay of psychological, biological, and social factors that shape men's experiences. Evolutionary psychology suggests that men's cognitive-first approach to processing the world – coupled with societal stigma around emotional expression – creates barriers to traditional therapeutic models.

To bridge this gap, therapists must adopt approaches that align with how men naturally engage with emotions and problem-solving. This includes structured, goal-oriented therapy, integrating cognitive-based emotional work, and reframing

masculinity as a source of strength rather than dysfunction. Addressing key developmental factors – such as initiation rites, the father wound, and shadow work – can also help men reconnect with parts of themselves that have been neglected due to cultural conditioning.

A therapy model that is balanced, evidence-based, and strengths-focused will foster deeper engagement and personal growth. By reshaping the therapeutic narrative to reflect the realities of male psychology, practitioners can create environments where men feel supported, validated, and empowered to navigate their inner worlds in a way that feels authentic to them. ☺

Ciarán Everitt

Ciarán Everitt (MIACP) is a counsellor and psychotherapist in private practice and at MyMind Centre for Mental Well-Being. He is an accredited member of the International Association of Logotherapy and Existential Analysis, with a particular interest in meaning-centred therapy, attachment, and trauma-informed bodywork. Ciarán integrates cognitive, psychodynamic, and existential approaches in his work, helping clients navigate personal and relational challenges. He has a particular focus on men's mental health, helping men navigate issues such as emotional suppression, identity struggles, and intergenerational trauma. He has appeared as a regular therapist on Dublin City FM, discussing mental health and well-being. In addition, he has contributed numerous articles on mental health for the MyMind website, sharing insights on therapy, resilience, and psychological well-being. Ciarán can be contacted at ciaraneverittcounselling@outlook.com

REFERENCES

- Barry, J. A., & Liddon, L. (2020). *Perspectives in male psychology: An introduction*. Wiley.
- Barry, J. A., & Seager, M. (2019). *The Palgrave handbook of male psychology and mental health*. Palgrave Macmillan.
- Barry, J. A., & Walker, C. (2022). *Reframing masculinity: New approaches in psychological research*. Routledge.
- Beaton, C. (2022). *Men's Work: A practical guide to face your darkness, end self-sabotage, and find freedom*. Sounds True.
- Bly, R. (1990). *Iron John: A book about men*. Da Capo Press.
- Carré, J. M., & Olmstead, N. A. (2015). Social neuroendocrinology of human aggression: Examining the role of competition-induced testosterone dynamics. *Neuroscience*, 289, 171-186. <https://doi.org/10.1016/j.neuroscience.2014.11.029>
- Central Statistics Office. (2021). *Suicide statistics by sex and age group*. <https://www.cso.ie/en/releasesandpublications/ep/p-ss/suicidestatistics2021/>
- Central Statistics Office. (2022). *Households, families and childcare*. https://www.cso.ie/en/releasesandpublications/ep/p-cpp3/censusofpopulation2022_profile3-householdsfamiliesandchildcare/families/
- Cochran, S. V., & Rabinowitz, F. E. (2000). *Men and depression: Clinical and empirical perspectives*. Academic Press.
- Cook, E. C. (2008). Residential wilderness programs: The role of social support in influencing self-evaluations of male adolescents. *Adolescence*, 43(172), 751-74. PMID: 19149144
- Corneau, G. (1991). *Absent fathers, lost sons: The search for masculine identity*. Shambhala.
- Culpin, I., Heuvelman, H., Rai D.; Pearson, R.M., Joinson, C., Heron J., Evans J, Kwong, A.S.F (2023). Father absence and trajectories of offspring mental health across adolescence and young adulthood: Findings from a UK cohort. *Journal of Affective Disorders*, 314, 150-159. <https://doi.org/10.1016/j.jad.2022.07.016>
- Davis, A., Taylor, J., Cohen, E. (2015). Social bonds and exercise: Evidence for a reciprocal relationship. *PLOS ONE*, 10(8), e0136705. <https://doi.org/10.1371/journal.pone.0136705>
- Dunbar, R. (2010). *How many friends does one person need? Dunbar's number and other evolutionary quirks*. Harvard University Press.
- East, L., Jackson, D., Power, T., Woods, A., & Hutchinson, M. (2014). Holes in my memories: A qualitative study of men affected by father absence. *Issues in Mental Health Nursing*, 35(8), 604-612. <https://doi.org/10.3109/01612840.2013.867466>
- East, L., Hutchinson, M., Power, T., & Jackson, D. (2017). A qualitative study of men's recollections of growing up with father absence: Childhood father figures and family resilience. *Contemporary Nurse*, 53(4), 436-444. <https://doi.org/10.1080/10376178.2017.1386073>
- Fiorenzato, E., Bisiacchi, P., & Cona, G. (2024). Gender differences in the effects of emotion induction on intertemporal decision-making. *PLOS ONE*, 19(3), e0299591. <https://doi.org/10.1371/journal.pone.0299591>
- Flouri, E., Narayanan, M. K., & Midouhas, E. (2015). The cross-lagged relationship between father absence and child problem behavior in the early years. *Child: Care, Health & Development*, 41(6), 1090-97. <https://doi.org/10.1111/cch.12236>
- Frankl, V. E. (2006). *Man's search for meaning* (I. Lasch, Trans.). Beacon Press. (Original work published 1959).
- Geary, D. C. (2021). *Male, female: The evolution of human sex differences* (3rd ed.). American Psychological Association.
- Gilmore, D. (1990). *Manhood in the Making: Cultural Concepts of Masculinity*. Yale University Press.
- Haggard, D. L., & Turban, D. B. (2012). The mentoring relationship as a context for psychological contract development. *Journal of Applied Social Psychology*, 42(8), 1904-1931. <https://doi.org/10.1111/j.1559-1816.2012.00924.x>
- Heintzelman, S. J., & King, L. A. (2014). Life is pretty meaningful. *American Psychologist*, 69(6), 561-574. <https://doi.org/10.1037/a0035049>
- Jung, C. G. (1959). *Aion: Researches into the phenomenology of the self* (R. F. C. Hull, Trans.). Princeton University Press. (Original work published 1951).
- Kret, M. E., & De Gelder, B. (2012). A review on sex differences in processing emotional signals. *Neuropsychologia*, 50(7), 1211-1221. <https://doi.org/10.1016/j.neuropsychologia.2011.12.022>
- LaFrance, M., Hecht, M. A., & Paluck, E. L. (2003). The contingent smile: A meta-analysis of sex differences in smiling. *Psychological Bulletin*, 129(2), 305-334. <https://doi.org/10.1037/0033-2909.129.2.305>
- Liu, X. G., Li, Y., Xiong, F., Li, W.T., Liu, L.Z. & Sullivan, J. S. (2023) The relationship between father absence and hostility among Chinese depressed youths: A serial mediation model and the role of self-esteem and frustration tolerance. *Frontiers in Paediatrics*, 10. <https://doi.org/10.3389/fped.2022.711241>
- Le Breton, D. (2004). The Anthropology of Adolescent Risk-Taking Behaviours. *Health, Risk & Society*, 10(1), 1-15. <https://doi.org/10.1177/1357034X04041758>
- Masters, R. A. (2018). *To be a man: A guide to true masculine power*. Sounds True.
- Mahalik, J. R., Burns, S. M., & Szydek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine*, 64(11), 2201-2209. <https://doi.org/10.1016/j.socscimed.2007.02.035>
- McRae, K., Ochsner, K.N., Mauss, I. B., Gabrieli, J. J. D., Gross, J. J. (2008). Gender differences in emotion regulation: An fMRI study of cognitive reappraisal. *Group Processes & Intergroup Relations*, 11(2), 143-162. <https://doi.org/10.1177/1368430207088035>
- Ogden, P. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. Norton.
- Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6, 93. <https://doi.org/10.3389/fpsyg.2015.00093>
- Schulenberg, S. E., & Melton, A. M. A. (2010). A confirmatory factor-analytic evaluation of the Purpose in Life Test: Preliminary psychometric support for a replicable two-factor model. *Journal of Happiness Studies*, 11(1), 95-111. <https://doi.org/10.1007/s10902-008-9124-3>
- Seager, M., Barry, J.A. (2019). Cognitive distortion in thinking about gender issues: Gamma bias and the Gender Distortion Matrix. In: Barry, J.A., Kingerlee, R., Seager, M., Sullivan, L. (eds). *The Palgrave Handbook of Male Psychology and Mental Health*, pp. 87-104. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-04384-1_5
- Seidler, Z. E., Rice, S. M., Ogradniczuk, J. S., Oliffe, J. L., Dhillon, Haryana, M. (2018). Engaging men in psychological treatment: A scoping review. *American Journal of Men's Health*, 12(6). <https://doi.org/10.1177/1557988318792157>
- Shelvock, M., & Joy, K. (2024, November 1). Where is daddy? Attending to father wound grief. *Psychology Today*. <https://www.psychologytoday.com/us/blog/navigating-the-serpentine-path/202411/where-is-daddy-attending-to-father-wound-grief>
- Snaman, J. M., Morris, S. E., Rosenberg, A. R., Holder, R., Waseem, N., & Baker, J. N. (2023). The FATHER model of loss and grief after a child's death: A conceptual framework. *Pediatrics*, 152(1), e2022059122. <https://doi.org/10.1542/peds.2022-059122>
- Southwick, S. M., & Charney, D. S. (2012). The science of resilience: Implications for the prevention and treatment of depression. *Science*, 338(6103), 79-82. <https://doi.org/10.1126/science.1222942>
- Turner, V. (1969). *The Ritual Process: Structure and Anti-Structure*. Aldine.
- Van Gennep, A. (1909/1960). *The Rites of Passage*. University of Chicago Press.
- Vertonghen, J., & Theeboom, M. (2010). The social-psychological outcomes of martial arts practise among youth: A review. *Journal of Sports Science & Medicine*, 9(4), 528-537. <https://pubmed.ncbi.nlm.nih.gov/24149778/>
- Xiao-Ge, L., Yang, L., Fang, X., Wen-Tian, Li., Lian-Zhong, L., Sullivan, J. S. (2023). The relationship between father absence and hostility among Chinese depressed youths: A serial mediation model and the role of self-esteem and frustration tolerance. *Frontiers in Paediatrics*, 10. <https://doi.org/10.3389/fped.2022.711241>
- Zaccaro, A., Piarulli, A., Laurino, M., Garbella, E., Menicucci, D., Neri, B., & Gemignani, A. (2018). How breath-control can change your life: A systematic review on psycho-physiological correlates of slow breathing. *Frontiers in Human Neuroscience*, 12, 353. <https://doi.org/10.3389/fnhum.2018.00353>
- Zilioli, S., & Watson, N. V. (2012). The hidden dimensions of the competition effect: Basal cortisol and basal testosterone jointly predict changes in salivary testosterone after social victory in men. *Psychoneuroendocrinology*, 37(11), 1855-65. <https://doi.org/10.1016/j.psyneuen.2012.03.022>

Academic/Research Article

Imposter syndrome – A literature review

By Katerina Maskanceva



Imposter syndrome significantly impacts individuals across professional and educational environments, leading to anxiety, burnout, and decreased performance. Evidence-based solutions, including mindfulness and peer support, have been found to alleviate its effect, resulting in improved professional development, therapeutic outcomes, and personal well-being

Introduction

Imposter syndrome (IS), or imposter phenomenon, is a psychological pattern where individuals doubt their accomplishments and fear being exposed as frauds. Initially believed to predominantly affect high-achieving professional women who struggled to internalise their success and feared being unmasked as

incompetent (Clance & Imes, 1978), IS affects various populations, including high-achieving students, ethnic minorities, and first-generation professionals. This article comprises a literature review on the prevalence, impact, and evidence-based solutions for IS, including cognitive behavioural therapy (CBT), mindfulness, and peer support.

Prevalence and impact of IS

Individuals with IS often discount their achievements and focus on negative feedback (Clance, 1985a; van der Gaag, 2018). Clance (1985a) identified six components of the imposter profile: the imposter cycle; the need to be special or the best; the superwoman/superman aspect; fear of failure; denial of competence; and fear of success. These components contribute to behaviours such as overpreparation, procrastination, and avoidance of challenges.

A further negative implication of the imposter phenomenon on professional productivity is burnout. According to van der Gaag (2018), people with IS tend to experience burnout due to overcompensation, leading to higher levels of depression and lower levels of satisfaction and energy. Clance (1985a) described this overcompensation as perfectionistic tendencies resulting in a “superwoman” or “superman” syndrome. Unrealistic expectations can act as a catalyst for the overwhelming feelings associated with IS (Clance, 1985a; van der Gaag, 2018).

Research has explored the prevalence and associated factors of IS in various populations. An analytical article that discusses existing studies and data highlighted that IS is more predominant among women in leadership positions, students, members of social minority groups, individuals with high-achieving parents, those who experience early success, and first-generation professionals (Sherman, 2013).

Individuals with IS often focus on perceived failings rather than their areas of competence, which can lead to narcissistic ideals and a lack of satisfaction from their achievements (Freud, 2014; Winnicott et al., 2012).

A qualitative study on medical undergraduates and interns found that nearly 56% had IS, with 12% having intense IS (Sawant et al., 2023). As the name implies, intense IS is characterised by heightened levels of self-doubt, where individuals experience stronger feelings of inadequacy and fear of failure, despite evident competence, and is more prevalent in individuals with high neuroticism (anxiety, insecurity) and low self esteem, which is a strong predictor of IS (Sawant et al., 2023).

Despite its widespread recognition in literature, talks, and media, IS is not classified as a psychiatric disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) and is not listed in the *International Classification of Diseases-10th Revision (ICD-10)* (Bravata et al., 2019). Prevalence rates within employed populations vary widely, from 9% to 82%, and there is no consistent data on its true frequency (Bravata et al., 2020).

Multiple scales have been developed to assess IS, including the Clance Impostor Phenomenon Scale (Clance, 1985b), Harvey Impostor Phenomenon Scale (Harvey, 1981), Perceived Fraudulence Scale (Kolligian & Sternberg, 1991), and Leary Impostor Scale (Leary et al., 2001), although none have been fully validated (Bravata et al., 2020). While the existing literature on IS provides valuable insights, it is crucial to evaluate the methodologies employed in these studies. For example, Whetsel, (2023) used qualitative interviews

The pressure to make the correct decision on behalf of vulnerable clients is significant and, over time, may trigger impostor feelings

that provide deep insights, but may lack generalisability. In contrast, Sawant et al. (2023) employed a cross-sectional survey design, offering a broader perspective but potentially limited by self-report biases. These methodological differences highlight the need for a balanced interpretation of the data.

Family of origin and IS

In subsequent studies, researchers examined family of origin to understand the genesis of the distorted self-perceptions inherent to IS (Langford & Clance, 1993). They found that, as children, all participants were either pressured to attain perfection or routinely compared to an idealised sibling by their parents (Clance et al., 1995; Langford & Clance, 1993).

Although it is unlikely that every person presenting with similar childhood experiences would develop IS, these two scenarios were consistent enough for researchers to infer a correlation (Clance et al., 1995; Clance & Imes, 1978; Clance & O'Toole, 1987; Langford & Clance, 1993). However, the proposed links between IS and familial influence were restricted due to the small study samples of 150 or less, the narrow focus on white women, the exclusion of men, and the absence of consideration for race, ethnicity, and socio-economic status as factors of significance (Clance et al., 1995; Clance & Imes, 1978; Langford & Clance, 1993). Though limited, these early studies brought an otherwise undefined, unexamined, adverse human experience into the psycho-social research milieu.

Gender and IS

Recent investigations have examined the relationship between gender and IS. Badawy et al., (2018) found that IS occurs with similar frequency among men and women, with nearly identical symptoms. The only difference noted between genders was the lesser likelihood of men disclosing their struggle, perhaps due to gender stereotypes equating vulnerability with weakness (Badawy et al., 2018; Hoang, 2013).

It should be noted that studies examining IS correlate strong racial identity with a reduced incidence of IS among minority groups (Bernard et al., 2018; Cokley et al., 2015). It may be the case that minority groups place a higher value on how they are seen within their own communities compared to how they are regarded by more dominant groups. Conversely, prior experience of racism increased the likelihood of IS when engaging professionally with majority groups (Bernard et al., 2018; Cokley et al., 2015). Further examination of minority status and its relationship to IS is necessary to understand this dichotomy.

As empirical investigations of IS expand, its universality becomes clear. The risk for IS is much broader than initially thought and it affects people across gender, race, level of education, and family of origin (Badawy et al., 2018; Bernard et al., 2018; Cokley et al., 2015; Hoang, 2013).

Learning environments and IS

Researchers in medicine, psychology, and social work have begun investigating how professional environments might trigger IS (Gibson, 2014; Urwin, 2018). Though not yet studied, practicum learning settings where instruction and treatment of vulnerable stakeholders occur simultaneously are one such environment.

Whether student, intern, or licensed professional, environments

where learning and treatment of vulnerable patients co-exist concurrently place unique pressure upon helping professionals. IS is well documented in medicine affecting direct care professionals (Swope et al., 2017).

LaDonna et al., (2018) noted IS in physicians across all areas of medical specialisation. They found that imposter feelings lessen as professionals gain clinical experience, however, even in highly experienced medical professionals, a mid-to-late career transition into a new speciality can trigger a recurrence of IS. These findings are significant and support the proposition that learning environments, where a substantive disparity exists between skill mastery and client risk, can trigger an imposter phenomenon. Unequivocally, there is a narrow margin of error where a mistake made in the natural course of clinical learning can be life-threatening or fatal.

Like medical professionals, psychotherapists learn *in vivo*. Both neophyte and experienced clinicians must tolerate disparities between skill mastery and client needs as they pursue new knowledge and skills (Urwin, 2018). While in training, psychotherapists treat clients struggling with serious mental illness, addiction, child protection investigations, and numerous issues that pose significant risk to their clients (Gibson, 2014; Urwin, 2018).

The pressure to make the correct decision on behalf of vulnerable clients is significant and, over time, may trigger imposter feelings (Urwin, 2018; Slank, 2019). This view supports the theoretical proposition of Slank (2019), whereby IS may be deemed as warranted rather than pathological. This stance is suggestive of a research trend that looks beyond internal causality and examines

how professional situations can trigger imposter symptomatology.

Slank (2019) posited that feelings of inadequacy should be expected in environments wherein one's talent level is incongruent with the requirements and expectations of the professional role. Moreover, Slank (2019) normalised IS as a natural and expected part of *in vivo* learning.

Clinical variables and therapy outcomes

Several clinical variables are closely linked to IS, including anxiety, self-doubt, depression, and burnout (Bravata et al., 2020). These emotional states can detrimentally affect therapeutic outcomes, as clinicians might underperform due to fear of failure, or overcompensate, leading to exhaustion. Anxiety and depression, both associated with changes in stress system activity, can cause chronic brain neuromediator imbalances, contributing to dysphoric distress (Chrousos, 2009; Sawant et al., 2023).

A cross-sectional study conducted at Manipal University College Malaysia (MUCM) among undergraduate medical students revealed a significant correlation between IS and academic performance (Kuppusamy et al., 2022). Students experiencing IS scored lower on the subjective academic achievement scale compared to those presenting without the syndrome, indicating a negative impact of IS on academic performance (Kuppusamy et al., 2022; Bravata et al., 2020). This finding reinforces the importance of addressing IS in educational and professional settings to bolster confidence and academic outcomes.

IS can also have a profound impact on performance in the mental health profession. Mental health professionals, who often face high expectations for competence

and empathy, may experience exacerbated feelings of self-doubt and inadequacy. Clinicians with IS might suffer from increased levels of anxiety, depression, and burnout, which can adversely affect their clinical decision-making and patient interactions, and lead to over-preparation or procrastination, reducing efficiency and raising the risk of burnout (Gibson, 2014; Hutchins, 2015).

Furthermore, IS can weaken the therapeutic relationship. Clinicians may struggle to establish trust with patients due to fears of being perceived as incompetent, which hinders effective communication and collaboration – essential components of successful therapeutic outcomes (DeCandia, 2020). The phenomenon can emerge early in training and persist into independent practice, resulting in career setbacks and missed opportunities for professional development and advancement (Bravata et al., 2020; Sherman, 2013).

IS has been extensively studied as a “silent career killer” for women in business, industry, marketing, and finance, where the relentless pursuit of success, coupled with an inability to accept success, often leads to increased stress, burnout, decreased motivation, and reduced performance and fulfilment (Sherman, 2013; Bravata et al., 2020).

In academia, IS is more prevalent among undergraduate women than men, with higher IS levels associated with higher grade point averages and more time dedicated to academic pursuits for women (Caselman et al., 2005; Hutchins & Rainbolt, 2018). This suggests that fear of being exposed as a fraud can drive additional preparation and hard work, particularly among women (Lane, 2015). Moreover, undergraduates with higher IS tend to internalise failures more

deeply and exhibit heightened perfectionism, especially those in honours programmes (Clark et al., 2014; Bravata et al., 2020).

Despite robust literature describing the harmful effects of imposter feelings on job performance, job satisfaction, and burnout among various employee populations, including healthcare professionals, there are significant gaps. Notably, the peer-reviewed literature lacks studies on specific interventions to treat IS, whereas the lay literature offers abundant advice on managing imposter symptoms (Bravata et al., 2020).

Evidence-based solutions

Cognitive behavioural therapy (CBT) and group therapy

Given the limited treatment recommendations specifically for imposter syndrome (IS), mental health professionals often rely on evidence-based interventions for related conditions such as depression and anxiety. CBT, in both individual and group formats, is commonly used and holds promise for addressing imposter feelings. Group-based CBT in particular is recommended for further evaluation due to its potential to improve both clinical symptoms and workplace outcomes (Bravata et al., 2020). However, there is no specific evidence base for imposter symptoms, highlighting a critical gap in the published literature (Bravata et al., 2020; Kuppusamy et al., 2022). This gap suggests the need for prospective evaluations of individual and group CBT focused on addressing imposter feelings and their impact on clinical and workplace outcomes across various professions.

Due to the frequent comorbidity of depression and anxiety with imposter feelings, patients with IS should be rigorously screened for these conditions and treated

with evidence-based therapies. Individuals experiencing IS often perceive themselves to be the “only one” with these feelings, leading to greater isolation (Bravata et al., 2020). Group therapy, where peers and co-workers discuss their feelings of doubt and failure, might be particularly therapeutic. Such groups need to be carefully designed to normalise and destigmatise imposter feelings, providing a safe environment for open sharing of experiences (Sherman, 2013; Bravata et al., 2020).

Additionally, there is robust literature describing the harmful association between imposter feelings and job performance, job satisfaction, and burnout among various employee populations, including healthcare professionals (Clance & Imes, 1978; Bravata et al., 2020). To mitigate these effects, it is recommended that organisations incorporate recognition of IS into structured (e.g., training, orientation, onboarding) and unstructured (e.g., mentoring, coaching, self-directed learning) learning and career development activities (Bravata et al., 2020; Hutchins, 2015). Providing resources, such as access to therapy and resilience training focused on IS can help reduce its prevalence in employed populations (Bravata et al., 2020). De-identified assessments can enable employees to evaluate their change over time, while allowing managers to assess the impact of structured interventions (Bravata et al., 2020).

Understanding the relationship between IS and clinical variables like anxiety, depression, and burnout is essential for effective interventions. Addressing these issues can help mitigate the negative impact of IS on therapeutic outcomes and professional performance. Proactive management of IS fosters a healthier, more productive

professional environment, enhancing personal well-being and career success.

Mindfulness-based interventions

A thorough review of the literature indicates a lack of focused efforts to support therapists experiencing IS. However, mindfulness practices have been shown to offer significant benefits, such as improved mood, enhanced concentration, better coping skills, and increased self-efficacy (Becker & Whitaker, 2018; Botta et al., 2015; Butzer et al., 2016; Coholic & Eys, 2016; Fallah, 2017; Halm, 2017; Hopkins & Proeve, 2013; Kalmanowitz & Ho, 2017; Petersen & la Cour, 2016), which align with the negative effects of IS. Despite these benefits, there has been limited research on the application of mindfulness to enhance therapists' experiences (Daniel et al., 2015; Evans et al., 2015; Glazer & Stein, 2015; Keil, 2016; Wyatt, 2012).

Therapists, similar to counsellors in training, may experience diminished self-efficacy regardless of their experience level (Goreczny et al., 2015; Greason & Cashwell, 2009; Ikonopoulou et al., 2016; Kozina et al., 2010). Mindfulness has gained traction in the counselling field for its adaptability to various psychological issues across diverse settings and populations (Lueke & Gibson, 2016; Manuello et al., 2016; Tarrasch, 2015). Kabat-Zinn (2015) described mindfulness as “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as open-heartedly as possible” (p. 1481).

Mindfulness can be practised in various forms, such as yoga, tai chi, prayer, and meditation – each offering significant positive outcomes (Campbell et al., 2018;

Hugh-Jones et al., 2018). Hugh-Jones et al. (2018) noted that mindfulness improved attention, personal resonance, self-awareness, and self-care. Physical benefits, including improved blood pressure and reduced negative symptoms, have also been reported with consistent mindfulness practise (Harris et al., 2016).

Davidson and Kaszniak (2015) emphasized the overall enhanced focus on mindfulness meditation in previous research. Campbell et al. (2018) found that counselling students who practised mindfulness reported higher multicultural competency, suggesting mindfulness can enhance self-perception and cultural awareness. Additionally, Ivers et al. (2016) reported a positive correlation between mindfulness components, multicultural awareness, and multicultural knowledge.

Mindfulness has been shown to reduce stress, depression, anxiety, and emotional reactivity while increasing focus, cognitive flexibility, and working memory (Davis & Hayes, 2012). It also helps individuals manage stress more effectively by promoting patience and better coping skills (Sweeney & Howell, 2017).

Incorporating mindfulness into treatment plans for therapists with IS can address both emotional and professional challenges. This approach aligns with the growing interest in mindful awareness and IS, suggesting a promising area for further research and application.

Peer support and supervision

A significant risk associated with the imposter phenomenon is diminished professional productivity (Clance, 1985a). Previous research has demonstrated negative implications for professional development, such as burnout, overcompensation, and procrastination, stemming

Incorporating mindfulness into treatment plans for therapists with IS can address both emotional and professional challenges

from the imposter phenomenon in diverse populations (Bernard et al., 2017; Fraenza, 2016; Hutchins, 2015; Lane, 2015; Qureshi et al., 2017). For example, an individual experiencing IS who feels shame or fear of failure may be less likely to seek supervision or ask for help. Clance (1985a) recommended that counsellors develop a trustworthy system to support conversations about the imposter phenomenon as a way to diminish its negative implications.

In practicum settings, providing psychotherapists with a safe space to address clinical learning concerns and obtain emotional support is crucial. The supervisory relationship plays a vital role in addressing IS. Johnson et al. (2018) describe the supervisory relationship as a continuum of mentorship that starts with a transactional-didactic approach, where the supervisor teaches and leads while the supervisee gains knowledge and skills. This relationship evolves into a transformative, confidence-building experience, allowing the supervisee to take risks and grow professionally. Prioritising the supervisory relationship fosters a relational bond where vulnerability, countertransference, in-session triggers, and imposter feelings can be explored and addressed (Beinart & Clohessy, 2017; Ingram, 2013).

A significant component of the supervisory alliance is emotional self-disclosure by the supervisor. Knight (2012) reviewed multiple studies and found that when supervisors disclose their emotions, it encourages

supervisees to share their mistakes and seek emotional support. This emotional disclosure helps create a supportive learning relationship that goes beyond a purely didactic approach. Discussing a supervisee's emotional responses ensures that clinical trainees do not suppress the distress that can lead to IS and negative client outcomes (Cozzarelli & Major, 1990; Ingram, 2013; Thériault et al., 2009). When supervisors share their own experiences of shame and inadequacy, it builds a bond through shared vulnerability.

The supervisory relationship normalises the supervisee's struggles, models emotionally intelligent and ethical behaviour, and strengthens the alliance necessary to explore IS safely while restoring professional resilience (Ingram, 2013; Perret, 2017). Effective supervision involves explicit emotional engagement, supervisor self-disclosure, and a stance of curiosity and compassion (Frawley-O'Dea & Sarnat, 2001; Knight, 2012; Prenn & Fosha, 2017). When viewed through the lens of neuroscience (Schore, 2014; Siegel, 2012), these elements have the potential to be transformative (Egan et al., 2011; Johnson, 2006; Miehl, 2014).

Previous findings have also highlighted the continued need for empirical evidence to support the use of alternative methods or interventions, such as mindfulness practices, in clinical counselling supervision to help build the confidence of future counsellors (Daniel et al., 2015; Fulton, 2016; Glazer & Stein, 2015; Gockel, 2015; Guiffida, 2015).

The rapidly evolving field of clinical counselling supervision can be as diverse as the therapeutic approaches themselves. According to Corey et al. (2010), diverse supervision methods can be administered with either a general

approach or specific interventions based on various theoretical orientations.

Conclusion

IS significantly impacts individuals across various professional and educational settings, leading to negative outcomes such as burnout, anxiety, depression, and decreased job satisfaction. Research highlights the importance of addressing IS through evidence-based solutions like CBT, mindfulness practices, and peer support. Implementing these interventions can mitigate the adverse effects of IS, fostering a healthier and more productive professional environment. Future research should continue to explore and validate specific treatments for IS to enhance both clinical and workplace outcomes. 🌙

Katerina Maskanceva

Katerina holds a Bachelor's degree in psychology and is currently a second-year Master's student in Pluralism in Counselling and Psychotherapy at IICP College, graduating this year. With a deep interest in understanding the underlying issues of particular behaviours, she pursued studies in psychology and psychotherapy. Katerina has dedicated her career to understanding and addressing psychological patterns that impact professional performance and well-being. Her research focuses on evidence-based interventions for mental health issues, particularly IS. Katerina is committed to professional development and continually seeks new learning opportunities to inform her practice with clients. In her free time, she enjoys spending time outdoors, reading about psychological theories, and taking long walks with her dog. Katerina can be contacted at jekaterinamaskanceva@gmail.com

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Badawy, R. L., Gazdag, B. A., Bentley, J. R., & Brouer, R. L. (2018). Are all impostors created equal? Exploring gender differences in the impostor phenomenon-performance link. *Personality and Individual Differences*, 131, 156-160. <https://doi.org/10.1016/j.paid.2018.04.044>
- Becker, T., & Whitaker, M. (2018). The benefits of mindfulness for therapists experiencing impostor syndrome. *Journal of Mental Health Counseling*, 40(3), 215-227. <https://doi.org/10.17744/mehc.40.3.04>
- Beinart, H., & Clohessy, S. (2017). *Effective supervisory relationships: Best evidence and practice*. Wiley.
- Bernard, D. L., Hoggard, L. S., & Neblett, E. W. (2018). Racial discrimination, racial identity, and impostor phenomenon: A profile approach. *Cultural Diversity and Ethnic Minority Psychology*, 24(1), 51-61. <https://doi.org/10.1037/cdp0000161>
- Bernard, D. L., Lige, Q. M., Willis, H. A., Sosoo, E. E., & Neblett, E. W. (2017). Impostor phenomenon and mental health: The influence of racial discrimination and gender. *Journal of Counseling Psychology*, 64(2), 155-166. <https://doi.org/10.1037/cou0000197>
- Botta, L. J., Cadet, J. S., & Marmaldi, A. J. (2015). Mindfulness-based interventions for therapists. *Mindfulness*, 6(4), 768-777. <https://doi.org/10.1007/s12671-014-0315-1>
- Bravata, D. M., Watts, S. A., Keefer, A. L., Madhusudhan, D. K., Taylor, K. T., Clark, D. M., ... & Hagg, H. K. (2020). Prevalence, predictors, and treatment of impostor syndrome: A systematic review. *Journal of General Internal Medicine*, 35(4), 1252-1275. <https://doi.org/10.1007/s11606-019-05364-1>
- Butzer, B., Ahmed, K., & Khalsa, S. S. (2016). Yoga enhances positive psychological states in young adult musicians. *Applied Psychophysiology and Biofeedback*, 41(2), 191-202. <https://doi.org/10.1007/s10484-015-9321-x>
- Campbell, A., Vance, S. R., & Dong, S. (2018). Examining the relationship between mindfulness and multicultural counseling competencies in counselor trainees. *Mindfulness*, 9(1), 79-87. doi:10.1007/s12671-017-0746-6
- Caselman, T. D., Self, P. A., & Self, D. R. (2005). Adolescent identity and the impostor phenomenon. *Journal of Adolescence*, 28(3), 367-379. <https://doi.org/10.1016/j.adolescence.2005.07.003>
- Chrousos, G. P. (2009). Stress and disorders of the stress system. *Nature Reviews Endocrinology*, 5(7), 374-381. <https://doi.org/10.1038/nrendo.2009.106>
- Clark, M., Vardeman, K., & Barba, S. (2014). Perceived inadequacy: A study of impostor phenomenon among college and research librarians. *College & Research Libraries*, 75(3), 255-271. <https://doi.org/10.5860/crl12-423>
- Clance, P. R. (1985a). *The impostor phenomenon: When success makes you feel like a fake*. Bantam Books.
- Clance, P. R. (1985b). Clance Impostor Phenomenon Scale (CIPS) [Database record]. APA PsycTests. <https://doi.org/10.1037/t11274-000>
- Clance, P. R., & Imes, S. A. (1978). The impostor phenomenon in high-achieving women: Dynamics and therapeutic intervention. *Psychotherapy: Theory, Research & Practice*, 15(3), 241-247. <https://doi.org/10.1037/h0086006>
- Clance, P. R., O'Toole, M. A., & Langford, J. (1995). The impostor phenomenon: An internal barrier to empowerment and achievement. *Women & Therapy*, 16(4), 51-64. https://doi.org/10.1300/J015V06N03_05
- Coholic, D., & Eys, M. (2016). Benefits of an arts-based mindfulness group intervention for vulnerable children. *Child & Adolescent Social Work Journal*, 33(1), 1-13. <https://doi.org/doi:10.1007/s10560-015-0431-3>
- Cokley, K., McClain, S., Enciso, A., & Martinez, M. (2015). An examination of the impact of minority status stress and impostor feelings on the mental health of diverse ethnic minority students. *Journal of Multicultural Counseling and Development*, 41(2), 82-95. <https://doi.org/10.1002/j.2161-1912.2013.00029.x>
- Corey, G., Haynes, R., Moulton, P., & Muratori, M. (2010). *Clinical supervision in the helping professions: A practical guide*. American Counseling Association. Wiley.
- Cozzarelli, C., & Major, B. (1990). Exploring the validity of the impostor phenomenon. *Journal of Social and Clinical Psychology*, 9(4), 401-417. <https://doi.org/10.1521/jscp.1990.9.4.401>
- Daniel, L., Borders, L. D., & Willse, J. (2015). The role of supervisors' and supervisees' mindfulness in clinical supervision. *Counselor Education and Supervision*, 54(3), 221-232. doi:10.1002/ceas.12015
- Davis, D. M., & Hayes, J. A. (2012). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, 48(2), 198-208. <https://doi.org/10.1037/a0022062>
- Davidson, R. J., & Kaszniak, A. W. (2015). Conceptual and methodological issues in research on mindfulness and meditation. *American Psychologist*, 70(7), 581-592. <https://doi.org/10.1037/a0039512>
- DeCandia Vitoria, A. (2020). Experiential supervision: Healing impostor phenomenon from the inside out. *The Clinical Supervisor*, 40(2), 200-217. <https://doi.org/10.1080/07325223.2020.1830215>
- Egan, M., Neely-Barnes, S. L., & Combs-Orme, T. (2011). Integrating neuroscience knowledge into social work education: A case-based approach. *Journal of Social Work Education*, 47(2), 269-282. <https://doi.org/10.5175/JWE.2011.200900109>
- Evans, A., Crane, R., Cooper, L., Mardula, J., Wilks, J., Surawy, C., Kenny, M., Kuyken, W. (2015). A framework for supervision for mindfulness-based teachers: A space for embodied mutual inquiry. *Mindfulness*, 6(3), 572-581. <https://doi.org/10.1007/s12671-014-0292-4>
- Fallah, N. (2017). Mindfulness, coping self-efficacy, and foreign language anxiety: A mediation analysis. *Educational Psychology*, 37(6), 745-756. <https://doi.org/10.1080/01443410.2016.1149549>
- Freud, S. (2014). The dynamics of narcissism. In P. R. Clance & S. A. Imes (Eds.), *The Impostor Phenomenon: Overcoming the Fear that Haunts Your Success* (pp. 51-62). Routledge.
- Frawley-O'Dea, M. G., & Sarnat, J. E. (2001). *The supervisory relationship: A contemporary psychodynamic approach*. Guilford Press.
- Fraenza, C. B. (2016). The role of social influence in anxiety and the impostor phenomenon. *Online Learning*, 20(2), 1-20.
- Fulton, C. L. (2016). *Mindfulness and clinical supervision: A practical guide*. New Harbinger Publications.
- Gibson, M. (2014). Social Worker Shame in Child and Family Social Work: Inadequacy, Failure, and the Struggle to Practise Humanely. *Journal of Social Work Practice*, 28(4): 417-431.
- Glazer, H. R., & Stein, D. (2015). Mindfulness and the play-therapist supervisor: A study in transformative learning. *International Journal of Play Therapy*, 24(1), 41-53. <https://doi.org/10.1037/a0038663>

- Gockel, A. (2015). Teaching note - Practicing presence: A curriculum for integrating mindfulness training into direct practice instruction. *Journal of Social Work Education, 51*(4), 682-690. doi:10.1080/10437797.2015.1076275
- Goreczny, A. J., Hamilton, D., Lubinski, L., & Pasquinelli, M. (2015). Exploration of counselor self-efficacy across academic training. *Clinical Supervisor, 34*(1), 78-97. https://doi.org/10.1080/07325223.2015.1012916
- Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor Education and Supervision, 49*(1), 2-19. https://doi.org/10.1002/j.1556-6978.2009.tb00083.x
- Guiffida, D. (2015). A constructive approach to counseling and psychotherapy supervision. *Journal of Constructivist Psychology, 28*(1), 40-52. https://doi.org/10.1080/10720537.2014.922911
- Harvey, J. C. (1981). The Harvey Impostor Phenomenon Scale. [Unpublished manuscript].
- Halm, M. (2017). The role of mindfulness in enhancing self-care for nurses. *American Journal of Critical Care, 26*(4), 344-348. https://doi.org/doi:10.4037/ajcc2017589
- Harris, A. R., Jennings, P. A., Katz, D. A., Abenavoli, R. M., & Greenberg, M. T. (2016). Promoting stress management and wellbeing in educators: Feasibility and efficacy of a school-based yoga and mindfulness intervention. *Mindfulness, 7*(1), 143-154. https://doi.org/10.1007/s12671-015-0451-2
- Hoang, Q. (2013). The impostor phenomenon: Overcoming internalized barriers and the impostor phenomenon: Overcoming internalized barriers and recognizing achievements recognizing achievements. *The Vermont Connection, 34*(1), 42-51. https://scholarworks.uvm.edu/tvc
- Hopkins, A., & Proeve, M. (2013). Teaching mindfulness-based cognitive therapy to trainee psychologists: Qualitative and quantitative effects. *Counselling Psychology Quarterly, 26*(2), 115-130. https://doi.org/10.1080/09515070.2013.792998
- Hugh-Jones, S., Rose, S., Koutsopoulou, G., & Simms-Ellis, R. (2018). How is stress reduced by a workplace mindfulness intervention? A qualitative study conceptualising experiences of change. *Mindfulness, 9*(2). https://doi.org/10.1007/s12671-017-0790-2
- Hutchins, H. M. (2015). Outing the impostor: A study exploring impostor phenomenon among higher education faculty. *New Horizons in Adult Education and Human Resource Development, 27*(2), 3-12. https://doi.org/10.1002/nha3.20098
- Hutchins, H. M., & Rainbolt, H. (2018). What triggers impostor phenomenon among academic faculty? A critical incident study exploring antecedents, coping, and development opportunities. *Human Resource Development International, 20*(3), 194-214. https://doi.org/10.1080/13678868.2016.1248205
- Ikonomopoulos, J., Vela, J. C., Smith, W. D., & Dell'Aquila, J. (2016). Examining the practicum experience to increase counseling students' self-efficacy. *Professional Counselor, 6*(2), 161-173. https://doi:10.15241/ji.6.2.161
- Ingram, R. E. (2013). *The interpersonal nature of depression: Therapeutic implications*. American Psychological Association.
- Ivers, N. N., Johnson, S. P., Clarke, P. B., Newsome, J., & Berry, K. (2016). The relationship between mindfulness and multicultural counseling competence. *Journal of Counseling & Development, 94*(1), 72-82. https://doi.org/10.1002/jcad.12063
- Johnson, S. (2006). The neuroscience of the mentor-learner relationship. *New Directions for Adult and Continuing Education, 2006*(110), 63-69. https://doi.org/10.1002/ace.220
- Kabat-Zinn, J. (2015). Mindfulness. *Mindfulness, 6*(6), 1481-1483. https://doi.org/10.1007/s12671-015-0456-x
- Kalmanowitz, D., & Ho, R. T. H. (2017). Art therapy and mindfulness with survivors of political violence: A qualitative study. *Arts in Psychotherapy, 54*, 23-30. https://doi: 10.1037/tra0000174
- Keil, M. S. (2016). *Mindfulness in clinical supervision: Impacts on the working alliance and 100 supervisees' perceptions of self-efficacy*. Azusa, CA: Azusa Pacific University.
- Knight, C. (2012). Therapeutic use of self: Theoretical and evidence-based considerations for clinical practice and supervision. *Clinical Supervisor, 31*(1), 1-24. https://doi.org/10.1080/07325223.2012.676370
- Kolligian, J., and Sternberg, R. J. (1991). Perceived fraudulence in young adults: Is there an "impostor syndrome"? *J. Pers. Assess. 56*, 308-326. https://doi.org/10.1207/s15327752jpa5602_10
- Kozina, K., Grabovari, N., De Stefano, J., & Drapeau, M. (2010). Measuring changes in counselor self-efficacy: Further validation and implications for training and supervision. *The Clinical Supervisor, 29*(2), 117-127. https://doi.org/10.1080/07325223.2010.517483
- Kuppasamy, P. D. A/P., Heeranthi, Kangyon, C., How, L. K., Htay, M. N. N., Khobragade, S., Moe, S., Soe, H. H. K. (2022). How impostor syndrome affects academic performance and leadership virtues among undergraduate clinical year medical students. *Asian Journal of Medicine and Health 20* (10),172-80. https://doi.org/10.9734/ajmah/2022/v20i1030517
- LaDonna, K. A., Ginsburg, S., & Watling, C. (2018). "Rising to the level of your incompetence": What physicians' self-assessment and self-monitoring narratives reveal about experiences of uncertainty. *Academic Medicine, 93*(5), 744-749. https://doi.org/10.1097/ACM.0000000000002046
- Lane, J. A. (2015). The impostor phenomenon among emerging adults transitioning into professional life: Developing a grounded theory. *Adultspan Journal, 14*(2), 114-128. https://doi.org/10.1002/adsp.12009
- Langford, J., & Clance, P. R. (1993). The impostor phenomenon: Recent research findings regarding dynamics, personality and family patterns and their implications for treatment. *Psychotherapy: Theory, Research, Practice, Training, 30*(3), 495-501. https://doi.org/10.1037/0033-3204.30.3.495
- Leary, M. R., Patton, K. M., Orlando A. E., Wagoner Funk, W. (2001). The impostor phenomenon: Self-perceptions, reflected appraisals, and interpersonal strategies. *Journal of Personality, 68*(4), 725-756. https://doi.org/10.1111/1467-6494.00114
- Lueke, A., & Gibson, B. (2016). Mindfulness meditation reduces implicit age and race bias: The role of reduced automaticity of responding. *Social Psychological and Personality Science, 6*(3), 284-291. https://doi.org/10.1177/1948550614559651
- Manuello, J., Vercelli, U., Nani, A., Costa, T., & Cauda F. (2016). Mindfulness meditation and consciousness: An integrative neuroscientific perspective. *Consciousness and Cognition, 40*, 67-78. https://doi/10.1016/j.concog.2015.12.005
- Miehls, D. (2014). Relational theory and social work treatment. In F.J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (pp. 210-226). Oxford University Press.
- Petersen, M., & la Cour, P. (2016). Mindfulness: What works for whom? Referral, feasibility, and user perspectives regarding patients with mixed chronic pain. *Journal of Alternative & Complementary Medicine, 22*(4), 298-305. https://doi.org/10.1089/acm.2015.0310
- Perret, V. (2017). Shame, the scourge of supervision. *International Journal of Transactional Analysis Research & Practice, 8*(2), 41-48. https://doi.org/10.29044/v8i2p41
- Prenn, N., & Fosha, D. (2017). *Supervision essentials for Accelerated Experiential Dynamic Psychotherapy*. American Psychological Association.
- Qureshi, M. A., Taj, J., Latif, M. Z., Rafique, S., Ahmed, R., & Chaudhry, M. A. (2017). Imposter syndrome among Pakistani medical students. *Annals of King Edward Medical University, 23*(2), 107-111. https://annalskemu.org/
- Sawant, N. S., Kamath, Y., Bajaj, U., Ajmera, K., & Lalwani, D. (2023). A study on impostor phenomenon, personality, and self-esteem of medical undergraduates and interns. *Indian Psychiatry Journal, 32*(1), 136-141. https://doi.org/10.4103/ipj.ipj_59_22
- Schore, A. N. (2014). *Affect regulation and the repair of the self*. W. W. Norton & Company.
- Sherman, R. (2013, May). *Impostor Syndrome: When you feel like you're faking it*. Research Gate. Retrieved March 22, 2022 from https://www.researchgate.net/profile/Rose-Sherman/publication/256475007_Sherman_RO_2013_Impostor_Syndrome_American_Nu_rse_Today_85_57-58/links/0c960522f53cd9647f000000/Sherman-RO-2013-Imposter-Syndrome-American-Nurse-Today-85-57-58.pdf
- Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). Guilford Press.
- Slank, S. (2019). Rethinking the impostor phenomenon. *Ethical Theory and Moral Practice, 22* (1), 205-218. https://doi.org/10.1007/s10677-019-09984-8
- Sweeny, K., & Howell, J. L. (2017). Bracing later and coping better: Benefits of mindfulness during a stressful waiting period. *Personality and Social Psychology Bulletin, 43*(10), 1399-1414. https://doi.org/10.1177/01461672171713490
- Swope, K., Thompson, B. M., & Haidet, P. (2017). Impostor phenomenon across the span of medical training. *Journal of General Internal Medicine, 32*(2), 223-233.
- Tarrasch, R. (2015). Mindfulness meditation training for graduate students in educational counseling and special education: A qualitative analysis. *Journal of Child and Family Studies, 24*(5), 1322-1333. https://doi.org/10.1007/s10826-014-9939-y
- Thériault, A., Gazzola, N., & Richardson, B. (2009). Feelings of incompetence in novice therapists: Consequences, coping, and correctives. *Canadian Journal of Counseling and Psychotherapy, 43*(2), 105-119.
- Urwin, J. (2018). Impostor phenomena and experience levels in social work: An initial investigation. *British Journal of Social Work, 48*(5), 1432-1446. https://doi.org/10.1093/bjsw/bcx109
- van der Gaag, A. (2018, July 14). *The harmful effects of impostor phenomenon*. http://beatimpostorsyndrome.net/effects.html
- Winnicott, D. W., Phillips, A., & Caldwell, L. (2012). *Home is where we start from: Essays by a psychoanalyst*. Penguin Books.
- Whetsel, K. (2023). *Impostor Syndrome in Higher Education Stems from Self-Doubt and Perfectionism in High School*. Bowling Greens State University Honors Projects. 862. https://scholarworks.bgsu.edu/honorsprojects/862
- Wyatt, L. L. (2012). The role of mindfulness in clinical supervision. (Doctoral dissertation). https://libres.uncg.edu/ir/uncg/f/Wyatt_uncg_0154D_10573.pdf

Academic/Research Article

Time to say goodbye – Trainee psychotherapists' experiences of therapeutic endings

By Lisa McKeivitt



Endings are a necessary part of the therapeutic process that can be fraught with diverse and conflicting emotions. A study on the types of client-therapist endings, and the impact of grief and loss on this process, provides understanding and learning for trainee counsellors navigating this often overlooked part of the therapeutic process

Introduction

Just as endings are an inevitable part of life, they are found in every corner of the therapeutic relationship (Finlay, 2016). Therapy is finite (Schlage, 2017). The therapist and client begin to terminate right from the beginning (Goldberg, 1975) as there is an expectation that therapy will come to an end, whether this is planned or unplanned. This is a process that involves letting go of clients (Davis, 2008).

Research indicates that therapists may experience a range of complex emotions when ending with clients, including anger, anxiety, guilt, and doubt in one's perceived level of competency (Baum, 2007), in addition to their own personal resistances and repressions (Murdin, 2000). Findings also indicate that therapists' own history of loss has been found to have a significant influence on endings in therapy

(Fragkiadaki & Strauss, 2012; Turtle, 2019), therefore grief is a particular area of interest explored within this research. This article examines the experiences of therapeutic endings from the perspective of therapists in training.

Literature review

The end of therapy has long been acknowledged as a significant part of the therapeutic process (Field, 2015; Roe et al., 2006; Willock, 2007), yet despite this, there is a paucity of psychological research on this subject (Bhatia & Gelso, 2017; Chambers & Pendle, 2023; Fragkiadaki & Strauss, 2012) and how such endings are processed (Bostic et al., 1996; Shahar & Ziz-Beiman, 2020). Most of the existing literature focuses on the experience of the client (Knox et al., 2011, as cited in Vernon & Schweitzer, 2023), while several authors have commented on the lack of research on therapists' experiences (Fragkiadaki & Strauss, 2012; Frank, 2009; Goodyear, 1981; Levinson, 1977; Martin & Schurtman, 1985; Roe et al., 2006; Vernon & Schweitzer, 2023). Furthermore, there appears to be limited studies specifically examining trainee psychotherapists' experiences.

The literature presents some important findings in relation to how counsellors may be impacted by their experience of therapeutic endings. Such endings are complex

and shaped by a myriad of factors (Fragkiadaki & Strauss, 2012; O’Donohue & Cucciare, 2008). Some of the broad themes that emerge from the review include that therapeutic endings may evoke a complex range of feelings, often with negative affect, and that the end of therapy may be felt as a loss that may evoke unresolved experiences of grief from one’s own personal history of loss.

Types of therapeutic endings

Finlay (2016) identified three types of therapeutic endings: mutual, forced, and unilateral. Mutual decisions to conclude therapy may be predetermined within the therapy contract or may develop organically over time (Finlay, 2016).

There is a general consensus that mutual endings are the hallmark of a good ending in open-ended therapy (Fragkiadaki & Triliva, 2014; Joyce et al., 2007). Forced endings occur when circumstances such as illness or health issues take the decision-making out of the hands of the therapist and client (Finlay, 2016). Unilateral endings are those decided by the client alone (Finlay, 2016) and they often occur without warning (Norcross et al., 2017). In such cases, the client may stop coming to therapy (Finlay, 2016).

When a client ends therapy unilaterally, it may be that they did not feel the need to return or perhaps did not find therapy helpful (Finlay, 2016). Regardless of the reason, such abrupt endings leave the therapist to independently manage the “ending work”, residual feelings (Finlay, 2016), unanswered questions (Willcock, 2007) and potentially a perceived sense of failure (Barrett et al., 2008). Research indicates that abrupt endings induce the most stress in therapists (Skovholt & Trotter-Mathison, 2016) and

that trainee therapists experience higher rates of unilateral endings than more experienced therapists (Swift & Greenberg, 2012).

Grief and loss

Loss is a universal human phenomenon (Howarth, 2011). Research demonstrates that there is considerable incidence of loss in the lives of counsellors (Martinez, 1986; Sussman, 1992). Given that grief and loss are universal experiences, psychotherapists will unavoidably experience personal losses during their careers (Deville, 2014).

Therapeutic endings are acknowledged as a challenging period during which separation histories, defences and difficulties are entwined (Graybar & Leonard, 2008). The difficulties of separation and loss that come with therapeutic endings may cause therapists to evade, resist and deflect from the experience (Finlay, 2016). Lendrum (2004) highlights the importance of recognising one’s fears about endings and alerts therapists to the temptation both within themselves and the client to avoid working with, and focusing on, the end of the therapeutic relationship.

Study aims

The present study aimed to explore trainee psychotherapists’ experiences of therapeutic endings with their clients. The objectives were to gain an understanding

of the experience of therapeutic endings for trainee therapists, to explore the impact of various types of client-therapist endings, and to explore the concept of grief and loss within the context of therapeutic endings.

Methodology

The author of this study conducted their research as part of a BSc in Integrative Counselling & Psychotherapy at the IICP College, Tallaght, using a qualitative methodology. Semi-structured interviews were conducted with five trainee psychotherapists, all based in Ireland. All participants were female, two were aged 40-plus and three aged 50-plus. Participants’ experience of counselling clients ranged from 15 months to three years. All participants were trained in person-centred therapy and choice therapy. Three of the participants offered open-ended therapy and two offered time-limited therapy. Each interview was transcribed verbatim and the author utilised interpretative phenomenological analysis (IPA) to analyse the data. All data protection and ethical standards were adhered to throughout the research.

Results

Four super-ordinate themes emerged from the data as well as subordinate themes in each category as presented in Table 1.

Super-ordinate themes	Subordinate themes
<ul style="list-style-type: none"> • A grief that cannot be spoken 	<ul style="list-style-type: none"> • Going through the motions, not the e-motions • Battling impermanence • A dandelion in the wind
<ul style="list-style-type: none"> • A mirror into my own loss 	<ul style="list-style-type: none"> • The empty chair • Moving outside of the therapeutic role
<ul style="list-style-type: none"> • The highs and lows 	<ul style="list-style-type: none"> • From one extreme to the other
<ul style="list-style-type: none"> • A wolf in sheep’s clothing 	<ul style="list-style-type: none"> • Ambushed from within • The necessity of self-awareness

Table 1: Study results

A grief that cannot be spoken

The overarching theme of “a grief that cannot be spoken” encapsulates the grief that was echoed in the participants’ lived experience of saying goodbye to their clients for the last time. This super-ordinate theme consists of three subthemes. The first sub-theme, “going through the motions, not the e-motions”, illustrates how painful and inherently complex therapeutic endings can be for trainee therapists.

Consistent with existing research pertaining to qualified therapists (Finally, 2016; Lendrum 2004), the results of the present study demonstrate that difficulties of separation and loss may cause trainee therapists to evade and resist therapeutic endings. The current findings highlight that therapists are required to go beyond the application of techniques, as they must also navigate their own avoidance, resistance and repressions.

This is a finding also shared by Murdin (2000) who examined the theoretical, technical and ethical aspects of endings. The sub-theme “battling impermanence” also reflects the participants’ narratives around the tendency to resist and avoid the final goodbye, however, this sub-theme characterises the efforts to evade the end, such as prolonging therapy and/or creating an open-door policy for clients to return. The latter could be interpreted as a way of removing the finality from therapeutic endings to ease emotional distress. These results correlate with Lendrum’s (2004) findings that alert therapists to the temptation within themselves to avoid working with, and focusing on, the end of the therapeutic relationship.

The final sub-theme, “a dandelion in the wind” encapsulates the delicate nature of “holding on” and “letting go”. The participants’

narratives reflected a desire to hold on to clients despite, in some cases, recognising the client’s readiness to end. In contrast to “holding on”, the strand of “letting go” also emerged from participants’ accounts. One participant shared that she feels that a part of her leaves with her clients – while she lets go, a part of her is also going with the client. This could be interpreted as a way to maintain a continuing bond with the former client or a means to re-orient oneself again in the adjustment of loss. These findings are in line with theories that underpin bereavement and loss, such as Klass et al.’s (1996) continuing bond theory, which suggests a bereaved person can and should continue to maintain a relationship with the person that has passed instead of simply moving on.

A mirror into my own loss

The super-ordinate theme of “a mirror into my own loss” illustrates the blended presence of personal loss in the therapeutic ending. Two sub-themes emerged, which reflect the two dimensions of loss. The first relates to the loss of the client and the second to the entanglement of the participants’ personal loss. The “empty chair” sub-theme represents the participants’ expressed feelings of loss when therapy ended. In the participants’ narratives, some explicitly identified a sense of loss, while others expressed sentiments of this nature, such as a void being left. The experience of the client as a loss aligns with findings from Goodyear (1981) and Levinson (1977).

The second sub-theme of “moving outside of the therapeutic relationship” represents how therapeutic endings may evoke one’s own personal history of grief and loss. These findings are in line with existing research that suggests that a therapist begins the therapeutic relationship as an individual shaped by his/her history of personal losses (Fragkiadaki

& Strauss, 2012). Some of the participants voiced that they experienced familiar feelings, but not as intense as previous personal losses. The current findings suggest that ending therapy with a client can evoke memories and emotions associated with past farewells, highlighting how these past experiences may influence trainee therapists’ emotional responses. These findings are consistent with existing research that indicates that therapists’ own history of loss can have a significant influence on endings in therapy (Fragkiadaki & Strauss, 2012; Turtle, 2019).

The highs and lows

The narratives of all five participants speak to the super-ordinate theme of the “highs and lows” in the therapeutic ending. The extremities of emotions highlight the depth, complexity and nuances that can accompany endings.

According to the participants’ accounts, factors that influence one’s emotional responses include individual loss histories and non-death endings; the participants’ attachment style; the bond in the relationship; the length of the therapy relationship; and the type of therapeutic ending. One sub-theme emerged, “from one extreme to the other”, which captures the array of emotions that participants’ expressed. These findings are in line with research by Fragkiadaki & Strauss (2012), who asserted that the end of therapy evokes a considerable intensity and range of emotions for the therapist. One participant expressed a sense of accomplishment in reaching the end with her client, as well as a sense of loss. These co-existing, mixed feelings reflect the complexity of therapeutic endings and also how the relationship itself influences the ending. This finding also lines up with research by Fragkiadaki &

Strauss (2012), which states that the therapeutic relationship inevitably influences the end.

A wolf in sheep's clothing

The narratives of four participants illustrate this super-ordinate theme of a “wolf in sheep's clothing”. The concept of therapeutic endings being like “a wolf in sheep's clothing” reflects that while the end of therapy appeared to be a straightforward and even positive process (like a sheep), it was actually fraught with unexpected challenges and emotional difficulties (like a wolf). Many of the participants expressed that they did not consider the end in the beginning and did not foresee the ways in which they would be impacted.

The sub-theme “ambushed from within” further reflects this sense of being ambushed by one's own emotions. The unsuspecting perception of therapeutic endings is a concept that the author was unable to find in existing research, however, the participants expressed this concept so strongly that the author felt obliged to report it. This could be owing to limited research conducted specifically on trainee psychotherapists.

Additionally, the research examined in the literature review of this study was conducted with qualified counsellors (Goodyear, 1981; Fragkiadaki & Strauss, 2012), psychologists (Boyer & Hoffman, 1993) and allied health professionals, including trainee counselling psychologists (Turtle, 2019), therefore this specific finding may not be applicable to those cohorts. Instead, it may be specific to trainee psychotherapists embarking on their counselling journey with clients and being confronted, or perhaps ambushed, by these challenges for the first time.

The final sub-theme that emerged from the data was “the necessity of self-awareness”, which reflects

the participants' need to be aware of their own internal processing; the need to be aware of how the end of the therapeutic relationship impacts them; the need to be aware of how one feels about their client; and the need to be aware of what parts of one's own history of loss and endings may be triggered. Overall, awareness was considered a guiding principle. The importance of self-awareness is a finding in line with the view presented by Turtle (2019) and Field (2015). Field (2015) stated that “self-awareness is a gift that brings a therapist in contact with their humanness” (p. 2).

Recommendations

The findings from this phenomenological inquiry offer implications regarding training and clinical practice. In terms of training, the participants expressed that they felt largely unprepared and were left feeling that perhaps there was nothing they could have done to prepare. In light of these findings, the author suggests that training programmes provide more opportunity to focus on the topic of therapeutic endings. This is necessary to help trainee therapists prepare for the complexity of therapeutic endings early in their education.

Trainee therapists would benefit from the opportunity to explore how therapeutic endings may be influenced by one's attachment style, the therapeutic relationship and history of loss and grief. Where there is a beginning, the trainee therapist will inevitably experience the ending in one way or another. Considering the overarching theme of a “wolf in sheep's clothing”, helping trainee therapists understand the nature of therapeutic endings can assist them in developing the skills necessary to better manage this critical part of the relationship.

The results of this study

also highlight the importance of providing time to focus on therapeutic endings in supervision – both for preparation of the end and post-termination debriefing. Providing emotional support and opportunities for reflection may help trainee therapists to process their feelings about ending therapy.

Strengths and limitations

Reflecting upon strengths and limitations of the current study, the use of IPA provided an in-depth and comprehensive account of trainee therapists' experiences of therapeutic endings. The main currency for an IPA study centres on understanding the meaning particular events and experiences hold for participants (Smith & Osborn, 2003). The use of semi-structured interviews also provided opportunity to clarify and reveal implicit processes. In doing so, the findings of this study propose a valuable contribution to the limited body of research. With that being said, a qualitative methodology has limitations. In terms of subjectivity, the current findings relied on the author's interpretations of the data. Other researchers may have found different themes to be more significant.

The author tried to ensure rigour and validity through reflexivity, and the use of a reflexive journal throughout the research process. Nonetheless, the author's personal and professional experiences with endings have inevitably influenced interpretation of the data. Additionally, the participants were aware of the nature of the current study. Research indicates that self-reports are inherently susceptible to social desirability bias (Paulhus, 1984).

Conclusion

This study set out to develop a deeper understanding of how trainee psychotherapists' experience the

end of the therapeutic relationship. This study shifted focus beyond existing literature by exploring the perspectives of trainees beginning their journey as therapists. Findings revealed the complex nature of therapeutic endings. While all participants expressed numerous positive experiences, painful and unexpected challenges also existed. For some, endings were anxiety provoking, sad and difficult to face. Dotted throughout the extremes were mixed emotions and a recognition that each relationship is unique and therefore evokes a different experience every time. What came through the participants'

narratives was a grief that could not be spoken and a grief that was not expected in relation to this relationship.

Some participants felt compelled to hold on to their clients and this reflected the delicate nature of attachment and separation. For some, therapeutic endings held a mirror up to their own personal history of loss and grief. The end of therapy is compounded by these layers. Overall, these findings highlight the importance of giving time and focus to this part of the therapeutic relationship – from a training and supervisory standpoint. Endings require trainee therapists to

come to terms with their meaning, and learning to embrace endings will also help clients to make sense of their own endings. ☺

Lisa McKeivitt

Lisa McKeivitt, BSc (Hons), MSc (Hons), is a pre-accredited IACP counsellor. She has been seeing clients in a counselling capacity since 2022 and has worked in the domestic violence sector for the past 16 years. Lisa can be contacted by email at lisa_mckevitt@yahoo.com

REFERENCES

- Barrett, M. S., Chua, W.J., Crits-Christoph, P., Gibbons, M. B., Casiano, D., & Thompson, D. (2008). Early withdrawal from mental health treatment: Implications for psychotherapy practice. *Psychotherapy, 45*(2), 247-267. <https://doi.org/doi:10.1037/0033-3204.45.2.247>
- Baum, N. (2007). Therapists' responses to treatment termination: An inquiry into the variables that contribute to therapists' experiences. *Clinical Social Work Journal, 35*, 97-106. <https://doi.org/doi:10.1007/s10615-006-0066-0>
- Bhatia, A., & Gelsco, C. J. (2017). The termination phase: Therapists' perspective on the therapeutic relationship and outcome. *Psychotherapy, 54*(1), 76-87. <https://doi.org/doi:10.1037/pst0000100>
- Bostic, J. Q., Shadid, L. G., & Blotcky, M. J. (1996). Our time is up: Forced terminations during psychotherapy training. *American Journal of Psychotherapy, 50*(3), 347-359. <https://doi.org/doi:10.1176/appi.psychotherapy.1996.50.3.347>
- Boyer, S., & Hoffman, M. A. (1993). Counselor affective reactions to termination: Impact of counselor loss history and perceived client sensitivity to loss. *Journal of Counseling Psychology, 40*, 271-277. <https://doi.org/doi:10.1037/0022-0167.40.3.271>
- Chambers, L., & Pendle, A. (2023). "I guess the ending is the price you pay". Working at relational depth in a seven-session model: The impact of regular planned endings on counsellors. *Counselling and Psychotherapy Research*. <https://doi.org/https://doi.org/10.1002/capr.12712>
- Davis, D. (2008). *Terminating Therapy*. John Wiley & Sons.
- Devilly, S. (2014). *An exploration of psychotherapists' experiences of bereavement and personal illness* [MA thesis, Dublin Business School, School of Arts]. <https://eource.dbs.ie/server/api/core/bitstreams/5c6530b5-5e86-43f1-a2b8-d3b0f6d1a519/content>
- Finlay, L. (2016). *Relational integrative psychotherapy: Processes and theory in practice*. Wiley.
- Field, J. (2015). "Good enough" endings: Ways both clients and therapists can benefit from a mindful end to therapeutic work. <https://grief.org.au/Common/Uploaded%20files/Bereavement%20Practice%20for%20Clinicians%20and%20Service%20Providers/Bereavement-Practice-Summer-2015.pdf>
- Fragkiadaki, E., & Strauss, S. M. (2012). Termination of psychotherapy: The journey of 10 psychoanalytic and psychodynamic therapists. *Psychology and Psychotherapy: Theory, Research and Practice, 85*(3), pp. 335-350. <https://doi.org/10.1111/j.2044-8341.2011.02035.x>
- Fragkiadaki, E., & Triliva, S. (2014). The therapist's experience of therapeutic relationship at the time of termination. *Psychoanalytic Theory, 185*.
- Frank, K.A. (2009). Ending with options. *Psychoanalytic Enquiry, 129*, 136-156.
- Goldberg, A. (1975). Narcissism and the readiness for psychotherapy termination. *Archives of General Psychiatry, 32*, 695-699.
- Goodyear, R. K. (1981). Relationship loss: Termination as a loss experience for the counselor. *The Personnel and Guidance Journal, 59*, 347-350.
- Graybar, S. R., & Leonard, L. M. (2008). Terminating psychotherapy therapeutically. In W. T. O'Donohue & M. A. Cucciare. (Eds.). *Terminating psychotherapy: A clinician's guide*. Routledge.
- Howarth, R. (2011). Concepts and controversies in grief and loss. *Journal of Mental Health Counseling, 33*(1), 4-10. <https://doi.org/doi:10.17744/mehc.33.1.900m56162888u737>
- Joyce, A.S., Piper, W.E., Ogronczuk, J. S., & Klein, R.H. (2007). *Termination in psychotherapy: A psychodynamic model of processes and outcomes*. American Psychological Association.
- Klass, D., Nickman, S., & Silverman, P. (1996). *Continuing bonds: New understandings of grief* (1st ed.). Routledge.
- Lendrum, S. (2004). "Parting is such sweet sorrow": The ending of therapeutic relationships, part 1. *Healthcare Counselling & Psychotherapy Journal, 4*(2), 26-29.
- Levinson, H. L. (1977). Termination of psychotherapy: Some salient issues. *Social Casework, 58*, 480-489.
- Martin, E. S., & Schurtman, R. (1985). Termination anxiety as it affects the therapist. *Psychotherapy: Theory, Research and Practice, 22*, 92-96.
- Martinez, A. C. (1986). Counselor responses to the termination of individual counseling in a university counseling center. *Dissertation Abstracts International, 48*, 268.
- Murdin, L. (2000). *How Much is Enough? Endings in Psychotherapy and Counselling*. Routledge.
- Norcross, J. C., Zimmerman, B. E., Greenberg, R. P., & Swift, J. K. (2017). Do all therapists do that when saying goodbye? A study of commonalities in termination behaviors. *Psychotherapy, 54*(1), 66-75. <https://doi.org/doi:10.1037/pst0000097>
- O'Donohue, W. T., & Cucciare, M. A. (2008). Introduction: General issues regarding termination. In W. T. O'Donohue & M. A. Cucciare. (Eds.). *Terminating Psychotherapy: A Clinician's Guide*. Routledge.
- Paulhus, D. L. (1984). Two-component models of socially desirable responding. *Journal of Personality and Social Psychology, 46*(3), 598-609. <https://doi.org/doi:10.1037/0022-3514.46.3.598>
- Roe, D., Dekel, R., Harel, G., Fennig, S., & Fennig, S. (2006). Clients' feelings during termination of psychodynamically-oriented psychotherapy. *Bulletin of the Menninger Clinic, 70*(1), 68-81.
- Schlage, B. (2017). About a good end – How to end psychotherapy and why this is hardly ever talked about. *International Body Psychotherapy Journal, 16*(1), 16-27.
- Shahar, G., & Ziv-Beiman, S. (2020). Using termination as an intervention (UTAI): A view from an integrative, cognitive existential psychodynamics perspective. *Psychotherapy, 57*(4), 515-520. <https://doi:10.1037/pst0000337>
- Skovholt, T. M., & Trotter-Mathison, M. (2016). *The resilient practitioner: Burnout and compassion fatigue prevention and self-care strategies for the helping professions*. (3rd ed.). Routledge.
- Smith, J. A., & Osborn, M. (2003). Interpretative Phenomenological Analysis. In J. A. Smith. (Ed.). *Qualitative psychology – A practical guide to research methods* (pp. 53-80). Sage Publications Ltd.
- Sussman, M. B. (1992). *A curious calling: Unconscious motivations for practicing psychotherapy*. Jason Aronson.
- Swift, J. K., & Greenberg, R. P. (2012). Premature Discontinuation in Adult Psychotherapy: A Meta-Analysis. *Journal of Consulting and Clinical Psychology, 80*(4), 547-559. <https://doi:10.1037/a0028226>
- Turtle, E. (2019). The ripple effect: Exploring the impact of therapeutic endings upon trainee counselling psychologists. *Counselling Psychology Review, 34*(1), 15-26. <https://doi.org/doi:10.53841/bpsocr.2019.34.1.15>
- Vernon, J., & Schweitzer, R. (2023). Learning to end: Trainee therapists' experiences of imposed therapeutic endings. *European Journal of Qualitative Research in Psychotherapy, 13*, 121-135. <https://ejqrp.org/index.php/ejqrp/article/view/226/132>
- Willock, B. (2007). Thoughts for our times on transience and transformation. In B. Willock, L. C. Bohm & R. C. Curtis. (Eds.). *On deaths and endings: Psychoanalysts' reflections on finality, transformations and new beginnings*. Routledge.

FLORESCENCE^o

The Gift of Grief

(On the loss of a parent)

By Paula Polland

My grief is the last gift I will ever give you,
whilst being the first gift you will never have the chance to hold,
yet it will hold me,
in a place where signs, songs and seasons
will lend themselves to my melancholy.

It will have me clinging to anniversaries
like they have the power to return you.

I will see you when you are not there
and I will turn my head to follow the sound of your voice
rippling across the meadow in the evening breeze.

I will pray that time is kind and never steals the scent of
your silky, silver hair from the pillow that you slept upon,
nor the feeling of your hand in mine as you let go of the world,
and even when my grief sleeps,

I will carry a dull ache to remind me
that every day is a lesson in living where you are not.

^oTHE PROCESS OF FLOWERING
OR DEVELOPING RICHLY AND FULLY

IACP Noticeboard

A Joint Message from your Cathaoirleach and Chief Executive Officer



Dear Member,

We hope the summer months were lovely and brought you much joy and the opportunity to take some time away from your normal routine to have some fun and recharge.

We wanted to make you aware that three issues of the IJCP will be published this year instead of the normal four. Due to a legal matter the summer edition was delayed with the hope that it could go forward, unfortunately the publication schedule does not allow for this to happen as the timeline for this autumn issue was also affected. The winter edition is scheduled to be published as usual in early December. Thank you for your patience and understanding, we appreciate what an important and valued resource the IJCP is to the membership.

We would like to take this opportunity to sincerely thank the volunteer members of the Editorial Committee for their dedication, hard work, and commitment in producing this outstanding and engaging publication.

Looking back, the past several months were kinetic with energy with the Annual Conference and Accreditation Ceremony bring every year, along with the added excitement generated from the visit with the Minister for Health at the national office and all of the activities in the regions as well as the continued important work by the committees.

We're pleased to share with you some of the highlights and of our work on your behalf over the last while including an update on our interactions with CORU.

Pre-Budget Submission

The Autumn heralds many beginnings like back to school and work after the summer months. It also means the Government has returned to Leinster House and our advocacy and lobbying activity ramps up with the release of the pre-budget submission priorities ahead of the budget process. We once again launched our online portal to ask for your support. We are calling on the Government to increase investment in counselling and psychotherapy with the aim of establishing universal access to therapeutic services for all in need. To support the achievement of this goal, the IACP has identified three key recommendations to be prioritised in the 2026 budget:

- 1. Removal of VAT on counselling and psychotherapy services**
- 2. Extension of tax relief to counselling and psychotherapy fees**
- 3. Investment in and expansion of access to school counselling at the primary and secondary levels.**

To get involved and learn more visit iacp.ie.

CORU Update

We would like to thank the many members who contacted the national office regarding our submission raising concerns about the long awaited CORU Standards of Proficiency and Criteria for Education for Counsellors and CORU Standards of Proficiency and Criteria for Education for Psychotherapists. We truly appreciate your offers of encouragement, support, and assistance and your engagement is so valued and makes us stronger in this effort.

Joint Message from your Cathaoirleach and Chief Executive

Key Concerns

- On 11th July 2025, the Counsellors and Psychotherapists Registration Board (the Board) published new Standards and Criteria which:
- Raised entry requirements for psychotherapists to Level 9 NFQ (Master's), while counsellors remain at Level 8 NFQ (Bachelor's) – contradicting the CORU Board's own previous rationale.
- Restricted counsellors' scope of practice to "mild to moderate issues," while psychotherapists are limited to "moderate to severe and complex psychological distress."
- Omitted mandatory personal therapy and clinical supervision from training requirements – risking graduates who meet academic criteria but lack the emotional resilience, relational skills, and practical preparedness essential for safe client work.
- In our view, significant changes were made without further consultation and no clear rationale for changes has been provided.
- No evidence that a Proportionality Assessment (a legal requirement under EU law) was carried out before adopting these new regulatory provisions.

In August we launched a grassroots campaign targeted at the Government and your constituency representatives of the Oireachtas to advocate for action regarding the issues identified with the standards and criteria.

Many thanks to all of those members who have added your voice to our campaign, there is strength in numbers and with your continued support we can work together to make meaningful change. There is still time to contribute to the discussion, please see the Members Section of iacp.ie for our comprehensive submission to CORU and the link to the portal.

Ministerial Visit

We were delighted to welcome Minister for Health, Jennifer Carroll MacNeill to our national office in Dún Laoghaire on 10th April. The Minister is the Fine Gael TD for the Dún Laoghaire constituency and was appointed by the Taoiseach to the role in January 2025.

During her visit, we both had the opportunity to engage with the Minister and have a meaningful conversation about our key government priorities and the growing demand for counselling and psychotherapy services across Ireland.

We highlighted that the dual qualification requirements for HSE counselling roles are a barrier to the recruitment of qualified therapists for HSE and the knock-on effect these requirements have on other roles.

We urged the Minister to revise the HSE's eligibility criteria to recognise a single Level 8 degree or postgraduate qualification in Counselling and Psychotherapy, as sufficient for applying to HSE counselling roles, without requiring an additional qualification in human sciences or Counselling and Psychotherapy.

The IACP is also seeking further commitment from Government to provide access to counselling and psychotherapy services to all primary and secondary schools.



Cathaoirleach Jade Lawless, Minister for Health Jennifer Carroll MacNeill, and CEO Lisa Molloy

Joint Message from your Cathaoirleach and Chief Executive

We reiterated our long-standing call for a VAT exemption for therapeutic services. The application of a VAT exemption would bring counsellors and psychotherapists into line with the exemption currently available to psychologists and other health professionals. This would ensure equitable treatment of mental health professionals as well as removing the burden of taxation on clients when paying for essential therapeutic services.

We pledged our strong commitment to working closely with the Department of Health to develop effective collaborative solutions to removing barriers for access to counselling and psychotherapy.

Annual Conference

Our 10th Annual Conference - 'The Lived Experience: Enriching Practice through Connection and Reflection' was held in Cork on 12th April. Once again, the weather shone brightly on the weekend and the warmth and camaraderie at the event was inspiring. We always value the opportunity of seeing so many of our members together in a relaxed welcoming environment.

Our thanks and appreciation to our talented speakers Richard Hogan, Eina McHugh, Margaret O'Connor, and Paraic Barnes for bringing your own perspective and

expertise to expand on the theme. Our gratitude goes to member Linda Breathnach who did a great job of facilitating the panel discussions.

One of the highlights of the year is the Annual Awards Ceremony where we honour our volunteers that serve on the many committees and are the lifeblood of the IACP and we're so grateful for all your contributions. It's your giving spirit and enthusiasm that propels our initiatives forward. Thank you so much for your time and energy that you give to the IACP and your profession.

Please see page 30 for additional details and photos from the conference.

Australian Conference

We had the honour of representing the IACP membership at the Australian Conference where we opened the Australian Counselling Association's (ACA) Inaugural Awards Ceremony with a keynote speech. We introduced the ACA membership to the history of the IACP and we spoke to similarities in our origin stories. Reflecting on Irish cultural storytelling, or Sheanchaí, and healing in communities drawing parallels to the Aboriginal traditions of Indigenous healing spaces—places where listening was a form of justice, and relationship was a tool for recovery. Much



CEO Lisa Molloy, Cathaoirleach Jade Lawless, Minister Jerry Buttimer TD and Leas Cathaoirleach Christopher Place

Joint Message from your Cathaoirleach and Chief Executive



Lisa Molloy and Jade Lawless attend ACA 2025

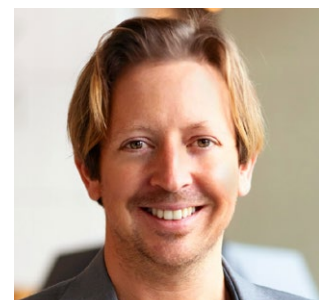
present and we were honoured to have been invited and delighted to have the opportunity to reciprocate the ACA CEO Jodie McKenzie attending and presenting at our conference in 2024.

Board Update

We were delighted to welcome our new co-opted board members Brian Holohan, MIACP; Marcella Finnerty, MIACP; and Clodagh Ní Ghallachóir, MIACP as well as our new external Board member, John Cummins to their first official Board meeting in March. Our new board members received a comprehensive induction and board governance training acquainting them with the relevant policies, procedures, and the responsibilities of board service. We welcome their addition, and the support and energy they bring to the Board's active and engaged programme of work for the remainder of the current term, including the development of our next strategic plan.

like in Ireland, many Australian counsellors began their work in voluntary or grassroots settings, long before counselling was formally recognised as a profession. The ACA, like the IACP, was built through the commitment of practitioners who believed in access, ethics, and education. It was a very proud moment to stand in front of the Australian membership and note that the IACP currently runs on the hard work of over 140 volunteers, in conjunction with an amazing and dedicated staff team, all of whom carry forward that same early commitment and passion that got us started as an organisation back in 1981.

Interestingly, bringing ourselves into the future, the ACA are also on the cusp of regulation with their national standards due to be published imminently. We have a lot in common and a lot to share with and learn from each other as our trajectories are somewhat aligned, although we are each at different stages and paces. The Australian Association membership were so grateful that the IACP were



New co-opted board members Brian Holohan, MIACP; Marcella Finnerty, MIACP; Clodagh Ní Ghallachóir, MIACP; and new external Board member, John Cummins

Joint Message from your Cathaoirleach and Chief Executive

Annual Accreditation Ceremony

The annual Accreditation Ceremony was a joyous evening celebrating our newly accredited members and supervisors with their family and friends, see page 36 for a full report.

Stakeholder Engagement

The IACP continues to make connections and advocate for the issues most important to our members. In addition to our meeting with Minister Carroll MacNeill we're happy to share the following activity with you.

Another opportunity for engagement is Lisa's appointment to serve on the Self-Regulation Professional Working Group under the auspices of the **National Health & Social Care Professions Office of the HSE**. The purpose of this group is to bring together expertise on non-CORU regulated professions to bring validation and representation to support the development of the professions within the HSE through the National Office.

Lisa recently had the pleasure of welcoming Deirdre Kenny CEO of One in Four to the office for a



Newly accredited members and supervisors enjoy the ceremony

conversation about the use of counselling notes in sexual assault court cases issue. This is an issue that the IACP is very aware is having an impact on members and we are committed to develop training and resources to support members faced with this challenge.

In addition, we released a statement in August expressing the view that the use of therapy notes in sexual violence court cases is harmful to survivors and called for the practice to be stopped immediately. We are seeking the opportunity to meet with other concerned stakeholders and the Government to further discuss and to share our members' experiences supporting clients dealing with this issue and to ensure that counselling and psychotherapy spaces remain protected, confidential, and client centred.

One In Four

Founded in 2003, One in Four provides professional counselling services to adult survivors of childhood sexual abuse. The organisation supports families and advocates for survivors in court. They also work with people who



CEO Lisa Molloy meeting with One In Four CEO Deirdre Kenny

Joint Message from your Cathaoirleach and Chief Executive



Leas Cathaoirleach Christopher Place, CEO Lisa Molloy, and Innovation & Development Manager Iwona Blasi host CCSU at the national office

have committed sexual offences against children as a core child protection intervention, their empirically-based programme is open to all who are motivated to understand and take responsibility for the harm caused, irrespective of their involvement in the criminal justice system.

Dublin Regional Committee

At regional level Lisa had the pleasure to join the Dublin Regional Committee for meeting on 1st March and it was an amazing day to reconnect. The regional committee have been actively planning and running enriching and pertinent professional development events built on feedback and suggestions from members in the region. We want to thank them for their continued hard work and for the great energy and enthusiasm they bring to the region.

Looking Ahead

As always there is much to look forward to on the IACP calendar, we wanted to highlight a few of the major events coming up so you can get them slotted into the diary now and sign up for all events on iacp.ie.

- **17th October:** Annual General Meeting – Royal Marine Hotel, Dún Laoghaire & Online
- **22nd November:** 2nd Annual EDI Conference - Le Chéile... Courage Is Strongest ...Together! – DCU

Make sure to check out the upcoming events on iacp.ie and get involved today.

Best wishes for a lovely autumn and we hope to see you soon at the AGM.

Sincerely,

Jade Lawless
Jade Lawless
 Cathaoirleach, IACP

Lisa Molloy
Lisa Molloy
 Chief Executive, IACP

IACP Annual Conference 2025

Annual Conference 2025

The tenth Annual Conference entitled 'The Lived Experience: Enriching Practice through Connection and Reflection' took place in the Maryborough Hotel, Cork on 12th April 2025.

Against the beautiful backdrop of the southern sunshine and tall pine trees, the event explored the importance of the lived experience and the connection to the therapy room.

The conference was opened by local TD, Minister Jerry Buttimer who received a warm reception by all members present as he recounted his lived experience as a gay man. Deputy Buttimer is Minister of State at the Department of Rural and Community Development and the Gaeltacht and at the Department of Transport.

Minister Buttimer said during his speech that he appreciates the wonderful work of IACP counsellors and psychotherapists and vowed to support our lobbying efforts including the expansion of the schools counselling pilot programme.

Cathaoirleach Jade Lawless and Chief Executive Officer Lisa Molloy both spoke and highlighted the importance of this year's conference theme. A diverse range of speakers and panel sessions provided valuable insights and thought-provoking discussions to help members explore this important topic.

Leas Cathaoirleach Christopher Place acted as emcee for the event.

The jubilant mood was heightened by our wonderfully engaging conference speakers and panel.

Conference Speakers



Eina McHugh

'Twelve years on: A reflection on my experience of releasing a client's authentic account of therapy into the world as a creative act and in support of others.' How has this experience surprised,

challenged and touched me and what have I learnt about myself, other humans, therapy and creativity?' was the title of the presentation. Eina leads at the forefront of experiential learning and human development in creativity, creative leadership and innovation. An Entrepreneurial Specialist at University College Dublin's Innovation Academy, an Irish Fulbright Scholar, and a private coach, Eina helps people from all backgrounds to unlock creativity in life and leadership.



Richard Hogan

'The therapist and their work' - Hope in the therapeutic process' was the subject matter of Richard's enlightening discussion where he drew on his international experience of working in

poorer countries and the sense of unity and empowerment within those communities. Richard also spoke about his deep connections to Cork and the Maryborough Hotel which was originally owned by a family friend. Richard is a systemically trained Family Psychotherapist and Clinical Director of the award-winning Therapy Institute. A weekly columnist for the Irish Examiner, he is the author of two bestsellers: Parenting the Screenager and Home is Where the Start Is, both critically acclaimed and the latter shortlisted for an Irish Book Award.



Margaret O'Connor

'The unacknowledged lives of people without children' was the title of Margaret's presentation. Margaret discussed how it's important to acknowledge the role of people who choose not to

have children and demystified unfair concepts such as selfishness. Margaret O'Connor is an IACP accredited counsellor and psychotherapist based in Limerick. She runs the 'Are Kids For Me' counselling service for people who need support with the decision of whether to have children or not, and to support those who have decided to

IACP Annual Conference 2025 – Highlights

be childfree. She hosts the 'Are Kids For Me' podcast to share stories of people's experience of grappling with this question. Margaret is also BSc Programme Leader with PCI College where she oversees the running of the degree in counselling and psychotherapy. She is a strong believer in adult education and upholding high standards of training in the counselling and psychotherapy profession.



Paraic Barnes

'Reflecting on a personal journey from sightedness to sightlessness: More than meets the eye.' Paraic described his journey with sight loss and how he adapted to this. He outlined

the challenges of daily life with an immensely positive perspective. Paraic Barnes is a practising counsellor/psychotherapist; and an accredited member of the IACP. He runs a private practice in Ennis, Co Clare. In addition to his private case lists, Paraic is also contracted to provide counselling services to a wide range of organisations within the disability sector. He has also worked part-time as a lecturer with PCI College; and is currently training to become a clinical supervisor.

You may watch the full speeches of this year's conference in our CPD Portal.

Panel Discussions

Two engaging panel discussions facilitated by Linda Breathnach, MIACP took place giving members an opportunity to ask questions and dialogue with the four guest speakers.

The IACP Annual Awards Ceremony 2025

Carl Berkeley Memorial Award:

Bernie Hackett was honoured for her longstanding service to the IACP. She has been a fully accredited and active member of the IACP since 1991. She initially served on the Complaints Committee before taking on the role of Chair of that Committee. Additionally, she was an active member and later Chair of the Supervision Committee, as well as Chair of the Supervisor's Forum Organising Committee. She also served on the Board of the IACP, ultimately being elected to the position of Cathaoirleach in 2020. Her

unwavering dedication and commitment to her roles have consistently demonstrated professionalism, resulting in impressive outcomes. Furthermore, she has served as a highly positive and influential representative of the IACP. Ms Hackett's commitment to fostering growth and learning in others, coupled with her empathetic and insightful approach, has set her apart as a highly respected figure in her field. Her influence extends not only through her direct work but also through the legacy she continues to build by shaping and mentoring the next generation of professionals.



Bernie Hackett and Lisa Mollloy

Public Inspiration Award:

The bestselling author of *Poor*, Dr Katriona O'Sullivan was honoured with the 2025 Public Inspiration Award. Dr O'Sullivan's remarkable journey from adversity to academic and professional success, coupled with her advocacy for social inclusion, education,



Katriona O'Sullivan

and mental well-being, aligns with the core mission of the counselling and psychotherapy professions - empowering others to overcome difficulties and reach their full potential. Dr O'Sullivan holds a PhD in Psychology from Trinity College Dublin and is an award-winning lecturer. She is currently the senior lecturer in the Assisting Living and Learning Institute in Maynooth University and her memoir *Poor* debuted at #1 on the Irish Non-Fiction bestseller list. Her powerful speech recounting her childhood and life experiences at this year's conference made a lasting impact on all present.

IACP Annual Conference 2025 – Highlights

Past Cathaoirleach Award: Séamus Sheedy

In 2016, the Board of Directors introduced the Cathaoirleach Recognition Award to honour and acknowledge the work and dedication of the IACP's past Cathaoirleach. Séamus chaired the IACP Board of Directors from 2022 to 2024 and he also served as Cathaoirleach from 2012 to 2014. Séamus became a fully accredited member of the IACP in 1998



Cathaoirleach Jade Lawless presents the Past Cathaoirleach Award to Séamus Sheedy

and has been an active member during most of his 26 years of membership. His impact is still widely felt across our organisation and his legacy will live on within the IACP. All who met Séamus during his tenure were struck by his personable nature and warmth. It was our great privilege to further recognise his contribution at this year's conference.

Research Excellence Award:

Leo Muckley was honoured with the Research Excellence Award for his research "Pluralistic psychotherapists' and counsellors' experiences of working with actively suicidal clients," published in *Counselling and Psychotherapy Research*.

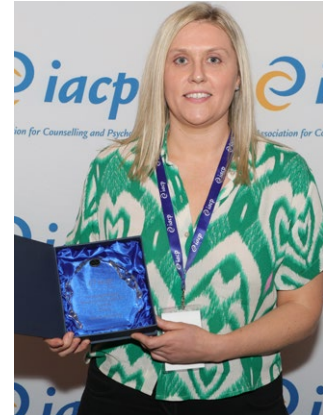
Leo's qualitative study explores the experiences of therapists—ranging from students to seasoned professionals—working with suicidal clients. His work has highlighted the pluralistic approach as a safe, collaborative, and evidence-based framework that supports both client and practitioner. Leo is now embarking on a PhD and continuing his research journey.



Leo Muckley Research Excellence Award recipient

Undergraduate Research Excellence Award

Sarah Finnerty was honoured with the inaugural Undergraduate Research Excellence Award for her research paper "Balancing the emotional tightrope: Understanding countertransference when working with clients at risk of suicide in the therapy room." This award celebrates outstanding research outcomes, and the transformative journey of inquiry itself in a profession, where cultivating a research mindset is fundamental to growth, innovation, and ethical practice.



Sarah Finnerty Undergraduate Research Excellence Award recipient

Research Bursary Award:

The IACP Research Bursary was awarded to Antoinette Stanbridge for her PhD research entitled 'How do Irish Counsellors and Psychotherapists engage with research?' Using a mixed methods approach, her study includes a national survey, in-depth interviews, and insights from experienced educators, all aimed at understanding and enhancing research engagement in the field. Antoinette's work offers timely insights and aims to strengthen research involvement across education, career development, and lifelong learning in the profession.



Dr Caitriona Kinsella, Vice Chair of the Research Committee, with Dr Ellen Kelly presenting the Research Bursary Award on behalf of recipient Antoinette Stanbridge who could not attend the ceremony

The annual research bursary was established in 2019 to support members pursuing doctoral research and to promote evidence-based practice in counselling and psychotherapy. The bursary helps cover direct expenses related to completing doctoral studies.

IACP Annual Conference 2025 – Highlights

Regional Award Recipients



Midlands Regional Committee Ciaran Whyte with Séamus Sheedy who collected Ray Henry's Midlands Regional Award



Jim Hutton, North East Regional Award recipient with Linda Breathnach, North East Regional Committee Chair



Southeast Regional Committee Secretary Catherine Lynch and Southeast Regional Award recipient Philip Brennan



Allen Gilhooly, West/North West Regional Award recipient



Alan Kavanagh, Dublin Regional Award recipient



Kevin Bailey of the Northern Ireland Regional Committee accepts the Northern Ireland Regional Award on behalf of Shane Morrow



Southern Regional Award recipient Joe Heffernan (centre) with his wife Mary and son Joe



Jacinta Murphy, Western Regional Award recipient

IACP Annual Conference 2025 – Highlights

Conference Charity Partner:



The Society of St Vincent de Paul South West was appointed as the IACP Conference Charity Partner 2025 by the Southern Regional Committee. The Society of St Vincent de Paul (SVP) was founded in Ireland in 1844 and affiliated to SVP International. It is the largest voluntary charitable organisation in Ireland. The Society has a network of volunteers throughout Ireland’s 32 counties organised into local groups in each area. The Southwest region covers the counties of Cork and Kerry.



CEO Lisa Molloy (centre) with Anne McKernan (left) and Miriam Adair (right) from Society of St Vincent de Paul – South West Region



Cathaoirleach Jade Lawless shares her connections to Cork with members

Cathaoirleach Reflections

Reflecting on the last few months, one of the highlights for me was the time we spent together at the Annual Conference learning and growing side by side. It was a bit of a homecoming for me as I spent a few years living in Cork myself. I studied in University College Cork under the mentorship of Professor Eleanor O’Leary, one of the founding members of the regional committee in the Southern Region and I know Eleanor was very well regarded and missed in the counselling, psychotherapy, and psychology communities in Cork and in the IACP. It was quite a poignant and a nice full circle moment to be back.

I was so proud to open my first conference as your Cathaoirleach. I felt the theme; ‘The Lived Experience: Enriching Practice through Connection and Reflection,’ really resonated and I was really impressed by our members Margaret O’Connor and Paraic Barnes; impactful and memorable presentations and Linda Breathnach was terrific facilitating the two lively panel discussions. The atmosphere at the conference was one of warmth, caring, and mutual respect. I felt such a great sense of camaraderie and I will draw upon the rejuvenating energy from the experience for many months to come.

IACP Annual Conference 2025 – Highlights



CEO Lisa Molloy welcomes members



Mai O'Sullivan and Sophie Gahan



Leas-Cathaoirleach Christopher Place, conference emcee



Mai O'Sullivan and Sophie Gahan



Member Care Officer Lia Wright checks members into the conference

IACP Noticeboard

IACP Accreditation Ceremony 2025

Once again, the lovely Royal Marine Hotel in Dún Laoghaire was the setting for IACP's annual accreditation ceremony on 21st February for accredited members and supervisors who obtained their respective qualifications during the last year.

The special evening honours the achievements of newly accredited members and supervisors and their many milestones on the journey to achieving full IACP accreditation.

The evening was warmly opened with remarks by Cathoirleach Jade Lawless who congratulated the newly accredited members and supervisors and welcomed their family and friends in attendance. Jade emphasised that the IACP is a welcoming organisation, encouraging all members to get involved. With that in mind, my advice would be to believe in yourself as an agent of change, as someone who can stand shoulder to shoulder with peers and to get involved where you can.

CEO Lisa Molloy applauded the members for their achievements and thanked them for selecting the IACP as their professional body and for their membership throughout the accreditation journey. She highlighted that the IACP is a name that is synonymous with professionalism, strong ethics, and excellence in practice, and it is a name that

the public can trust. You are all ambassadors and represent a profession that is highly educated, ethical, competent, and compassionate.

Accreditation officer Kate Privett-Collins gave a presentation highlighting the yearly re-accreditation process and the support available from the national office accreditation team. Patrick Harraghy, Chairperson of the Supervision Committee spoke about how the newly accredited supervisors, with their additional training, will play a crucial role in helping supervisees continue to develop their skills as counsellors and psychotherapists.

Eileen Birchall spoke eloquently about her personal journey from student to a fully accredited Member of the IACP and art psychotherapist. Martina McNamara, Accreditation Committee Chairperson had the pleasure of calling out all of the names of the honourees to the stage to collect their well-deserved certificates. The evening closed with celebratory refreshments and lots of good cheer.



IACP CEO Lisa Molloy and Cathoirleach Jade Lawless



Above left: Eileen Birchall shares her accreditation journey

Above right: Patrick Harraghy, Chairperson of the Supervision Committee



Left: Martina McNamara, Accreditation Committee Chairperson

IACP Noticeboard



Alex Onome Aroh



Ciara Murphy & Teresa McGing



Karen O'Connor & Rosalind Sweetman



Aisling Folan, Martina Williams, Perry Shaw



IACP Accreditation Team, Hannah Furey, Jackie Jeanneret and Kate Privett-Collins



Perry Shaw Golden ticket winner



IACP Newly Accredited Members and Supervisors

Research Highlights

IACP Research Conference 2025

With thanks to all who attended IACP's 3rd online Research Conference on 17th September, to our excellent speakers on the day - Dr David Trickey, David Kelly and Dr Patsy Mc Sharry - and to our panel of Undergraduate Research Excellence Award nominees – Sarah Finnerty, Eoin Shanahan, David Whisker, Lisa McKeivitt and Sheila Burton. There will be a full conference update in the Winter edition of this journal. A recording of the conference will be made available in IACP's online CPD portal soon.

Research Resources - Introductory Video

The IACP's Research Committee has produced a short video for members which introduces research resources that are available to all. We hope that seeing IACP colleagues talking about the development of research resources, their own engagement with the resources and where they can be found will be helpful to members interested in pursuing counselling and psychotherapy research. The video is available on the main Research page of the website.

Research Primer – Introducing a New Research Resource

Research Committee member Dr Barbara Moore has designed a Research Primer as a new resource for members. Introducing this resource Barbara says: "Research, good quality research, is critical for the continued efficacy and development of the profession of counselling and psychotherapy in Ireland and further afield. Although practitioners

IACP Research Conference 2025

Through the Looking Glass: Therapy in a Shifting World

Online
17th September
10:00- 14:00
Free, CPD

This conference is facilitated by Research Committee Chair Aisling O'Connor and Research Committee member Dr Geraldine Sheedy

Dr Patsy McSharry
"Enhancing Therapist Self-Care Through a Targeted Wellbeing Approach"

David Kelly
"Black Mirroring: Using Psychodynamic Theory to Understand Why We Scroll, Why We Struggle to Stop, and Why We Feel Worse After"

Dr David Trickey
"The Cognitive Model of PTSD – Understanding How Traumatic Events Affect People, and How Talking About Them Helps"

Undergraduate Research Excellence Award Panel
Sarah Finnerty, Eoin Shanahan, David Whisker, Lisa Mc Keivitt, Sheila Burton

Bookings on iacp.ie/events

iacp
The Institute for Counselling and Psychotherapy

and students alike often have an avid interest in research, there is sometimes a lack of understanding of the basic terms and processes of research, that serves as an obstacle to sustained enquiry ... The aim of this primer is to act as a gateway to understanding and engaging in research in our field".

The Research Primer is structured to take the reader on a self-guided journey through the different aspects of the research process. Every reader can take their own path through the information, depending on their interest or the requirements of their project.

To avail of this new resource, please visit the Members Area Research Corner.

Research Journal Club 8 and 9

We had almost 100 IACP members in attendance at our highly stimulating 8th Research Journal Club in March to discuss research on the topic of **neurodivergent clients – accessibility and affirmation**. We heard from Research Committee member Monta Ramina who shared insights from her own research in this area from the therapists' perspective. Our guest on the evening, Dr Mary Doherty, a Consultant Anaesthetist and autistic autism researcher, presented on Autistic SPACE – a novel framework for meeting the needs of autistic people in healthcare settings. We had a wonderful discussion section facilitated by Research Committee Chair Aisling O'Connor and Vice Chair Catriona Kinsella – with an abundance of engaging questions from attendees. This is clearly an area of great interest for IACP members.

We had an excellent 9th Research Journal Club in June to discuss research on **ethnic/race inequalities in severe mental illness**, with up to 100 members attending and contributing to an understanding of this important topic on the evening during breakout rooms and in the general discussion. Our guest was Dr Karen Doyle (MIACP). Karen was IACP's Research Bursary recipient in 2023. Karen selected the paper for discussion and presented on her own research which has been recently published in the **European Journal for Qualitative Research in Psychotherapy** "Exploring the Experience of Racialisation and Subsequent Experiences of Psychological Therapy for Black and Mixed-race Clients in Ireland". An inspirational evening and one of great learning for all.



Summer Research Journal Club team

Our 10th Research Journal Club will take place in Q4 after the Research Conference in Q3. Please check the Events section of the IACP website for details and to book your place.

Research Glimpses 11,12 &13: Insights from Current Research

For our 11th Research Glimpses, Vice Chair of the Research Committee, Dr Catriona Kinsella, selected an outcomes paper by Mick Cooper and colleagues: **"Therapist Interpersonal Skills and Outcomes for Young People"** published in **Psychotherapy Research 2025**. Caitriona reflects: "We know that one of the most researched elements influencing positive outcomes or changes in therapy is the therapeutic alliance. Regardless of the modality in which a therapist or counsellor is trained and/ or practices in, the relationship developed with their client is consistently shown as a strong predictor of 'success'. However, as Cooper and colleagues highlight, the factors that make up and lend itself to building this

IACP Noticeboard

alliance are yet to be fully teased out. This paper does just that, focusing specifically on young people”.

For our 12th Research Glimpses, Chair of the Research Committee, Aisling O'Connor, selected a current paper on the science-to-practice gap: **“When theory and therapy part ways—A scoping review of the science-to-practice gap”** by Schwarzbach, N.R. et al published in *Psychotherapy Research* **2025 35(4), 1-21**. Aisling concludes: “If you’ve ever felt caught between research expectations and clinical reality, this paper will make you feel less alone. It’s a thoughtful, balanced look at a persistent challenge that affects all of us who care about both good science and good therapy. Most importantly, it offers a roadmap forward that feels both realistic and inspiring”.

For our 13th Research Glimpses, Research Committee member Monta Ramina selected the paper **“Challenges and facilitators in treating unaccompanied young refugees with posttraumatic stress disorder in a dissemination trial: a qualitative study with psychotherapists”** by Dietlinger, F. K., Kasparik, B., Unterhitzenberger, J., Saupe, L. B., & Rosner, R. published in *Child and Adolescent Psychiatry and Mental Health*, **2025, 19(1)**.

Monta reflects: “In conclusion, this study highlights that with appropriate training, support, and resources, many barriers to psychotherapy for unaccompanied young refugees can be reduced. A unique aspect of the study is the presence of a third party – interpreters – who can either facilitate or complicate the therapeutic process. These findings emphasise the importance of flexible, culturally sensitive approaches and strong therapeutic

alliances to improve mental health outcomes for this vulnerable population”.

To read the full Research Glimpses, along with a link to the papers/PDFs, please visit the Members Area Research Corner.

IACP Research Awards – Video Resources

The IACP runs annual research awards for excellent research that contributes to the field of counselling/ psychotherapy. To understand more about the awards and the impact they can have, we invited award recipients to record themselves talking about winning the awards. It is surprising and exciting to see the many ways in which the Research Bursary and Research Excellence Award can positively impact the researcher-practitioner’s life. Dr Stephanie Finan – the 2019 Research Bursary recipient – talks about the ripple effects, including attending conferences and disseminating her research. Ashley Morgan – the 2023 Research Excellence Award recipient – talks about an increase in confidence, a raised profile and an opening up of various opportunities to develop his career. To see Stephanie and Ashley talking about the impacts of the awards while encouraging you apply, if you meet the eligibility criteria, please visit the Research page of the IACP website. We’ll be adding more award impact videos to this area over the coming months.



Dr Stephanie Finan – the 2019 Research Bursary recipient

EDI Committee Update:

Equality, Diversity & Inclusion Matters

Le Chéile... Courage Is Strongest ...Together! – It's Official!

It is a wonderful honour to announce that his Excellency, Mr. Akhilesh Mishra, the Indian Ambassador to Ireland has agreed to formally open the second EDI Conference in November this year.



His Excellency, Mr. Akhilesh Mishra, the Indian Ambassador to Ireland

The date for the all-day in-person conference is **Saturday 22nd November 2025** and will be organised and coordinated once more by the Equality, Diversity and Inclusion Committee and Dublin City University have again generously offered to host the event through the guidance and assistance of Dr. Ray O'Neill, Asst. Professor at DCU School of Nursing Psychotherapy & Community Health.

This year's conference theme, **Le Chéile... Courage is Strongest ...Together!**, combines the continuity and importance of togetherness with the potential and essence for much needed courage regarding all things *diverse* in the current, significantly troubling world climate. An exciting, additional feature at the conference will be the Culture Room, focusing on the five senses of all things diverse across our inclusive world, curated by EDIC member Ishita Shangra, ably assisted by EDIC members, Ejiro Ogbevoen and Alan Kavanagh.

Mindful of the significantly positive feedback received by attendees of last year's inaugural, the EDIC have focused on retaining and enhancing the key aspects featured, including a diverse and eclectic mix of high quality and engaging presentation. Deputy Coordinator of Le Chéile, Ravind Jeawon has been jelling together a wonderful programme of events, including four plenary sessions, 12 presentations and more than 25 speakers and panelists. We will also do our best to incorporate many of the ideas suggested in membership feedback offering more of

the same quality presentations but with added colour, style and innovation.

Invite For Members to Take Part In Our Conference Culture Room Open Mic. Programme

The Culture Room will be open throughout the conference featuring an eclectic mix of events and experiences from mindful Celtic shaman ceremonies courtesy of Dr Karen Ward to poetry readings and quiet space mindfulness and colourful displays in the room itself. Events throughout the day will include live music, songs and instrument playing and we would be delighted to have participants from those who are attending. So, if you

An Important Date For Your Diary...

Come join us for the
**2nd Equality,
 Diversity &
 Inclusion
 Conference**
 at DCU Glasnevin
 Campus, Dublin 9.

Saturday

22

nd November 2025

Organised by the IACP's EDI Committee Further updates at www.iacp.ie

Le Chéile...
 Courage is Strongest
 ...Together

IACP Noticeboard

have a flair or skill in any or all things busking or musical, please get in touch with James Stuart our administrator at james@iacp.ie or with the cultural curator and conference coordinator at edic@iacp.ie and we will be delighted to get back to you. Updates and further information will appear on the various IACP media platforms, so keep an eye out for further information to ensure your ticket to another wonderful conference experience.

EDI Focused Plans with Course Providers for the next 12 Months

There was an excellent attendance for the first of two, scheduled biannual meetings between the EDIC, and IACP Accredited Course Providers which took place online. Initiatives agreed to be explored and advanced include:

- a.) The organising by the EDIC of a day-long, in-person, EDI Workshop to be attended by several representatives (with a preference for three delegates) from each of the IACP Course Providers hopefully, before the end of the year. The agenda will be explored by consultation with all providers in advance.
- b.) To offer access to course providers to attend this year's *EDI Le Chéile Conference* on 22nd November 2025.
- c.) To offer to the course providers, access where and when possible, to the EDIC's collective specialisations and skills.
- d.) To consider future availability to the fast-building EDI Omni-Resource Library being gathered on an ongoing basis by the IACP.

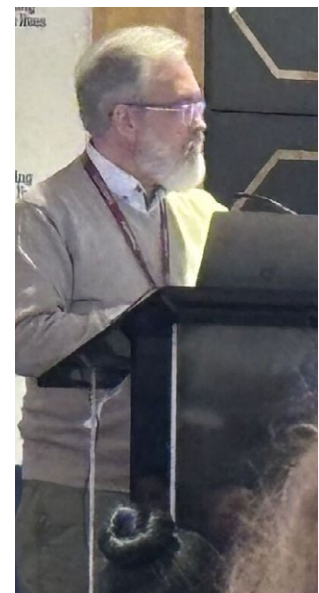
The EDIC will continue to communicate with the course providers to action the above plans and will meet again in October to examine progress to date.

BACP Recent Invite and Future Engagement with the IACP's EDI Committee

The Chair of IACP's EDI Committee, Jim Hutton, was invited to give a keynote address at the British Association for Counselling and Psychotherapy's Northern Ireland Conference in Belfast recently. At a subsequent online meeting with the BACP's Senior EDI Lead, Asia Rafique with plans to meet the full EDI Committee in late September with a view to expanding future cooperation and EDI related resource sharing between the two organisations in the future.



Pictured are attendees at the first of two biannual meetings between the IACP accredited course providers and members of the IACP's EDI Committee, Anita Furlong, Jude Coughlan John Delaney and chair, Jim Hutton. Jude gave an insightful interactive presentation explaining the concept of Intersectionality through the use of an adapted version of the Wheel of Power/Privilege, to help illustrate the many strands attached to privilege and non-privilege, inclusion and exclusion.



Equality, Diversity and Inclusion Chair Jim Hutton speaking at the recent BACP Regional Conference of the BACP in Belfast

IACP Noticeboard

The Marriage Referendum 2015... Happy 10th Birthday!

The EDIC were proud to be invited and to attend LGBT Ireland's Marriage Referendum 10+ Conference held to mark the 10th anniversary of the passing of the marriage referendum, at the Print works, Dublin Castle in May. The event, entitled, *Defending Freedom, Advancing Human Rights*, was opened by Norma Foley T.D., Minister for Children, Disability and Equality, and

was later addressed by Tánaiste, Minister for Foreign Affairs and Defence, Simon Harris T.D. It was fitting to celebrate this historic and landmark event at the same location where the referendum results were announced and was heartening and reassuring to have the presence of senior public representatives including Kevin McCarthy, Secretary General of the Dept. of Children, Disability and Equality, who also spoke at the conference.



Tánaiste, Minister for Foreign Affairs and Defence, Simon Harris T.D. addressing LGBT Ireland's Marriage Referendum 10+ Conference



Pictured at the recent LGBT+ parent support full day workshop held at City North Hotel, Gormanston, Co. Meath were Carmel Walsh, *Belong To's* Director of Youth Services; event co-facilitator Anne Marie Toole, MIACP and Co-Director *Insight Matters*; presenter, neuroscientist and geneticist, Dr Manish Tomar; presenter Hannah Solley, Family Support & Education Lead with TENI and event facilitator and presenter, Jim Hutton, MIACP; Chair IACP's Equality, Diversity and Inclusion Committee. The event was funded by *Belong To* LGBTQ+ Youth Ireland with support from *Insight Matters*. All of the presenters volunteered their time for what is hoped will become an annual event to offer practical and emotional support to parents and guardians of LGBT+ young people, teens, and young adults.

Request For New Volunteers to Join the EDI Committee

In view of the anticipated increase in the future workload of the EDI Committee, the IACP Board have agreed to our request to increase the size of our committee to help meet those new and additional responsibilities. We are now seeking new volunteers to join our wonderfully diverse team to help us continue our valuable work. And needless to say, the work involved, though focused on providing a positive conduit for our oppressed brothers and sisters and their children, the work is highly rewarding and self-fulfilling in friendship and in the worthiness of the cause. Please apply, in the first instance to james@iacp.ie with your expression of interest. It would be very helpful to include your area of interest or experience in EDI related issues.

IACP Noticeboard

IACP in the Media

9th September – Help your child to swim through new challenges featuring Linda Breathnach in the Irish Examiner

1st September – How Are You? featuring Cathaoirleach Jade Lawless in the Irish Country Magazine

24th August – Warnings issued against AI as therapy as mental health support tops ChatGPT queries in Ireland featuring Maxine Walsh in the Journal

19th August – IACP Research Survey quoted in – How getting men to talk can help break down taboos in The Irish Times

8th August – Family ties: When your parent finds love again featuring Helen Browne in the Irish Examiner

1st August – Meeting inner conflict featuring Leo Muckley in the West Cork People

10th July – Reappointments to the Social Care Workers Registration Board featuring CEO Lisa Molloy on Gov.ie

2nd July – Leitrim man honoured for work with local mental health services featuring Allen Gilhooley Leitrim Observer

23rd June – Peter Ledden Appointed to the CORU Counsellors and Psychotherapists Registration Board on Gov.ie

21st June – Allen Gilhooley's regional award featured NN Leitrim Live

10th June – Thinking about counselling but keep putting it off? featuring Tracy McKeague on Letterkenny Live

6th June – Parents warned to mind themselves during exams featuring Donna Marie McGrath in the Clare Champion

5th June – National award for Tralee woman celebrating Sarah Finnerty's undergraduate research award in Kerry's Eye

4th June – What are the micro stresses in your life? – Henry McKean programme featuring Dr. Karen Ward on Newstalk

3rd June – Be a friend to your child when they're all alone Irish Examiner featuring Linda Breathnach

30th May – Dublin practitioner honoured at counselling conference featuring Alan Kavanagh's Dublin regional award in Southside People

29th May – Sligo counsellor who helps fill the gap in mental health support for young people receive featuring Allen Gilhooley's regional award in the Sligo Independent

29th May – Life Lessons for the Leaving Cert featuring Jared Gottlieb in the Sligo Weekender

THE IRISH TIMES

thejournal.ie

Irish Examiner

Kildare Nationalist



newstalk

IACP Noticeboard

28th May – Glengarriff man honoured for innovative suicide research celebrating Leo Muckley’s research excellence award in the Southern Star

26th May – Celebrating a Clara native: Ray honoured for a lifetime of dedication featuring Ray Henry’s regional award in the Tullamore Tribune and the Offaly Express

24th May – Clara man is honoured by counselling and psychotherapy body celebrating Ray Henry’s regional award in the Offaly Independent

21st May – Dubliner gets award at IACP conference featuring Alan Kavanagh Dublin regional award in Northside People East

14th May – Gorey woman honoured with award for her lifelong contributions to the counselling and psychotherapy celebrating Bernie Hackett’s Carl Berkeley Memorial award in the Wexford People, New Ross Standard, Enniscorthy Guardian and Gorey Guardian

13th May – Local academic wins award The Nationalist (Kildare Edition) highlighting Dr. Katriona O’Sullivan’s Public Inspiration Award

1st May – IACP honours Bernie Hackett with the Carl Berkeley Memorial Award included online in the Irish Medical Times



SligoWeekender

letterkennylive

IMT
Irish Medical Times

westcorkpeople

In Memoriam

In Remembrance of Sr. Briege Reynolds



We remember Sr. Briege Reynolds with deep admiration and affection—a psychotherapist, supervisor, and teacher whose influence stretched far beyond the therapy room. Briege’s presence was grounding and deeply human; her wisdom, clarity, and quiet strength made her a beacon for colleagues and students alike.

As a psychotherapist, Briege brought compassion and fierce integrity to her work. She had the rare ability to listen with both attentiveness and insight, creating spaces where people could begin to understand themselves more deeply and heal. Her clients often spoke of her as a steady hand during their most vulnerable moments.

Briege was also a generous supervisor and a gifted teacher. She approached mentorship with care and clarity, encouraging those she guided to trust their instincts while deepening their understanding of clinical practice. Her teachings continue to resonate in the work of many she trained—her legacy living on through the therapists she shaped.

Above all, Briege was deeply human: thoughtful, wise, sometimes fierce, and always kind. She believed in the transformative power of relationship and embodied it in all she did. We carry her lessons forward with gratitude, and she will be profoundly missed by all who had the privilege to know her.

IACP Accreditations

First Time Accreditation

Emma Aherne	Co. Cork	Deirdre Griffin	Co. Dublin
Sidra Amjed	Co. Meath	Barbara Guiney	Co. Galway
Hazel Bates	Co. Dublin	Alan Hackett	Co. Cork
Karen Bergin	Co. Kildare	Donna Halligan	Co. Louth
Katie Bird	Co. Meath	Padraic Hanley	Co. Kildare
Sophie Blaney-Parslow	Co. Wexford	Gary Harding	Co. Dublin
Mags Bourke	Co. Mayo	Genevieve Harrington	Co. Clare
Rebecca Bourke	Co. Kildare	Michaela Harrison	Co. Dublin
Lorna Boyle	Co. Dublin	Kate Harvey	Co. Down
Adrienne Brady	Co. Dublin	Mar Healy	Co. Sligo
NC Britton	Co. Donegal	Caroline Healy	Co. Mayo
Niamh Broderick	Co. Kildare	Carmel Hill	Co. Laois
Jean Burke	Co. Dublin	Alice Houldsworth	Co. Wicklow
Joshua Byrne	Co. Cork	Jacqueline Howard	Co. Meath
Emma Byrne Nixon	Co. Dublin	Teresa Howes	Co. Dublin
Grace Canavan	Co. Clare	Carol Hynes	Co. Galway
Diane Cassidy	Co. Louth	John Jennings	Co. Louth
Valeria Otilia Cirmaci	Co. Dublin	Pavlo Karelin	Co. Cavan
Elizabeth Clarke	Co. Dublin	Siobhan Kavanagh	Co. Meath
Louise Clinton	Co. Meath	Emma Keane	Co. Limerick
Paula Clinton	Co. Meath	Rita Keating	Co. Cork
Ann Conachy	Co. Monaghan	Martina Kelly	Co. Dublin
Karen Connolly	Co. Cork	Yolanda Kennedy Gavin	Co. Dublin
Lynn Costello	Co. Cork	Bridget Kenny	Co. Dublin
Gemma Cox	Co. Dublin	Michelle Keogh	Co. Kildare
Barbara Cullen	Co. Meath	Veronica King	Co. Kildare
Caitríona Dalton	Co. Kilkenny	Rebecca Kinsella	Co. Mayo
Lorraine Deasy	Co. Dublin	Elaine Lanham	Co. Laois
Sandra Dingivan	Co. Cork	Francis Lee	Co. Westmeath
Elizabeth Doherty	Co. Wicklow	Gillian Leo	Co. Kilkenny
Geraldine Donnelly	Co. Galway	Jeffery Logan	Co. Dublin
Elizabeth Dooley	Co. Wexford	Gavin Lyng	Co. Dublin
Siobhán Downey	Co. Kildare	Louise Lyons	Co. Galway
George Dunne	Co. Dublin	Patricia Lyons	Co. Dublin
Aoife Edwards	Co. Louth	Lidia Macari	Co. Dublin
Allison Elebert	Co. Dublin	Hamza Mahoney	Co. Kerry
Eva Enright	Co. Cork	Louanne Martin	Co. Down
Emma Farrell	Co. Cork	Emma Matthews	Co. Louth
Eamon Finn	Co. Clare	May Mc Cann	Co. Louth
Fiona Fitzpatrick	Co. Dublin	Orla McArt Sills	Co. Sligo
Teresina Fitzpatrick	Co. Mayo	Rachel McCarthy	Co. Limerick
Anton Flanagan	Co. Laois	Anthony McCreery	Co. Dublin
Dermot Flatley	Co. Galway	Mairead McDonnell	Co. Kildare
Karen Foran	Co. Dublin	Sinead McGinley	Co. Dublin
Sophie Gahan	Co. Cork	Fiona McGough	Co. Meath
Ashling Gannon	Co. Dublin	Susan McGovern	Co. Dublin
Teresa Gantly	Co. Sligo	Alan McInerney	Co. Wicklow
Colin Gayer	Co. Cork	Bernadette McNicholas	Co. Dublin
Deirdre Graham	Co. Dublin	Ivan Meacham	Co. Tipperary
Mary Griffin	Co. Galway	Tzarina Middelkoop	Co. Kildare

IACP Accreditations

First Time Accreditation (continued)

Daniel Monaghan	Co. Louth	Louise Patterson	Co. Wicklow
Catherine Moore Taylor	Co. Wicklow	Mary Pierce	Co. Dublin
Fionnuala Morrin	Co. Dublin	Jude Quigley	Co. Galway
Georgina Ann Morrison	Co. Antrim	Jennie Quinn	Co. Galway
Leo Muckley	Co. Cork	Paul Quinn	UK
Elena Mullen	Co. Meath	Sandra Reck Murray	Co. Cork
Petrova Mulvey	Co. Roscommon	Michelle Reynolds	Co. Dublin
Eoin Murphy	Co. Wicklow	Linda Rodgers	Co. Dublin
David Murphy	Co. Dublin	Joan Ryan	Co. Meath
Cliona Murphy	Co. Dublin	Susan Scanlan	Co. Meath
Mairead Murphy	Co. Wexford	Lorna Seaver	Co. Dublin
Aidan Murray	Co. Dublin	Peter Sheehan	Co. Dublin
Debbie Nic Gabhann	Co. Dublin	Glenda Shore	Co. Dublin
Trisha Norry	Co. Monaghan	Dr. Ranila Sirisinghe	Co. Wexford
Gillian O'Brien	Co. Waterford	Angela Smyth	Co. Meath
Frank O'Connell	Co. Cork	Orla Tobin	Co. Dublin
Eibhlín O'Donnell	Co. Meath	Lisa Vaughan	Co. Dublin
Helen O'Donovan	Co. Waterford	Katharine Verso	Co. Dublin
Ruth O'Dwyer	Co. Dublin	Lucy Walker	Worcestershire
Deirdre O'Hagan	Co. Leitrim	Roisin Walsh	Co. Cork
Conor O'Leary	Co. Wicklow	Lisa Walsh	Co. Cork
Danielle O'Leary	Co. Kildare	Derek Waugh	Co. Cork
Fiona O'Neill	Co. Wexford	Maria Whelan	Co. Dublin
Janet O'Sullivan	Co. Clare	Ailish Whelan	Co. Waterford
Ann O'Sullivan	Co. Dublin	Dil Wickremasinghe	Co. Dublin
Katie-Anne O'Toole	Co. Roscommon	Paula Woods	Co. Monaghan

Newly Accredited Supervisors

Chiara Antolovi	Co. Dublin	Camilla Monroe	Co. Cork
Breda Barry	Co. Limerick	Ann Murphy	Co. Meath
Aishling Branagan	Co. Dublin	Natasha Murphy	Co. Cork
NC Britton	Co. Donegal	Eilis Neville	Co. Clare
Bernadette Cahill	Co. Meath	Mary Ellen Ni Chéidigh	Co. Limerick
Mary Cahir	Co. Dublin	Áine Ní Mhearáin	Co. Dublin
Deirdre Daly	Co. Limerick	Eileen Ní Shuilleabháin	Co. Galway
Kinga Dawicka Holland	Co. Galway	Maria O'Brien	Co. Kilkenny
Cáit Duggan	Co. Kerry	Niamh O'Neill Brooks	Co. Cork
Alan Hackett	Co. Cork	Carmel O'Riordan	Co. Galway
Colette Horgan	Co. Cork	Maura O'Sullivan	Co. Galway
Caroline Jeffrey	Co. Cork	Louise Patterson	Co. Wicklow
Morgan Lucey	Co. Dublin	David Quilty	Co. Limerick
Doreen Maher	Co. Dublin	Ursula Somerville	Co. Dublin
Naomi McCartney	Co. Roscommon	Lorraine Treacy	Co. Tipperary
Margaret McGoldrick	Co. Dublin	Lucy Walker	UK
Brid McGown Smyth	Co. Meath	Lorna Whelan	Co. Dublin
Gerard Meehan	Co. Dublin		

