Éisteach

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Welcome to the spring edition of Éisteach, the first of 2013.

We are fortunate in this edition to have articles which have been submitted by members of IACP. This gives us an insight into what others in the area of psychotherapy and counselling and working on, allowing us an insight into the authors' areas of interest and expertise.

Although not specifically themed the articles link together well and hopefully they will provoke some thought and perhaps even a response.

We start with an article entitled 'Warmth in the Big Freeze' by Jo-Anne Sexton which shows us how unexpected changes in the weather can open up for us untapped resources.

Loneliness, An Obsolete Perception by Caroline Singh offers a new insight into loneliness and the way in which modern tools of communication and technology affect it.

An interesting article on therapy fees follows by Jude Fay, with the country in the midst of recession the article asks pertinent questions about fees, our sense of self-worth and some of the decisions we make as professionals.

The above pieces lead us into two interesting articles. For some it will be an introduction into a new therapy called Advanced Integrative Psychotherapy. Written by Heather Redington, she introduces us to the way in which a different approach can assist within the therapeutic environment, especially in the area of trauma.

Our last piece reviews the historical context and clinical research on the topic of homosexuality, predominately focusing on gay males. Written by Gerard Rodgers it gives a new perspective into being gay in today's society.

I hope that by reading these articles you may believe that you also have something to offer in writing for Eisteach. After all it is your journal. We are all interested in developing our skills and knowledge and none of us can do that alone. So take the quill from the ink well, put pen to paper, or open your laptop and consider writing for your journal. We all have something to give and share no matter where you are in your studies.

Carpe Diem.

Alison Larkin

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Scripts: Each issue of *Éisteach* is planned well in advance of publication date and some issues are themed. If you are interested in submitting an article for consideration or wish to contribute a book or workshop review or letter to the editor, please see 'Author's Guidelines' on the IACP website, www.iacp.ie.

Warmth in the Big Freeze - January 2013

by Jo-Anne Sexton

Image courtesy of Kozzi.com

It's upon us again… we're prepared… hats, scarves, gloves, "sensible" boots are worn, kettles boiled in the morning for the car windscreen and not just the morning cuppa. Conversations amongst us are peppered with references to icy or good road conditions, risks of snow showers and that technical, yet almost child-like question we ask when it does arrive, "is it sticking?"

This time, we're ready for it!

I am reminded of the white-Winter of 2009, the Christmas and January of which will be remembered by many for some time to come. We didn't see it coming. The suddenness of the freezing temperatures, snowfall and ice which literally stopped us in our tracks, resulting in many a physical injury from skids and slips.
This chilling, uncomfortable, unfamiliar physical environment we found ourselves part of. Unable to leave our houses, unable to travel, unable to work or go to school, suddenly a forced isolation was upon us. While initially, the thoughts of not having to be exposed to such physically uncomfortable conditions, was a welcome excuse to stay indoors, in the familiar warmth of our beds or living rooms, very shortly afterwards, something seemed to change.

Other feelings began to creep in... vulnerability, powerlessness, helplessness, threat of depleting resources; fear of harm or physical injury; our old coping skills or mechanisms weren't proving to be as effective in dealing with the

sudden and unexpected obstacle which we were all faced with.

This isolation was beginning to feel overwhelming. We experienced a sense of being disconnected. Not just from our environment, but more importantly, from other people.

What struck me during this time, was a realisation of a somewhat similar process in counselling. This process can be felt as frightening, unfamiliar, one we don't know how to find our way through or know what resources are within us to tackle it. That uncomfortable disconnectedness which we can experience; a disconnectedness from our true selves, in our relationships and generally, how we feel about our place in the world. Once we face this disconnectedness in counselling, change begins. Carl Rogers speaks of the importance of the experience of a relationship, a therapeutic relationship, where the individual is truly met in their isolation, accepted and is given the space and time to uncover their resources, choices, feelings which up until this point, may have been hidden from view, or outside of our conscious awareness. In connecting with the client at his/her level of emptiness, fear, loneliness, despair etc, the client has a new experience of relatedness and being connected with another person and themselves, which has a profound impact. Our emotional numbness begins to slowly thaw. Sometimes we need to let go of our rigid structures, beliefs, our way of being in relation to others, in order to become aware of new possibilities which had up until this point, been unknown to us.

In the midst of all this coldness and snowy isolation, I too shared in an unexpected and surprising experience. On the night in question, the buses in Dublin City Centre were temporarily suspended due to the dangerous road conditions. The impact of this on the city and its inhabitants was significant, as people's priority became how to get home or fears if they would be stranded. I have never experienced a rush hour in Dublin like it before...

In the silence, we had found a very real connection with the other person.

the stillness... the silence... apart from the muffled sounds of footsteps in the snow and hushed traffic, which wasn't and couldn't go anywhere fast. I noticed how many people were looking down, concentrating where they were walking to ensure they didn't slip. It was one of the eeriest experiences I have had in Dublin City Centre.

But then, I became aware of something else.
In the mass isolation, frustration, fears around trying to get home, I began to notice a comforting warmth, energy and support

Image courtesy of Kozzi.com

which were completely unexpected given the circumstances. Through this shared experience, shared distress, we were completely able to relate to the other stranger's predicament and an awareness of how we were all experiencing a similar level of discomfort. The weather was an emotional leveller, unlike the economic climate, which seems to have generated high levels of hostility, anger, sense of inequality and injustice; this was something different.

In the silence, we had found a very real connection with the other person.

Something which I discovered translated to neighbours, as we were presented with an

Image courtesy of Kozzi.com

opportunity to establish new connections. We now had a new opportunity for relating to each other, seeing how they were managing; if they needed help or support in terms of shopping, clearing pathways. Our old familiar neighbourly facades, structures and roles had been removed.
Our desire to connect and difficulty with feeling disconnected to others, was also witnessed in town on a Friday evening. On a cold, snowy night in early January, pubs were packed to capacity as our tolerance levels for isolation seemed to lead to a sense of cabin fever. We needed other people, we needed to be outside our own world, we needed to relate to and connect with others.

Van Kalmthout * talks about Therapy and the experience of our relatedness, as an "existential meeting" , or a person-to-person contact. In this relationship, both individuals (Therapist and Client) meet each other at a deeper level. It is this deeper level of connecting with the other person that "allows us to see and experience each other as we actually are, not as images, patterns and facades" (2006, p.159).
Who knew that without the routine of our traditional and usual way of being in relation to those around us, the gift the weather presented. From this, I was reminded of the idea that sometimes in our difficulty, isolation and without our tried and

the client has a new experience of relatedness and being connected with another person and themselves, which has a profound impact.

tested coping skills and resources, we discover new, untapped resources which once experienced, are hard to forget.

Let it snow, let it snow, let it snow...

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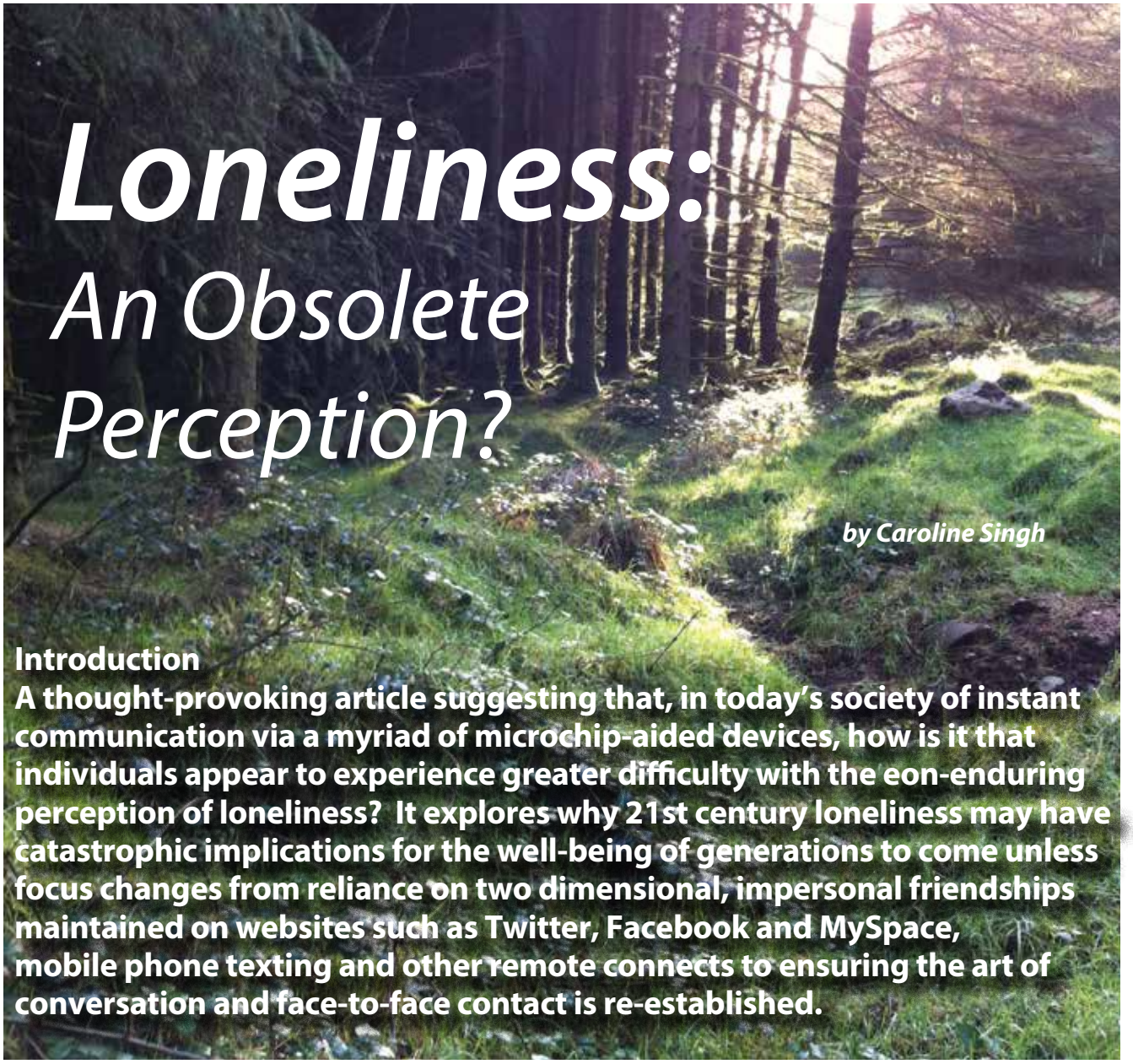
REFERENCES

* Martin van Kalmthout: Person-Centred Psychotherapy as a Spiritual Discipline. In "Spirituality and Counselling; Experiential and Theoretical Perspectives". PCCS Books , UK (2006) Judy Moore, Campbell Purton (eds)



Loneliness: An Obsolete Perception?

by Caroline Singh

Introduction

A thought-provoking article suggesting that, in today's society of instant communication via a myriad of microchip-aided devices, how is it that individuals appear to experience greater difficulty with the eon-enduring perception of loneliness? It explores why 21st century loneliness may have catastrophic implications for the well-being of generations to come unless focus changes from reliance on two dimensional, impersonal friendships maintained on websites such as Twitter, Facebook and MySpace, mobile phone texting and other remote connects to ensuring the art of conversation and face-to-face contact is re-established.

While solitude and aloneness allows an individual the opportunity for inner focus and growth, those who succumb to the apparent epidemic of gauging their image and worth via technologically-enhanced media face an increasingly alarming prospect of a decrease in their self-esteem and a decline towards Anxiety, Depression and Social Phobia.

Loneliness, defined as emotional and/or social isolation, was researched by Robert Weiss in 1973, however the 21st century appears to be creating catastrophic new variants of loneliness, fuelled by a loss of meaningful face-to-face connection and over-reliance on communication technology. Maria Murray in her book, *Living our Times*, says 'Loneliness is distinguished by its paradoxical nature; its isolation is felt most profoundly amongst a crowd' (Murray,2008:207).

Alarmingly, 'at any given time, roughly 20 percent of individuals – that would be sixty million people in the USA alone – feel sufficiently isolated for it to be a major source of unhappiness in their lives'. 'The culprit behind these dire statistics is not usually being literally alone, but the subjective experience known as loneliness' (Cacioppo&Patrick,2009:5) and yet communication is better than it ever has been – a 2008 survey showed there were more mobile phones than people in Ireland, generating an average of 25 million texts a day.

To define loneliness, researchers use the UCLA Loneliness

Scale (Russell,1994), to quantify the presence and/or severity of loneliness. Another means, functional Magnetic Resonance Imaging (fMRI) indicates what emotional region of the brain is activated when we experience rejection (Cacioppo&Patrick,2009:8).

Loneliness has many precipitants, including: moving house/to a new area, separation or divorce, bereavement, lack of money, being ill, trauma, aging, gender issues, social class, racism or unemployment, none of which are solely 21st century phenomena although 'observers believe that changes in the way we work and live in the 21st century in Western society are having a negative impact on our mental and emotional health' (Mental Health Foundation,2010:7), thus differentiating how the precipitants are perceived.

The Internet – Friend or Foe?

Cacioppo/Christiakis/Fowler found 'lonely people spread their feelings of loneliness through social networks, and that the spread of loneliness is stronger than the spread of perceived social connection' (Mental Health Foundation,2010:12). Whereas a 2007 study by Pew Internet and American Life Project among 700 teens aged 12-17, found that '94% of teens in the US use the Internet, with 63% doing so daily', utilising sites such as MySpace which enables individuals to 'create digital representations of themselves'. (Patchin&Hinduja,2010:198-199).

Anneli Rufus (2008) commented that 'The internet is, for loners, an absolute and total miracle' (Mental Health Foundation,2010:10). However, even in 2002 Nie&Erbring raised the question whether the Internet would create a 'society of lonely ex-couch potatoes glued to computer screens, whose human contact are largely impersonal and whose political beliefs are easily manipulated, relying on the icons of a wired or wireless society' (Nie&Erbring,2002:276).

The monumental rise in internet social networking meets a need, as Cacioppo/Patrick observe, 'When people feel socially connected, molehills are not mountains' (Cacioppo&Patrick,2009:239). The Mental Health Foundation study, The Lonely Society?, found that, 'In modern times, electronic communication appears to be keeping many of us connected. Two thirds (62%) say technology helps us to stay in touch with people we might otherwise lose touch with' (Mental Health Foundation,2010:22).

Childhood - The Formative Years

Without meaningful connection at home, youngsters 'Many under 16, spend more than 20 hours per/week glued to the internet and leave their mobile phones on all night in case they receive a text message' (Mooney,2008). Tom Morgan, writing in the Herald in May 2010 and interviewing Christopher Cloke of the NSPCC found that, 'Last year ChildLine received nearly 10,000 calls from children saying they felt lonely – an increase of 60% from five years ago' (www.herald.ie).

Leanne Rivers, co-director of the Samaritans' Central London branch noted 'Social networking has not helped because it is a remote connect. Some young people don't have any real friends' (www.timesonline.co.uk:2009). The Lonely Society's 2010 reported that 'nearly 60% of those aged 18-34 reported feeling lonely sometimes or often' and suggest that 'the explanation for loneliness lies with modern communication tools. Many social networking sites allow for only superficial exchange of ideas and interaction' (Casey,2010).

Additionally, given Facebook's popularity, Kirkpatrick's book contains an ominous caveat that: "For some, Facebook may generate a false sense of companionship and over time increase a feeling of aloneness" (Kirkpatrick,2010:14).

Adulthood Presents its Own Loneliness Difficulties

'For citizens of the 21st century, "the way things used to be" – being bound to your village, marrying someone chosen by your family, and otherwise doing whatever your priest or your parents, or your tribal elders tell you to – is not a life plan with much appeal' (Cacioppo&Patrick,2009:248) and this is perhaps where today's problems lie. Relationships are more fluid in society today with less marriage and more divorce leading to one parent families and single occupant dwellings. One Article, The Solitary Self, observes 'A decline in the nuclear family and a rise in the numbers of professional people who choose not to have children have created a significant population over the ages of 40 and 50 that lives alone' (www.timesonline.co.uk).

Whereas elders experience the death of their friends, siblings or partner and fail to grasp the Internet, they still possess a set of social skills, created in an era when friendships were deemed important, social skills encouraged and relating was face-to-face. However, The Times reported in December 2009, 'Statistics suggest a loosening of family and social ties even as digital networks accumulate', so the families of the elderly are less inclined to embrace ties

with family elders and this has led to 'an increase in 'paupers' funerals'' in the absence of family and friends willing to bear the costs of a conventional ceremony' (Kelbie&Davies,2009) while Age Concern Foundation research found that 'one in ten say that they (elders) always or often feel lonely. Almost half of those studied consider television their main form of company and half a million spent Christmas Day alone' (Bennett&Bowers,2009).

Current Interventions

Masi et al highlight four primary strategies of loneliness reduction interventions:

(a) Improving social skills
(b) Enhancing social support
(c) Increasing opportunities for social interaction
(d) Addressing maladaptive social cognition

Of these, (a) and (d) were seen to focus on 'quality of social interaction and therefore address loneliness more directly' However, in summarising their Meta-analysis, they found that all of the reviews concluded that questions remain regarding the efficacy of interventions and that more rigorous research is needed in this area (Masi, et al,2010:4).

A Social Exclusion Taskforce was set up in June 2006 to recognise the implications to physical and mental wellbeing that social exclusion creates. In 2010 the first Serious Case Review was implemented following the death of an elderly couple who had been reclusive for several years prior to being found dead at home. The report also recognises that the consequences of social isolation places a 'huge burden on public services' (Mental Health Foundation 2010:24).

In Ireland, a Facebook page, 'Help Reduce Suicide, Depression and Stress-Related Illnesses in Young Adults' was founded in May 2010 and currently (Jan 2011) has 69,668, (June 2011 85,123) 96,013 (July 2012) who have indicated they 'Like' the site. The mission statement of the page, run by Administrators under the title Ólá Golá is 'a safe on-line community providing care, support and empowerment. A support page for life' (Ólá Golá,2010). Individuals can post comments or request a PM (private message) where they can discuss personal issues with a mature, trained, support person. Given the high number of site visitors, there is a demand for support of this kind, but it also represents how many troubled individuals are logged onto computers rather than availing of more meaningful face-to-face connection.

A Hypothesis For Future Well-Being

Anthony Storr (1988) 'argued in favour of an introverted approach to life, proposing that solitude is necessary for mental health and creativity, and that the most profound human experiences have little to do with our relationship with others' (Mental Health Foundation,2010:3) whereas Victor Frankl (1959) describes loneliness as 'an opportunity to transcend unimaginably painful conditions and search for meaning through thoughts, memories, hopes, spiritual belief and acts of altruism'. Despite Frankl's unthinkable suffering and profound inferences, his vision of conquering loneliness assumes its bearer has comparable strength of character and conviction to his own; whereas today's society, driven by a quest for materialism, replaces altruism and spirituality with self-centredness and atheism.

Glen Gibson, Psychotherapist, says that 'Talking therapies can help people to develop self-acceptance, making it easier for them to relate to others', but adds that 'no one technique works for all' and suggests cognitive therapy as an alternative solution (Mental Health Foundation,2010:24). This view is endorsed by Cacioppo&Patrick who note that 'by reframing our cognitive perceptions, we can begin to change our lives' (Cacioppo&Patrick,2009:230) .

De Bono observes that 'you can analyse the past but you need to design the future'. He conceptualises that '90% of the errors of ordinary thinking are errors in perception' (1999:44). He continues with his vision of the future: 'Simplicity is a key value. As the world gets ever more complicated, simplicity is going to become even more important as a value – otherwise we are going to spend so much time in anxious confusion that we will be unable to enjoy all the benefits offered by technology' (De Bono,1999:96).

Bowlby's Attachment Theory perhaps signposts a shift in modern perceptions. Ideally, a large percentage of children develop Secure Attachment in infancy, reflecting those who can enjoy social connection when available, secure in the knowledge that caregivers are accessible, if required. Feeney et al (1999) noted that 'secure individuals have a high level of self-disclosure, and reciprocate during conversations'.

Secure Attachment is the ideal (and in Bowlby&Greenberg's 1995 study reflected the highest percentage - 50-65%

of the populous). However, De Bono suggests that 'technology is already far in advance of the "value concept" we have designed. Technology will support our value concepts – but it will not provide value' (De Bono,1999:206). How long before the percentage of secure childhood attachments diminishes and instead avoidant, resistant/ambivalent or disorganised/disoriented attachment saturate society?

Gone are the 'flickering lights of a living room fire and the hearths and tables around which families used to sit', quoting Alton's (2006) ruminations, when at least one parent was a dependable, reassuring presence during a child's formative years and when families sat down together to eat, and if religious, pray together at home/in church. Conversation today is often replaced by a burning desire to retreat to a solitary place to text, phone, Skype, surf the net, email or continue the day's workload, the 'centrifugal force exerted by media that diverts the attention of each family member into a separate room, or at least into a different portion of cyberspace' (Cacioppo&Patrick,2009:251).

CONCLUSION

'As life becomes more complicated, "simplicity" becomes a core value, not an add-on cosmetic value' (De Bono,1999:242). Who, if offered an opportunity to simplify their way of living/being, would not be a tad curious? Surely, as John Cassidy, wrote in the New Yorker in 2006, social network site users are not 'forgoing the exertion that real relationships entail?'

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REFERENCES

Cacioppo, J T and Patrick, W, (2009) Loneliness – Human Nature and the Need for Social Connection, New York, USA, W.W. Norton and Company Inc,
De Bono, E (1999) New Thinking for the New Millennium London, Penguin Books
Frankl, V, (1959) Man's Search for Meaning: An Introduction to Logotherapy, New York: Washington Square Press.
Kirkpatrick, D (2010) The Facebook Effect: The Inside Story of the Company that is Connecting the World, Virgin Books, A Random House Group, USA
Murray, M, (2008) Living our Times, Gill and Macmillan Ltd, Dublin, Ireland
Storr, A (1988) Solitude: A Return to the Self, New York, Free Press
ARTICLES
Alton, D, (2006) The Lonely 21st Century, Universe Column for November 19th 2006
Bennett, R, Bowers M (2009) Loneliness: the silent epidemic sweeping through Britain, www.timesonline.co.uk/tol/life-and-style/mental-health, December 31, 2009.
Casey, P (2010) Facebook Friends are Not the Real Deal, http://www.independent.ie/health/alternative-health/facebook-friends-are-not-the-real-deal, June 07, 2010
Cassidy, J (2006) The New Yorker, www.newyorker.com/archive/2006
Feeney, J.A, Noller, P., & Roberts, N. (1999). Attachment and close relationships. In C. Hendrick, & S.S. Hendrick (Eds.), Close Relationships: Sourcebook (pp. 185-201). London: Sage Publications. In Seepersad, S (2010) Understanding Loneliness Using Attachment and Systems Theories and Developing an Applied Intervention, www.weboflloneliness.com
Kelbie, P and Davies, C (2009) Lonelier Lives Lead to a Rise in Pauper Funerals, The Observer, Sunday 15 February 2009, [online] www.guardian.co.uk (accessed 8/2/11)
Masi, C.M, Chen, H.Y, Hawkley, L.C, & Cacioppo, J.T, (2010) A Meta-Analysis of Interventions to Reduce Loneliness, Personality and Psychology Review, http://psr.sagepub.com
Mental Health Foundation, 2010, The Lonely Society? www.mentalhealth.org (UK)
Mooney, B, (2008) All the Lonely People: Society CAN do something about the epidemic of Loneliness www.dailymail.co.uk
Nie, NH and Erbring, L, (2002) Internet and Society, IT&Society, Volume1, Issue 1, Summer 2002, pp 275-83 http://ITandSociety.org
Patchin, J W and Hinduja, S (2010) Trends in Online Social Networking: Adolescent use of MySpace over Time, New Media Society 2010 12:197, http://nms.sagepub.com/content/12/1/197
Pujazon-Zazik, M and Park, M J, (2010) To Tweet, or Not to Tweet: Gender Differences and Potential Positive and Negative Health Outcomes of Adolescents' Social Internet Use, American Journal of Men's Health, http://jmh.sagepub.com/content/4/1/77
WEB REFERENCES
www.facebook.com Ólá Golá (2010) 'Help Reduce Suicide, Depression and Stress-Related Illnesses in Young Adults'
www.herald.ie/national-news/city-news/curse-of-loneliness-hitting-our-children Tom Morgan, Monday 24 May 2010. ISOLATED: Research shows more children are lonely
www.sagepub.com
www.timesonline.co.uk/tol/comment/leading_article December 31, 2009 The Solitary Self – Loneliness rather than voluntary solitude, is an increasing social problem

Money, Money, Money

By Jude Fay

Image courtesy of Kozzi.com

Do you struggle with money issues in your life? Do money issues feature in your relationships? How do you feel about money? Are you comfortable with it? Do you find it difficult to handle money issues with clients? Are you happy with what you earn?

I was reminded of these questions recently when discussing fee rates with a friend. This friend, let's call him John, a therapist practising in London, was flabbergasted to learn that a colleague of his, also practising in London, was charging £260stg per hour. John had been further surprised to learn that not only did his colleague have no difficulty in attracting and retaining clients, he also had a waiting list. To put it in context, John is charging £100stg.

John found it hard to believe that there were people who were willing and able to pay that much. After all, he reasoned, therapy can continue for some time, and the cost to the client is significant. My own reaction was different. I wouldn't feel comfortable charging so much, partly because I don't feel I'm worth it and partly because for me the higher the fee the greater the expectation about the outcome, which is not within my control.

As I have told this story to others, their reactions have varied hugely and included:

- **There's a recession on here. No-one has that sort of money.**
- **That's immoral. It's exploiting people's pain.**
- **Lucky him. I wish I could get 260 an hour.**
- **I don't believe that. No one charges that much.**
- **He must be very experienced, and very well-qualified.**
- **I didn't think people who had that sort of money would come to therapy.**

And so on...

I'm not suggesting, by the way, that any of these views is right or wrong - merely illustrating how diverse our views can be. I haven't met anyone yet who is charging that amount, but perhaps the reasons why aren't so interesting as the fact that none of those who I spoke to could see themselves ever charging that much in any circumstances. I was left with questions about it.

The choice about what to charge is for each of us to make. And the range of what is charged varies hugely. Many therapists have at some time in their careers worked for nothing, and for some, it's a regular thing. My interest lies in how our beliefs

might play a part in shaping our income, and how these beliefs might show up in our practice?

The incident above illustrates one aspect of our comfort zones, or set points as regards money, i.e. what I may hope to earn. While my earnings may also be affected by external circumstances over which I have no control, it is my growing view that our set points may play a greater role in determining our experience of money than we generally give credit to. Other set points relate to how I see money and people who have it, what I may be willing to pay, and in what circumstances, and expectations about where money comes from, and whether there is enough to go around.

Before the Celtic Tiger lost its roar, for many years there had been a debate ongoing about the levels of public service pay for the helping professionals, particularly nurses and teachers. I won't pretend to fully understand the complexities of the various arguments, however, one of the main points seemed to revolve around the relationship between the value of the work being done and the service being provided, as against the level of pay that was being offered. One argument that was put forward was about the nature of the work being a vocation, and therefore the level of pay could not be expected to be equivalent to other professions. Some felt that it was immoral for those involved in helping or serving others to focus on issues of pay. It was as if one could not do "worthy" work and at the same time have that worth acknowledged by others in the form of adequate remuneration.

Some people consider counselling and psychotherapy to be a vocation too, and I have heard similar points being made in relation to the work that we do.

However, what if the rate of pay was not just a reflection of how society saw the contribution of those workers, but in equal or perhaps greater measure, how those workers saw themselves? And the value that they placed on their own contribution? The view that ultimately prevailed was that nurses and teachers, along with everyone else were entitled to earn a decent wage, and should not be discounted because of their vocation. But, it was not until the workers themselves started to argue for their worth, that society agreed to recognise it through their increased earnings.

For me, this clearly demonstrates that our view of our own worth, and the values and beliefs we hold that support that view, is a significant factor in our earning potential. As we set out to create a practice for ourselves, how does this impact?

I came to therapy practice after many years of PAYE employment. Although I had some say in what I earned in my previous work, the level of my earnings was largely determined by what others thought I was worth. As my employers generally valued my contribution more highly than I did, I was paid well, and often more than I would have asked for, had it been left solely to me.

As I started out in practice, and had to decide for myself what rate to charge, I found it was quite a difficult process. I looked to others for guidance. What were my peers charging? What were my therapist and supervisor charging? How much did I feel comfortable with? It came down to finding where I thought I fitted into an imaginary scale, where I compared my own skills and experience against those around me. Where do I fit in on the pecking order? And I was aware that I needed to be able to justify my decision, to myself and to others. In other words, I let the herd decide.

The drawback of this approach is that it depends for its robustness on the quality of the sample from which I'm drawing. There is a saying that your earning potential is determined by the earnings of the five people closest to you. So if everyone I know has low self-esteem, I will earn less than someone with exactly the same abilities, qualifications and experience, who is surrounded by more confident and self-valuing friends and family. Stepping outside the herd (by charging more than the herd dictates is appropriate), will raise anxiety about what the impact on others will be. Will my friends like me less if I earn more than they do? If I charge more than (or even the same as) my therapist or supervisor, what does that say about how I see myself in relation to them?

All of us have these set points and comfort zones, shaped by our upbringing and experiences, and they vary hugely. How do our values and beliefs about money support us, and how do they undermine us? Have we chosen them? Or have we absorbed as FACT the beliefs of those around us growing up? Think about the sayings we commonly use about money and riches and how these might form a part of our belief system. What meanings might we be putting on them?

Money doesn't grow on trees.
(there's a finite amount and we need to hold on to it at all costs?)

Blessed are the poor
(rich people are damned?)

It's harder for a camel to get through the eye of a needle than for a rich man to enter the kingdom of God
(is there anyone who wants to be excluded from heaven?)

Waste not / want not
(both wasting and wanting are bad?)

Beware of Greeks bearing gifts
(generosity is suspicious?)

Money is the root of all evil
(people who have money are evil, or came about it in evil ways?)

Notice your reactions as you read these sayings. Do any of them resonate as being true for you? How do you see those who have money and those who don't?

Our experiences too, have an impact. Once, many years ago I received an unexpected tax bill at a time when money was short. For many years after that, I was in PAYE employment and I had long since forgotten the experience. However, shortly after I commenced practice as a therapist, as I explored these issues for myself, I recognised a reluctance to earn enough to push me over the taxable thresholds, and a fear that the unexpected bill would once more raise its head. That incident was unconsciously shaping how my practice developed.

It's a complex issue, and one which seems to lie under the surface in the profession. I hear undercurrents of it, as therapists like many others at this time try to manage the impact of the recent financial crises. Psychotherapy is not an easy or cheap qualification to acquire, involving as it usually does, not only the costs of tuition (and perhaps the loss of income if time is taken off work to attend the course) but also the costs of personal therapy during training, and later, supervision[1]. As the recession bites, I have heard therapists of many years experience tell of falling client numbers, increasing demand for more flexible arrangements, and of reducing fee levels. And I hear too among more recently qualified therapists, a sense of disillusionment and disappointment, that the career into which they have invested and continue to invest so much of themselves, while being satisfying work in many ways, fails to satisfy financially.

Of course it's not all about the money. The rewards and compensation for doing this work extend far beyond the physical money that changes hands. Nonetheless, bills do have to be paid, and at times, that necessity sits uncomfortably with our intention to support and empathise with our clients. I can't hope to do justice to the many aspects of the subject here, but perhaps this article may help you to identify some of these questions for yourself.

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1 For some people, some or all of these costs may have been borne by their employers.

Energising Psychotherapy Practice with Advanced Integrative Psychotherapy (AIT)

by Heather Redington

Image courtesy of Kozzi.com

After twenty years as a clinician in the NHS and in private practice I found I was in need of re-energising my practice. So, I began exploring and training in the various branches of energy psychology. I was interested by their claims to be able to alleviate psychological distress rapidly, gently and effectively.

The pioneering writings of Phil Mollon, psychoanalyst, psychotherapist and clinical psychologist proved to be a reassuring guide to the various modalities of these new and initially strange-sounding approaches. Underlying all of them is the utilisation of energy to help to clear the impact of trauma. Although acupuncture has familiarised us with the therapeutic usage of energy, or chi, it is only in recent decades that there has been an interest amongst mental health practitioners in its therapeutic application to psychological problems.

Of all of the energy psychology modalities I have found myself most drawn to Advanced Integrative Psychotherapy (AIT). Dr. Mollon describes it as 'one of the most comprehensive and impressive of all the energy psychology modalities.'

A forthcoming AIT introductory seminar in Bristol summarises AIT as follows:
'Advanced Integrative Therapy was developed by Asha Clinton, a Jungian Analyst in the US and is the first complete psychodynamic body-centred transpersonal and energy psychotherapy. It clears energetic blockages in the body's energy system, which arise from unresolved physical, emotional, psychological and spiritual traumas, thereby dramatically accelerating and deepening personal growth. AIT works at the level of cellular memory, clearing the neural pathways of stuck traumatic energy, and providing profound and lasting relief from emotional pain and stuck relational patterns, including ancestral, cultural and historical trauma. Through AIT's simple and effective method for clearing trauma, people can overcome self-destructive habits and negative beliefs and recover from the debilitating impact of sexual and other forms of abuse, as well as clear PTSD, and strengthen weak ego states. Through clearing trauma, people can develop access to clear states of consciousness and awareness.'

Since doing the Basics training three years ago, I have been using AIT in my clinical work with impressive results. I find that clients readily engage with its conceptual framework and its treatment components. The search for and treatment of originating traumas behind current symptoms, troubled states and traumatic patterns of relating is a deeply collaborative one, which contributes to a rapid and deeper engagement with clients.

Trauma is at the heart of AIT's conceptual framework and its treatment focus. Trauma is broadly defined and covers both

situational trauma such as rape, and developmental traumas such as deprivation and abuse. AIT's treatment methods utilise major energy centres in the body, which are thought to both hold and release traumatic energy. In treatment, the client is directed to hold each energy centre whilst focusing on a particular trauma or an aspect of it.

A key component of AIT and some other energy psychology approaches is muscle testing, through which it has proved to be possible to access the unconscious.

The basic premise here is that the human body stores information including unconscious memory, emotions, physical sensations and cognitions, and that these can be accessed through muscle testing. In muscle testing the client is invited to hold out an arm whilst making a statement e.g. 'An originating trauma behind my sense of shame was in utero/in my conception/in my ancestral history/my cultural history'. The therapist applies pressure to the outstretched arm, to establish whether the arm muscle remains strong or weak. Muscles generally are found to test strong to truthful statements and weak to untruthful or negatively-charged statements.

Muscle testing is clearly a major departure from traditional talking therapies and initially requires a willingness on the part of the clinician to take a leap into the unknown. My experience with clients is that they are quite willing to experiment with this and also quickly become actively involved in the exploration and treatment of trauma and traumatic patterns, which are impacting on them in the present. The rapid relief from previously distressing memories, images, or emotions leads to deeper engagement with the process.

Although AIT has its own methodology, it is far from a 'stand alone' technique. AIT integrates psychoanalytic and Jungian theory, elements of CBT and behavioural approaches as well as its energetic treatment.

As in traditional psychotherapy, the therapeutic alliance, the interplay of transference and counter-transference and the value of the reparative relationship are crucial. Particular attention is paid to assessing and building ego strength before beginning to work on the deepest traumas.

Many AIT clinicians comment on an interesting phenomenon arising out of the energy treatment aspect of the work. It seems to enhance attunement between therapist and client. It is common for new intuitions to arise during trauma treatment.

Clients also often comment with surprise on the ways in which memories, buried emotions and even physical sensations (like pain or nausea) surface briefly into consciousness before clearing

One of the attractions of AIT for me has been the sophistication of its theoretical framework and the ongoing opportunities for further development. Seminars taught by Dr Clinton are offered twice yearly in the UK as well as in the US and Germany. After the Basics seminar, which is open to qualified mental health professionals, there are further seminars covering topics such as Depths (working on Archetypes) Anxiety Disorders, Character Structure, Psychogenic Illness, and Attachment.

Through AIT I have discovered a renewed energy and commitment to my practice. I have found it to be deeply rewarding both in terms of the richness of its theoretical integration, its sophisticated treatment methods and the satisfaction which comes from the relief of suffering.

Heather Redington is an integrative psychotherapist who has trained extensively in various branches of energy psychology and integrated them into her practice. She is a teacher of AIT, a Jungian-based energy psychotherapy. She is also part of a small group of psychotherapists who have found these approaches to be enormously helpful in the relief of suffering and are working to promote knowledge and training amongst mental health professionals.(www.energypsychotherapyworks.co.uk)

REFERENCES

www.seemorgmatrix.org
Psychoanalytic Energy Psychotherapy. Dr. Phil Mollon.


Image courtesy of Kozzi.com

The Lived Experience of Being Gay

by Gerard Rodgers

Introduction

The topic of homosexuality has received an inordinate amount of interest in terms of psychotherapeutic research and resultant theorizing. A significant amount of psychotherapeutic theory has tended to treat the experience of being gay as linked to particular types of experiences. The associated themes that have received most attention are discrimination, prejudice, and self-stigma. This social milieu can often lead to internalised homophobia and the lowering of self-esteem. More recently, research suggests the above concepts are failing to capture the multi-dimensional nature of gay experience in the context of unprecedented changes in societal attitudes towards homosexuality (Liddle, 2007). This paper offers a review of historical contexts and clinical research, with a predominate focus on gay males.

THE HISTORICAL CONTEXT IN EUROPE

For many centuries in Europe, homosexuality has been principally perceived in terms of sexual acts (Aldrich, 2006), and at different times, and in different cultures, these perceptions and judgements have been the subject of change (Crompton, 2006). Officially sanctioned prejudice has been a distinguishing feature of attitudes towards homosexuality in what Louis Crompton (2006:634) refers to as 'a kaleidoscope of horrors' lasting more than fifteen hundred years. Within Crompton's distinguished career and his award-winning thesis, he provides several lines of historical evidence where he says "from the very birth of Christianity, a hatred existed fully comparable to the hatred directed at pagans and Jews in the first millennium, and at heretics, Jews, and witches in the first seven centuries of the second" (Crompton, 2006: xi).

THE HISTORICAL CONTEXT IN IRELAND

In Ireland, Senator David Norris, in a recently published autobiographical memoir, writes about his experience of growing up gay. In a chapter entitled 'The only Gay in the Village', Norris writes (2012:74) "I was born a criminal. From the moment of my arrival on this planet, my essential nature defined me as such. There was simply nothing I could do about it, since homosexuality is a natural but minority variation of the sexual instinct." Norris (2012) says such 'antagonism' towards gay persons in Irish society was enshrined through combination of politico-legal statutes and religious church doctrine. He adds "the ecclesiastic instruction that homosexuality was not to be mentioned was slavishly obeyed throughout society. It was a

subject that was quite literally unmentionable, and throughout my youth was not referred to in newspapers, magazines or the broadcast media" (2012:77). In 1974, when asked by an interviewer if homosexuals were sick people, Norris (2012:86) responds 'Well, I had a cold last week the same as everyone else, but I don't feel otherwise sick at all'. Arising from the television interview, a viewer subsequently complained that Norris was "thereby inciting criminal activity. The Broadcasting Commission bizarrely upheld the viewer's complaint" (2012:86).

Duffy and Sheridan (2012:8) refer to Senator Norris's successful case in 1988 to overturn the criminalisation of homosexuality in Ireland through the European Court of Human Rights. In his submission, Norris makes reference to being "advised by a psychiatrist to leave Ireland and live in a country where laws on homosexuality had been reformed." In one of Norris's earlier unsuccessful appeals in 1982 for decriminalization through the Irish Supreme Court, Norris says, the then Chief Justice Tom O'Higgins and some of his counsel in their ruling "turned to the bible for justification of the Victorian law, concluding that all organised religions looked on homosexual acts with a deep revulsion as being contrary to the order of nature, a perversion of the biological functions of the sexual organs and an affront both to Society and to God" Norris (2012:120).

(In the Irish bibliography, at the end of this article, I include some further references that capture the historical and cultural contexts for gay persons living in Ireland).

PSYCHOTHERAPY'S HISTORY OF PATHOLOGISATION

While homosexuality may have been unmentionable in Irish society, psychiatry, psychology and psychotherapy were certainly vocal about it (BPS, 2012:12), "contributing to a long history of pathologising sexual and gender identities," variously asserting that homosexuality "did not conform to traditional hetero-sexual standards and fixed and binary views of sexuality." (BPS, 2012:12). In the first Diagnostic and Statistical Manual of Mental Disorders published in 1952, homosexuality was officially classified as a mental illness (American Psychiatric Association, 1952). In 1972, British human rights campaigner Peter Tatchell reports being forcibly ejected from a seminar given by Prof. Hans Eysenck and his colleagues 'promoting aversion therapy as a cure for homosexuality'. Aversion therapy involved electric shock and vomit-inducing therapy to "cure" gayness (Tatchell, 1972). Homosexuality was declassified as a mental illness in 1973, (APA, 1973) through a hard fought campaign for its removal from DSM-II (Hooker, 1993). Silverstein (2008) says that when the President of the American Psychiatric Association (APA), Dr. Alfred Freedman, was asked back then "if it is not a mental illness now, why was it on the list of mental illnesses for the past fifty years and did its declassification mean that homosexuality was normal?" "No"... was the President's response "only that it's not abnormal" (Silverstein, 2008:277).

Hicks (2010) says in the latter half of the twentieth century and up to the present day, psychotherapy research and practice have tended to mirror societal attitudes towards homosexuality. Though, it can be argued that this mirroring of more tolerant societal attitudes towards gay persons was not very much in evidence in psycho-therapeutic regulation and theory up to the very end of the last century. For example, Le Vay, (1993, p.67-107) says as far as the mid 1990s, some strands of psychoanalysis in the UK questioned the suitability of gay men for training as psychoanalysts coupled with some psychoanalytic and behavioural learning theorists viewing the condition of homosexuality as a cause of mental health problems. In the case of the British Psychological Society (2012) an intense battle eventually culminated in 1998 when its membership finally accepted a proposal for a separate section for the advancement of lesbian and gay research. Up to this point, three similar proposals in 1991, 1993 and 1994 were turned down. Even when the proposal succeeded in 1998, Clarke et al. (2010:19-20) say that close to fifty per cent of the membership voted against its adoption, variously describing the establishment of the gay and lesbian research section as "too narrow and too political". Within my own readings and clinical trainings, the foundational tenets of existentialism and humanism remained largely silent on the types of issues raised by gay male clients, with some notable exceptions (Milton, 2012; 2010; Coyle and Kitzinger 2002). Systemic family theory, through its embrace of social constructionism and feminist theory, did seem to systematically account for the social construction of heterosexist bias and how it was reproduced through societal discourses and practices (Anderson, 1996; Kitzinger, 1987), even though systemic theory tends to neglect theorization of the unconscious. The above cultural and clinical history, much of it troubling, may seem far removed from the

practice of psychotherapy with gay persons today. Yet, science still moves slowly as it took until 2009 for the American Psychological Association to deem the controversial sexual conversion therapies for sexual minorities as both inappropriate and unethical practices (APA, 2009). In Britain, the UK Council for Psychotherapy (2010), added that "'no responsible therapist' will try to convert a client from homosexuality to heterosexuality, noting with concern that research highlighting that as many as one in six therapists were willing to contract to reduce 'same sex attraction'". The cited research found that these therapists were members of accredited counselling organisations and were not formally working on a religious basis (Bartlett, Smith, King, 2009 cited by UKCP, 2010).

MOVING AWAY FROM PATHOLOGISATION TO AFFIRMATION OF SEXUAL IDENTITY

In a relatively short space of time in history, mental health professionals have shifted from historic pathologisation of minority sexualities (Friedman & Downey, 2002; Langdridge 2007) towards current models of affirmative identity practice (BPS, 2012; GLEN 2011; Ritter & Terndrup, 2002). The efficacy of the affirmative approach is premised on the belief that affirmative therapy can help to reduce the impact of minority stress (Herek and Garnets, 2007; Meyer, 2003; DiPlacido, 1998), and self-stigma (Herek, 2009). However, affirmative theory and therapy is not without its critics. Greenan and Tunnell (2002) advise that consistently associating LGBT psychic distress with sexual identity struggles and societal stigma in client assessment is reductionist, and may bear little relation to the specific and diverse needs of the gay person's presenting issues in psychotherapy. Also, Langdridge (2007:28-9) says humanistic therapies and existentialism may believe "that a politically motivated therapy necessarily entails the projection of the therapist's agenda onto the client and also possibly the premature foreclosure of ways of living for the client".

DIVERGENT VIEWPOINTS

Sex and relationship therapists Nichols and Shernoff (2007:384), report "the number of gays entering treatment with identity or shame issues has dramatically decreased" and that "gay men present with the same issues as heterosexual or bisexual men" (2007:398). Yet, Scott and Levine (2010:351) insist a homosexual identity can still cause a significant amount of distress and if not handled sensitively can lead to a "variety of significant problems". In essence, the latter research says sexual identity can be a very real struggle in gay men's presentation (Levine 2010:351-367). While gay men's lives are beginning to be represented in psychological research in more multidimensional ways, Le Vay, et al. (2012) and Clarke et al. (2010), say there still tends to be a preponderance of literature of a one-dimensional stereotype of gay male experience. Echoing this sentiment, Semp (2011:69-86) says gay males are often viewed in public mental health services as a homogenous group of people. Similarly, Simon Le Vay (2011:ix) contends that there is a prevailing theme in research that is best summarised in the question "what's wrong with gay people?" to which he responds "there is nothing wrong with gay people" (2011:ix).
A recent edition of the Trinity College Dublin Student Medical Journal contained the front page headline 'Suicide & Self Harm in the LGBT Community' (O'Connor 2012). The author reviews twenty-three studies, a composition of Irish and international research conducted between 1991 and 2009. His review concludes that statistically more numbers of LGBT youth self harm and are susceptible to suicide risk in greater numbers when compared to their heterosexual peers (O'Connor, p.42-45). The reviewer cites research pointing to homophobia, internalised homophobia and societal heterosexism as possible explanations to explain LGBT vulnerability (McDermott et al. 2008). Maycock et al. (2009) suggest that when gay persons feel they have to conceal their sexual orientation/gender identity/ies they also experience disproportionately high levels of negative mental health outcomes. In response to the theorizing in this vein, The British Psychological Society (2012:3) has recently released guidelines for therapists aiming to promote "better understanding of their clients who may have suffered social exclusion and stigmatisation".

Many researchers diverge from the view taken above that gay lives are necessarily bound up with a deficit narrative. For example, among older gay men, there is a body of research emerging in Ireland that supports the diversity of experience. In Higgins et al. (2011) we hear gay men's resilient life stories amid the unique set of life challenges that they also face. Likewise, Duffy and Sheridan (2012) report on the experiences of LGB people working in An Garda Siochana. Their findings "unearthed both positive and negative experience" with participants variously "describing 'pride' in their job... ownership of their sexuality but with an experienced fear that public disclosure of sexual orientation might 'impede' career progression" (2012:83-4).

Savin-Williams (1998:xii) says "gay youth/young adults lead as ordinary and as intricate lives as their heterosexual peers do". While acknowledging that overt prejudices are still conveyed, most notably through religion and legislative inequality, Savin-Williams (1998:xii) says his studies do not support the view that sexual and gender minorities "are inherently psychologically vulnerable". Furthermore, Savin-Williams rejects the portrayal that "sexual minority youth are suicidal individuals who struggle to cope with an unwieldy modern universe" (1998:xii). He says overemphasis on deficit narratives may serve to "reduce their hope that a good life will come to them" (1998:xii). In 2011, in an interview in The New York Times, Professor Savin-Williams says "the message being given to gay youth by adults who say they are destined to be depressed, abuse drugs or perhaps commit suicide," can lead to what he calls "suicide contagion," (in interview with Brody, 2011). Savin-Williams goes on to say "About 10 to 15 percent are fragile gay kids, and they're susceptible to messages of gay-youth suicide..." He further contends that "it is hard to get studies published when researchers don't find differences" between gay and straight youth (Brody, 2011). This researcher has been saying for some time now that we "recognise many of our gay teenagers as our sons, brothers, nephews, cousins, friends, and boys next door... " (Savin-Williams 1998:xii). Referring to these very same issues, the youth editor of the 2012 Youth Edition of Gay Community News in Ireland, Andrew Martin says such negative life trajectories can often define popular perceptions of gay persons. He says from his experience that "there are many ways to be lesbian, gay, bisexual, transgender." (Martin, 2012:3). He talks about the young LGBT people that he knows as "having such positive qualities and achieve so many great things that it seems a shame not to acknowledge that side of who we are" (2012:3).

IN CONCLUSION

The last twenty years or so has witnessed the most remarkable social changes for gay persons living in Ireland and elsewhere. In fact, Norris (2012:283) says young people find it difficult to believe that "twenty years ago two men could go to jail or be subjected to electric shocks, simply for the physical expression of love between them in private". Their disbelief arises because many gay men have had no direct experience of these contexts with the consequence that they can feel much safer to be gay without feeling shame to express who they are.

Despite these emerging contexts, research still tends to focus on the challenges faced by gay persons which can sometimes serve to reinforce stigma as a defining feature of gay men's lives. While a significant number of gay persons' stories may have and continue to include discrimination it is also true to say that many gay men's lives have also been directly touched by changes in society that has enabled a greater sense of equality alongside other groups in Irish society.

It is within the context of the above literature review that my proposed future research study will focus on gaining a better understanding of the issues concerning gay men in Ireland today. For this purpose, the research will use an unstructured method of in-depth interviewing that privileges how people describe and interpret their own experience, listening in and through their stories for what is both common and unique.

The findings of this study will be used to inform psychotherapists about the contemporary contexts of being gay in Ireland which will help therapists to respond to the concerns of gay male clients who come to therapy.

Gerard Rodgers completed his humanistic and integrative clinical training in 2010 at Turning Point, Dun Laoghaire. He started a psychotherapy doctorate in DCU in 2010. He holds undergraduate degrees in Theatre Studies (1996-1999) from Trinity College Dublin and a BSc honours degree in Psychology (2007-11) from the Open University. He has a further post-graduate qualification in Systemic Therapy (2007-08) from the Mater Miscordiae University Hospital. He is in private psychotherapy practice near Croke Park in Dublin and is working towards accreditation with IACP/IAHIP and PSI.

REFERENCES

Aldrich, R. (ed) (2006) Gay Life and Culture: A World History. London: Thames and Hudson.

Anderson, S.C. (1996) 'Addressing heterosexist bias in the treatment of lesbian couples with chemical dependency' in Laird, J. and Green, R.J. (eds) Lesbians and Gays in Couples and Families: A handbook for therapists. New York: Jossey-Bass.

American Psychiatric Association (1952) Diagnostic and Statistical Manual for Mental Disorders. Washington DC: Author.

American Psychiatric Association (1973) Homosexuality and sexuality orientation disturbance: Proposed change in DSM-II, 6th Printing, page 44. The American Psychiatric Association: Document Reference No. 730008.

REFERENCES (continued)

American Psychological Association (2009) 'APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation' in Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington DC: Author.
Bartlett, A., Smith, G., King, M. (2009) 'The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation' Division of Mental Health, St George's Hospital, University of London; Department of Mental Health Sciences, University College Hospital, University of London.
British Psychological Society (2012) Guidelines and Literature Review for Psychologists Working Therapeutically with Sexual and Gender Minority Clients, A web only document, published by BPS: <http://www.bps.org.uk/sites/default/files/images/rep_92.pdf>. Accessed 21/12/2012.
Brody, A. E. (2011) 'Gay or Straight Teenagers Aren't So Different: an interview with Savin-Williams, R.' Published in New York Times Jan 3 2011: >http://www.nytimes.com/2011/01/04/health/04brody.html>.
Clarke, V., Ellis, S.J., Peel, E., Riggs, D.W. (2010) Lesbian, Gay, Bisexual, Trans & Queer Psychology. Cambridge: Cambridge University Press.
Coyle, A. and Kitzinger, C. (2002) Lesbian and Gay Psychology: New Perspectives (2nd edition). London: Wiley-Blackwell.
Crompton, L. (2006) Homosexuality & Civilization. London: Belknap Harvard.
DiPlacido, J. (1998) 'Minority stress among lesbians, gays and bisexuals: A consequence of heterosexism, homophobia, and stigmatization' in Herek, G.M. (ed) Stigma and Sexual Orientation: Understanding Prejudice against lesbians, gay men and bisexuals (pp.138-159). Thousand Oaks CA: Sage.
Duffy, M. and Sheridan, V. (2012) Cultures of Diversity: Sexual Orientation in An Garda Siochana. Dublin: Dublin City University.
Friedman, R.C. and Downey, J.I. (2002) Sexual Orientation & Psychodynamic Psychotherapy: Sexual Science and Clinical Practice. New York: Columbia University Press.
GLEN (Gay, Lesbian, Eqaulity Network in association with Irish College of Psychiatry) (2011) Lesbian, Gay & Bisexual Patients – The Issues for Mental Health Practice. Dublin.
Greenan, D.E. and Tunnell, G. (2002) Couple Therapy with Gay Men. London: Guildford.
Herek, G.M. (2009) 'Sexual stigma and sexual prejudice in the United States: A conceptual framework.' In Hope, D.A. (ed) Contemporary perspectives on lesbian, gay, & bisexual identities: The 54th Nebraska symposium on motivation (pp.65-111). New York: Springer.
Herek, G.H. and Garnets, L.D. (2007) Sexual Orientation and Mental Health Annual Review of Clinical Psychology. 3: 353-375.
Hicks, C. (2010) 'Counselling Psychology Contributions to Understanding Sexuality' in Milton, M. (ed) Therapy and Beyond: Counselling Psychology Contributions to Therapeutic and Social Issues. West Sussex: Wiley-Blackwell.
Higgins, A. et al. (2011) Visible Lives: Identifying the experiences and needs of older Lesbian, Gay, Bisexual and Transgender People (LGBT) in Ireland. Dublin: Gay and Lesbian Equality Network.
Hooker, E. (1993) 'Reflections of a 40-year exploration: A scientific view on homosexuality.' American Psychologist. 48(4): 450-453.
Kitzinger, C. (1987) The Social Construction of Lesbianism. London: Sage.
Langdridge, D. (2007) 'Gay Affirmative Therapy A theoretical framework and defence' in Journal of Gay and Lesbian Psychotherapy. 11, 1-2: 27-43.
LeVay, S., Baldwin, J. and Baldwin, J. (2012) Discovering Human Sexuality (2nd edition). USA: Sinauer Associates.
LeVay, S. (2011) Gay, Straight, and the Reason Why: The Science of Sexual Orientation. Oxford: Oxford University Press.
Le Vay, S. (1993) Queer Science: The Use and Abuse of Research into Homosexuality. Cambridge MA: MIT Press.
Liddle, B.A. (2007) 'The Challenge of Understanding LGBTQ Lives and Experiences' in Clarke, V. and Peel, E. (eds) Out in Psychology: Lesbian, Gay, Bisexual, Trans and Queer Perspectives. London: Wiley Blackwell.
Martin, A. (2012) 'Editor's Letter' in Gay Community News: The Youth Issue. Dublin: National Lesbian and Gay Federation Ltd.
Maycock, P., Bryan, A., Carr, N. and Kitching, K. (2009) Supporting LGBT Lives: A Study of the Mental Health and Well-Being of Lesbian, Gay, Bisexual and Transgender People. Dublin: Gay and Lesbian Eqaulity Network and Belong To Youth Service.
McDermott, E., Roen, K., and Scourfield, J. (2008) 'Avoiding Shame: young LGBT people, homophobia and self-destructive behaviours' in Culture, Health & Sexuality. 10 (8): 815-829.
Milton, M. (ed) (2012) Diagnosis and Beyond: Counselling Psychology Contributions to Understanding Social Distress. Ross-on-Wye: PCCS Books.
Milton, M. (ed) (2010) Therapy and Beyond: Counselling Psychology Contributions to Therapeutic and Social Issues. West Sussex: Wiley-Blackwell.
Myer, I.H. (2003) 'Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence.' Psychological Bulletin. 133(2): 338-345.
Nichols, M. and Shernoff, M. (2007) 'Therapy with Sexual Minorities Queering Practice' in Leiblum, S. (ed) Principles and Practice of Sex Therapy (4th edition). London: Guildford.
Norris, D. (2012) A Kick against the pricks: The Autobiography. Dublin: Transworld.
O'Connor, N. (2012) 'Helping Out: Suicide & Self Harm Amongst Lesbian, Gay, Bisexual & Transgendered Adolescents' in Trinity Student Medical Journal. 13(1): 42-45.
Ritter, K.Y. and Terndrup, A.I. (2002) Handbook of Affirmative Psychotherapy with Lesbians and Gay Men. London: Guildford.
Savin-Williams, R. (1998) And Then I Became Gay: Young Men's Stories. London: Routledge.
Scott, D.L., and Levine, S.B. (2010) 'Understanding Gay and Lesbian Life' in Levine, S.B., Risen, C.B. and Althof, S.E. (eds) Handbook of Clinical Sexuality for Mental Health Professionals (2nd edition). London: Routledge.
Semp, D. (2011) 'Questioning Heteronormtivity: using queer theory to inform research and practice within public mental health services' in Psychology and Sexuality. 2,1: 69-86.
Silverstein, C. (2008) 'Are You Saying Homosexuality Is Normal?' in Journal of Gay & Lesbian Mental Health. Vol. 12(3): 277-287.
Tatchell, P. (1972) 'Aversion therapy is like a visit to the dentist' in Gay News No. 11: <http://www.petertatchell.net/lgbt_rights/psychiatry/dentist.htm>. Accessed 21/12/2012.
UKCP, (2010) 'UKCP statement on the 'reparative' therapy of members of sexual minorities' http://www.psychotherapy.org.uk/reparative_therapy_statement.html accessed 09/01/2013.

Irish Bibliography:
Ferriter, D. (2009) Occasions of Sin: Sex & Society in Modern Ireland. London: Profile Books.
GLEN (2012) Civil Partnership and Ireland: How a Minority Achieved a Majority: A Case Study. Dublin: Gay and Lesbian Equality Network.
Hug, C. (1999) The Politics of Sexual Morality in Ireland. Basingstoke: MacMillan Press.

Book Review

Restorative Justice Conferencing: Real Justice & The Conferencing Handbook
By Ted Wachtel, Terry O'Connell and Ben Wachtel.
ISBN: 978-1-934355-03-9

Two books in one volume:
It combines the official training manual that provides a step-by-step guide to setting up and conducting conferences and actual conference stories to show how conferencing works and how it can change the way our society responds to wrongdoing in schools, criminal justice, the workplace and elsewhere.

Book 1
Real Justice

How We Can Revolutionise Our Response to Wrongdoing

by Ted Wachtel

The founder of the Real Justice movement uses stories of actual restorative justice conferences to show how conferencing works and how it can change the way our society responds to wrongdoing in schools, criminal justice, the workplace and elsewhere. He demonstrates how conferencing benefits victims, offenders and the community by actively involving those affected by wrongdoing in the process of repairing the harm and by fostering the closure and the emotional healing which is largely denied in our current systems.
Originally published in 1997.

Book 2
Conferencing Handbook

The Real Justice Training Manual

A procedural guide to coordinating and facilitating restorative conferences, structured meetings between offenders, victims and both parties' family and friends, in which they deal with the consequences of the offense and decide how best to repair the harm. The handbook covers the process of selecting cases, inviting participants, making preparations and running the conference itself. It is useful to anyone who wants to learn to facilitate conferences in school, criminal justice and other settings.
Originally published in 1999.

POETRY

The Shadow of You

Wherever I go
Whatever I do
I'll always be running
And hiding from you
The only relationship
I've ever known
You've made me do things
That are bad to the bone
But I've had enough now
The truth be told
I will earn back
The soul that I have sold
And gain all the wisdom
That holds all the keys
This prison of isms
My ugly disease
But make no mistake
It lies dormant in me
You wait at the gate
For the day that I leave
Watching and waiting
Waiting to see
Waiting to strike me
Back down to my knees

For the real fight begins
When I wander astray
You're just here for the spar
As my counsellor would say
So when you come calling
Me back to the pain
I'll have to refuse
I'll have to refrain
Wherever I go
Whatever I'll be
The shadow of you
Will loom over me

They Come in Many Colours

I don't know why I started
But I know it has to end
I have to get off these pills right now
They've my head driven round the bend
They come in many colours
Yellow, purple, pink and blue
I wish I knew what I know now
But back then I hadn't got a clue
At first they filled that gap inside
Feelings of fear and hate
But if I don't get off these pills right now
I'll meet Saint Peter at the gates
I'll be here in rehabilitation
For twenty weeks or more
But as I write all this stuff down
All I want to do is score
They've cut me off my tablets
I knew the day would come
But all that's racing through my head
Is will I stay or will I run
I want to stick it out
At least for my family's sake
I've put them through so much
God knows they need a break
I started this poem for money
But now I realise that doesn't matter
Getting clean will be my prize
To be a better son and a better father

ABOUT THE AUTHOR

Through his work with residents of a homeless shelter/detention centre/addiction rehabilitation centre where he works part time, "Michael Dunford, a counsellor-psychotherapist, was given the two accompanying poems by one of the residents.

Both of these poems are well written and are given from the perspective of a person trying to overcome their addiction.

Sadly, the author of both poems died of a drug overdose recently.

CHIRON'S CORNER

THE DICTIONARY MAN & "ÉISTEACH"

Every now and then we are assured by readers that the word "Éisteach" does not exist and that we are showing ourselves up to the world as ignoramuses when it comes to the Irish language.

Although we have, for some time now, published the meaning of Éisteach inside our front cover and refer readers to Rev. Patrick S Dinneen's revered Irish-English dictionary, we continue to be assured that the word does not, in fact, exist.

Those who thereby stir up the wrath of the ghost of Dinneen have only themselves to blame if they awake in the middle of the night to find the enraged spirit of this intransigent and argumentative priest from Kerry threatening to smite them with a copy of his 1,344 page dictionary.

Here was a man who resigned from the Jesuits because they would not let him spend all his time promoting the Irish language; who, when the plates of the first, 1904 edition of his dictionary were burned in the 1916 Rebellion got to work and produced a new edition two and a half times longer; who, when he was 70 spurned attempts by the Archbishop of Dublin to reconcile him with the Jesuits; and who, fifty years after his death was still recalled in his native parish of Rathmore as "The Dictionary Man."

It was argued by Noel O'Connell, honorary secretary of the Irish Texts Society, in a speech at the Irish Club in London in 1984 that Dinneen's work of standardisation made his dictionary "the virtual cornerstone of the Gaelic Revival."

So when The Dictionary Man defines the word "éisteach" as an adjective meaning "attentive in listening" I think we are on safe ground.

Padraig O'Morain

LETTERS TO THE EDITOR

Éisteach welcomes members' letters or emails. If you wish to have your say on either the contents of Éisteach or on an issue that concerns you or you feel strongly about, please send your views to;
e-mail: eisteach@iacp.ie or
Éisteach, IACP, 21 Dublin Road, Bray, Co Wicklow.
We hope the 'Letters to the Editor' section will become a regular feature in each edition of Éisteach. For that to happen we need your comments and views.
We look forward to hearing from you.

ON 'NICENESS'

Dear Editors,

I was very dismayed to read, in the Chiron's Corner section of the winter edition of Eisteacht, Padraig O'Morain's conceptualising of the work of Carl Rogers as an attempt at trying to be 'nice' to clients or providing 'niceness'. This was a man who dedicated most of his life to understanding, mapping and providing a means of engaging with human suffering. This was a man nominated for the Nobel Peace Prize in 1987 for his work in political oppression worldwide - America, Japan, Russia and also Northern Ireland. I can only assume that Padraig has not studied the theories of Rogers and the anarchic ideas Rogers proposes with regard to the therapeutic values of providing a transparent relationship in a therapeutic setting. This approach requires a depth of skills, long term theoretical commitment and experiential homeostasis in the therapist that cannot and is not achieved by being deliberately 'nice'.

If indeed there are therapists, as Padraig suggests, who are avoiding process with clients by a veneer of niceness then that surely is a serious ethical, professional and consumer-related concern to any accrediting body and may need to be addressed.

Would Padraig agree that to accept a fee under the orientation he suggests could be a false position to hold and, notwithstanding the additional ethical aspects of what he is suggesting, one which would impede any potentially developmental alliance forming between both people?-Yours etc.,

PADDY LOGAN

COUNSELLING AND PSYCHOTHERAPY: SAME OR DIFFERENT?
A response to Padraig O' Morain in Chiron's Corner.

I am writing in response to Padraig O'Morain's item in Chiron's Corner (Éisteach, Winter 2012). A few years ago I attended an IACP meeting which was held in order to vote on whether to change the association's name from IACT to IACP or not. I was one of a small number in attendance who voted against this change. I did not agree with the opinion put forward that both disciplines were, more or less, the same and that this change of name was the way forward for the association particularly, as was stated at the meeting, in a political sense. The attitude at the meeting was that the objectors were being arrogant or 'precious' in trying to hold out for the differences, which exist both in the therapeutic endeavor as well as in the training of counsellors and psychotherapists.

Padraig O'Morain makes a few points, which I would like to address. He claims that the difference between the two professions is of no relevance to the public and that they could not "care less about it". It's true that sometimes when a client is suffering a great deal, their main motivation for seeking help is to find relief. However it is also my experience that the matter is of interest to them and in my opinion it certainly should be of interest to the clinician. It is an important professional issue. The description of counsellors and psychotherapists as both working with the past and present is simplistic and does not address how the two disciplines differ.

I would like to outline my professional training and then describe very simply some of the ways, which differentiate my therapeutic work as a counsellor and as a psychotherapist. My original training was in Humanistic and Integrative Counselling and Psychotherapy 20 years ago. More recently I have undergone a 7 year training in Group Psychoanalytic Psychotherapy. I consider myself to practice as an Integrative counsellor and psychotherapist.

The main difference in my psychotherapy work relates to how I work with the unconscious… that aspect of the psyche, which is unknown to us and yet which profoundly influences us. The unconscious emerges in the psychotherapy relationship over time through the transference and in other ways within

the therapeutic engagement e.g. through the boundaries of the work (fee, attendance, punctuality), slips of the tongue and dream work. When I am working in this way I keep in the forefront of my mind the Oedipal conflict and its resolution or lack thereof. I understand that primitive impulses and feelings are repressed in the unconscious and these can be brought to consciousness and acknowledged. This is a very basic outline of a complex process and I certainly do not work in this way with all my clients. It depends on the client's specific needs and life circumstances and on their developmental stage. I find that this work is more long term because of the engagement with the unconscious. My counselling work does not focus on the unconscious in this way. In my opinion clinicians can find themselves more drawn to one discipline or another and over time can develop an expertise in either counselling or psychotherapy.

I would also like to comment on a point made in the paragraph titled 'Nice Business'. I agree with Padraig O'Morain that 'niceness' is not enough in our profession but I would take that point much further. If a counsellor or psychotherapist held that particular position, I would consider that person inadequately trained and unlikely to be effective in a serious way in the work. Indeed I would think an exploration of the unconscious motivation might be useful for such a person.

In conclusion as I said I describe myself as an Integrative Counsellor and Psychotherapist. I work psycho dynamically and when I am asked about the difference by members of the public and/or by clients I engage with the question in a serious way. Of course there are overlaps between the two but there are also distinct differences. I hope I have been part of continuing this debate and that it can be taken further than the rivalrous relationship, which can exist between counsellors and psychotherapists. Perhaps it's a question of unresolved Oedipal issues…? -Yours etc.,

HELEN JONES

'ALWAYS' AND 'NEVER"

Dear Editor, -In my work as a couple and family therapist I often become curious when descriptions of a partner about the other ('s/he never ever praises me for all the work I do around here' or s/he is always never here when I need her/him the most') or a parent would be most likely to say 'Jonny is always very untidy or never listens when his daddy and I ask him to do things' when invited to offer some thoughts about what they find problematic in their dealings with their child.

We may even assert 'what's the problem with that' for sure. That would seem pretty much obvious when describing someone who is being problematic and difficult to get on with. Ok, that sounds a straight forward assumption to make, and which most of us do anyway in the ordinary course of events. However, from a narrative approach view, by the time the couple or family come to therapy the stories they have for themselves, their lives and relationships would to a large degree become completely, or for most part, dominated by problems which can be seen to dominate and oppress them. From this perspective, these descriptions may be viewed as 'problem-saturated' stories. The 'always' and 'never' stories as seen above become identities by which one or the other partner, and Jonny become burdened often with little or no room for manoeuvre.

In inviting conversations with the couple or family, the therapeutic challenge is to offer something different in ways that would enable the development, the rewriting of and the creation of meanings through the stories that we tell and those that tell about us. Therapy is also about enabling curiosities about our active role in selecting certain and some events into storylines, with some becoming more powerful than others. However, it is important to stress that most significantly that we have the knowledge and skills to manage those stories, particularly troublesome ones that can blight our relationship with others. And the therapist can help by clients to develop further knowledge and skills to their family or couple contexts by addressing their concerns towards preferred stories to help them live productive lives.
-Yours etc.,

ROLAND KANDIAH

INVITATION TO JOIN THE EDITORIAL BOARD

We are looking to increase the number of editorial board members.
Would you be interested in joining the Editorial Board?
Being part of the editorial team means attending four or five meetings each year and editing an edition of Éisteach once in a while.
You don't have to be a journalist, rather someone who is prepared to use their skills and energy on behalf of the wider IACP membership.
If you wish to join the editorial board, please contact IACP and your name will be forwarded to the Board.

Workshop Review

Psychiatry & Psychotherapy in Ireland Today: An Uneasy Alliance

Presenter: Dr Ivor Browne
Reviewed by: Gillian Demurtas
Date: 2nd February 2013
Venue: Clarion Hotel, Dublin

On an uncharacteristically sun drenched February morning, I attended the IACP workshop presented by Prof Ivor Browne.

The subject of the workshop was the uneasy alliance between orthodox psychiatry and psychotherapy. I was incredibly expectant and excited by the prospect of engaging with someone I have come to see as an icon of humanity in the mental health field. Prof Browne was quick to establish his position on the issue of diagnosis and the treatment of mental illness. He suggested that the traditional psychiatric reductionist/biomedical model of psychological pathology was at once disempowering and limiting to the client. He recounted how in his early career as a psychiatrist he saw that mental illness was treated as a disease. Treatment? One found the locus of pathology and treated the 'sick' part. In the dark ages of Irish psychiatry methods such as insulin coma therapy and lobotomies were de rigueur. I could feel the despair and helplessness echoing in his words as he recalled those times.

Over the course of his career he came to see the client as part of a living system; a unique element in a social, moral and archetypal ecology. He described his awakening to the possibilities of reparation through psychoanalysis during his years in London under the tutelage of Dr Joshua Bierer. He learnt the therapeutic value of meeting the client as a human being. There he saw how the psychiatrists trained in psychoanalysis were adept at meeting the patient in their experience, getting to the crux of the problem that confounded them and finding a solution together. 'Madness' was viewed as an attempt at restitution, a solution of sorts to enable the traumatised patient to stay alive in their fragmented mind. He found therapy allowed the individual the possibility of (re)establishing an internal locus of control and self governance. Ideologically, he the psychiatrist became a psychotherapist.

The subject of medication was interspersed throughout the workshop. Prof Browne and many of the participants felt that the psychiatric dogma of drug use had the potential to be as damaging as the "dis-ease" the client presented with. Treating symptoms of human distress as "disease" was upon discussion, identified as a consequence of the sinister triangulation between pharmaceutical companies, psychiatrists and the unwitting patient. The relationship between pharmaceutical companies and the medical field is well documented. Books such as 'The Emperor's New Drugs' by Irving Kirsh PhD and 'Doctoring The Mind' by Richard Bentall were discussed. The limitations of psychiatry were presented from his first-hand experience with integrity and compassion. Rather than inciting vitriolic rhetoric, he fostered a discourse which highlighted the need for psychotherapists to co-create therapy with the GPs and psychiatrists in our communities.

What really impacted me was his deep resonance with his work as a psychotherapist. He cared for people, he believed in the individual's capacity to regenerate and adapt. He saw the role of therapist as that of a guide, not the authority in the endeavour of healing. He emphasised the crucial role our community plays in the well being of the individual and the need for psychological independence from "pseudo living systems" such as banks, multi-nationals and a government that all too often acts upon vested interests. His words moved me to realise the importance of thinking critically and humanely in terms of how we live our lives as members of a democratic society. It brought to my mind the inter-relationship between therapist and client and the role we play in the emergence of their sense of Self and belonging. How in finding relatedness one can find one's subjectivity, and in turn, our place in the world. And the responsibility that we as therapists have to strive to be a finely attuned filter between the (un)consciousness of the collective and the experience of the client.

One often gains so much more than the material facts presented on such an occasion and in this instance I gained an insight into a unique, sophisticated, intelligent and profoundly human perspective on mental illness and human distress. Prof Browne is an inspiration. I highly recommend his memoir "Music and Madness" published by Cork University Press and I look forward to the publication of a compilation of his papers this Summer.