From the Editor:

Eithne Doherty

Dear Colleagues,

Welcome to the summer edition of Éisteach, a season synonymous with summer schools, recharging our batteries and holidays. As a counsellor / psychotherapist going through the re-accreditation process this year, the theme of continuous professional development (CPD) came to mind and how the CPD that I choose reflects in my practice style. Lyric FM, RTE’s, music station has a jingle which is constantly reworked in different music styles from jazz to big band, from classical to traditional. The integrity of the jingle is maintained but the expression or shape of the music is very different. In whatever way it is practised, CPD enables us to remain on the journey of discovery to deepen the experience of presence for the client and the continuing practice of the counsellor / psychotherapist.

Orla Crowley’s opening quotation in ‘On Curiosity’ immediately puts a framework on this theme, facilitating the imagination to seek, to question and to create an effortless alert attention with no agenda other than to be present and to allow. Being grounded in one’s embodied self in order to ‘receive’ the client’s experience as it is occurring in real time as well as concurrently being in contact with one’s resonance to clients’ experience and one’s clinical wisdom is the challenge. When deeply present, we are not switching across many screens or multi-tasking but rather processing a multi-dimensional field of awareness.

The ‘how’ of this process can be achieved in many ways. Dr Ann Long chooses to practice a lyrical meditation on the Christian ‘Way of the Cross’. Ian Woods analyses the public dialogue between the famous Jewish theologian, Martin Buber, and Carl Rogers. Sandra Harner takes us on a journey of exploration through the Shamanic process. The one unifying principle throughout the articles is that they are open ended. There is a feeling of space that we can also contribute to the conversation.

As always, we have a wide variety of workshop reviews for your interest and a book review to stimulate further reading. The popular Therapist’s Dilemma highlights the new Children’s Bill 2014 and the handling of mandatory reporting of child abuse, an issue that will be hotly debated over the coming months.

Therapists often complain about the cost of CPD development and further study but there are other free options, such as being on one of the many committees of the IACP or attending the free workshops provided by the organisation and attending the AGM. The shared interest of poetry was the impetus for setting up a CPD peer group that led to the very deep and heartfelt memorial to two of our members, Noreen Mulligan and Diana Erskine Hill – may they rest in peace.

Through CPD, the capacity for presence can be nurtured in many different dimensions and I hope this edition of Éisteach will contribute to that journey.

Eithne Doherty, MIACP
On Curiosity

by Orla Crowley

There are various sorts of curiosity; one is from interest, which makes us desire to know that which may be useful to us; and the other, from pride, which comes from the wish to know what others are ignorant of.

Francois de la Rochevoucauld

Curiosity, from the Latin curiosus, to take care of, connects care and cure; negatively denotes the exaggerated inquisitiveness of nosey neighbours or totalitarian states; more constructively, suggests a quality of careful enquiry, a reaching beyond accepted meaning, a wish to go deeper, to seek beyond the surface understanding, a desire to solve.

Psychotherapy is traditionally seen as the process of discovering and coming to terms with emotional, cognitive, and imaginal material that has been repressed or kept secret as being too painful or shameful to be consciously borne. Healing within the confidential therapeutic relationship is considered to occur through the uncovering of such secrets. By subsequently integrating the newly-conscious material, the personality is enlarged. The impact of symptoms, disturbances and defences connected with the secret is considered to be ameliorated by its release.

At the cutting edges of fields as diverse as nuclear physics and systems theory, relationships are seen as the central organising concept of theory and practice. Nothing in the universe exists as an isolated and independent entity; nothing living lives alone. Buber (1958) used the term “I-Thou” to describe a relationship in depth, one which encompasses the mysterious in self and other. I can relate to you in depth only if I relate to my own depth, to that part of myself which is incomprehensible. To relate consciously to the incomprehensible, I need a standpoint in the rational. Otherwise I am on shifting sands, fascinated and absorbed by the incomprehensible, not at all the same thing as relating to it.

All Jung’s theory is organised from the point of view of the Self, a supraordinate totality, the essence of whose nature is ultimately unknowable. To live consciously is to live in harmony with this Self, finding meaning through serving something greater than ego, more than the ego’s plans and schemes, relinquishing the idea of ‘control’.

Jung considered the psyche to be inherently dissociable, giving us many secondary selves or complexes. In contrast to reductive analyses where we can be seen as the result of what has happened to us (a causal aetiology), Jung’s synthetic and progressive method moves us beyond being the mere playthings of our history, knows us as more than the sum of our parts. Seeing symptoms as having a teleological function - a goal, in other words - the Grail question becomes “What
is this for? Where is this process taking me? What is its purpose?” As a stream rushes downhill, its goal is to find the lowest possible level; how it gets there, or what it contains, are other issues - the “instinct” of water is to find the lowest level. This is what interests Jung; analytical psychology emphasises purposive development toward discovery of a sense of personal meaning, as well as a creative adaptation to life.

Such a developmental process does not entertain a one-sided emphasis on wickedness or holiness, but rather asks us to re-situate opposing energies in a creative reconciliation, a *mysterium coniunctionis*, a mystical marriage whose offspring is an unforeseeable (emergent) third thing which, in its turn, seeks a further mystical union, and so on ad infinitum. This dialectic is mirrored in the nature of the artistic process as it arises from human experience (we make it) which then reflectively shapes and influences us, giving expression and meaning to that very experience (enhancing us). It accepts what is, and works toward what might be. Within this process, the necessary suspension of judgement (holding the tension of the opposites) requires one to endure a high degree of ambiguity, of not-knowing, of being in confusion - a strong challenge for the ego, yet one which mobilises imagination to seek and question.

**Symbol**

With his radical theory of the collective unconscious, Jung proposed an essentially unknowable level of psyche, one which could only be intimated through its affect, and only be referred to via symbols. Such symbols are representations in consciousness of the holding-together at a deep level of pairs of rationally-incompatible opposites, and, in themselves, are ultimately “*never quite determinable*” (CW16para340). Symbols help join together the scattered pieces of our psyches, to knit up the ravelled strands of our potential being.

The hallmark of the symbolic is apparent contradiction. Jung’s claim that “the highest truth is one and the same with the absurd” is echoed by Neils Bohr’s koan-like “The opposite of a great truth is also a great truth”. The Greek root of “paradox” indicates something that is contrary to common belief, or, outside or beyond what is initially perceived. Paradox holds together seemingly contradictory truths in order to locate a greater truth. Paradoxical curiosity respects complexity, going beyond dualistic categories to enquire how seemingly-contradictory energies may both be held within a greater whole. The suspension of judgement necessary to explore what is (Jung’s empirical and phenomenological stance) while holding open the possibility of a yet-unknown value that supersedes the contradiction (Jung’s transcendent function), requires one to have developed the capacity to imagine.

**Individuation**

Jung’s central theme of “individuation” is concerned with the development of personality, of one’s uniqueness, and of how, becoming more individual, one is less divided, less split, more whole. Relatedness, both inner and outer, is crucial.

Three fundamental tasks need to be achieved before the process of individuation becomes possible. In order of development, these are:

1. Affect regulation (a consequence of secure-enough attachment).
2. The capacity for mentalisation (the basis for reflective functioning / imagination).
3. The development of a secure sense of self (also referred to as self-agency / an appropriately-functioning ego / the autobiographical self).

Each level needs to be sufficiently established in order for construction of the subsequent order of development to begin. If the sense of self is functioning at a level where only ACTIONS matter or make a difference, interpretations that rely on the ability to imagine are doomed. I assume that most of us are conversant with the difficulties arising from working with a client whose ability to mentalise is limited – the “as if” dimension is lacking. Transference is perceived as real rather than metaphorical; thinking is concrete, or on the level of soma.

For example, with a borderline client, the therapist may be either the mother who made her suffer or, she may be nothing at all. Within this either / or, black / white thinking, the therapist finds herself in a chaotic situation, although not in the pandemonium of images that Jung often mentions, rather in a pandemonium of EMOTIONS. The client does not have a sufficiently-developed level of mentalisation to organise emotional contents through meaningful images. Emotions do not become images – the symbolic function is lacking. Through creating symbolic representations (words, pictures, sandtrays, music) of unintegrated experiences, whilst held in the mindful presence of a mentalising therapist, sense - rather than chaos - may gradually be made of the past, as a new, conscious relationship is developed with the previously-unintegrated experience. So metaphor, arising from relationship, powers imagination, which in turn provides the basis for a developing sense of self.
The symbolic attitude is ultimately a relational process, an emotionally-invested connection with an Other. What is important here is the process, the dynamic, what moves, rather than the content, the static, the academic. Working from the non-rational does not mean abandoning interpretation - it means being alert to when interpretation cannot work because a more direct and immediate emotional contact is needed. This reaching out, attuned contact is what the Boston Process of Change Study Group calls “a moment of meeting”, a transformative experience wherein “communications that reveal a personal aspect of the self have been evoked in an affective response to another. in turn [reveals] to the other a personal signature, so as to create a new dyadic state specific to the two participants”. (BPCSG 2010)

Creative Space
Both imagination and art inhabit thresholds, the edges of society. Creative acts move beyond what exists, toward something new and unexpected. Art depends on an essential relationship to reality and to the experience of reality. Its place within human life, working with imagination as a means of transforming toward a wider reality, ever processing, is part of an open system without end or consummation, the equivalent of an eternal force.

It is no coincidence that totalitarian regimes are wary of artists, who, like prophets, offer visions alternative to the official party line. To imagine oneself in relationship even with one’s enemies calls for moral imagination. With patience and endurance, braving the unknown, with no guarantee of safety or success, John Hume, Nelson Mandela, and Martin Luther King have shown us that when a cycle of conflict or violence is broken, space opens up to envision and give birth to that which already exists in potentia. Ego, we could say, begins the hero’s journey, learning along the way to leave space wherein may incarnate some of the Self’s infinite potential.

“I don’t know beforehand what I shall put on the canvas, even less can I decide what colours to use. Whilst I’m working I’m not aware of what I’m painting on the canvas. Each time I begin a picture, I have the feeling of throwing myself into space. I never know whether I’ll land on my feet”. (Picasso, in Berger, p. 136)

The Development of Personality
The human personality can be conceptualised as an aggregate of ill-matched parts, a grab-bag, patchwork, shifting kind of thing, a coat of many colours, a motley garment, a fool’s Jerkin or magician’s cloak. Its construction bears witness to past injuries and on-the-go repairs. Unlike most biological structures, its form varies extravagantly from one individual to the next within a single species. It is structured, however, according to some invariant principles, and it must function as a unit as well as accommodate itself to its immediate environment. Relatedness, inner and outer, is vital, and for Jung, is a central goal of individuation.

In brief, to relate is to engage consciously with the Other as found both within and without; to relate in depth we must be open to that part of the Other which is mysterious. The phenomenal, the Real, consciousness, man, body, matter - are all accessible to investigation and measurement; the problem is how do we approach the Other - the nominal, the Ideal, the irrational, the unconscious, God, mind, psyche, soul? Often, it is only when consciousness has been defeated, do we pay attention to the unconscious (which can seem to have created the whole predicament for just that purpose. If there exists a viable conscious course of action, the unconscious tends to be ignored).

The task of analysis is to help redirect psychic energy toward development by means of a symbolic expression of unconscious material. In working with dreams it seems the unconscious has a goal in mind. Current dreams address current problems; dreams are forever correcting a one-sided view and suggesting how the dreamer might proceed. From a rational point of view this poses a problem. Whose purpose? If my dreams are messages to me, then who or what is “sending” them? Is there an agent (the Self?) within the unconscious that has its own point of view, its own plans which are different to my ego’s plans? Individuation’s goal of integrating new resources from the unconscious (becoming more whole) includes the archetypal processes of defeat, loss, decay, and death - and if I am to mature, I have to admit these also to integration and relationship.

The Other Side
In the creation myth of Adam and Eve, the desire to know, to eat of the fruit of the Tree of Knowledge of Good and Evil, has many consequences.

Suddenly, the initial unity of all things, the bliss of paradise, is rent asunder. Cast out into the temporal world, into awareness, “the eyes of them both were opened, and they knew they were naked.” Hurriedly they sew garments to cover their nakedness - as if with knowledge...
comes the need also for hiddenness, for a place to cultivate mystery. In a similar vein, secrets, and the ability to hold them, are, for analytical psychology, at the very heart of individual identity. “The individual on his lonely path needs a secret which for various reasons he may not or cannot reveal. Such a secret reinforces him in the isolation of his individual aims... a great many individuals cannot bear this isolation. They are the neurotics, who necessarily play hide-and-seek with others as well as themselves... they end by surrendering their individual goal to their craving for collective conformity... Only a secret which the individual cannot betray - one which he fears to give away, or which he cannot formulate in words, and which therefore seems to belong to the category of crazy ideas - can prevent... regression.” (Jung, CW18, p376)

We can discern in Jung’s work two basic lines of thought - scientific discourse, and the reality of the imagination; rationality and non-rationality, cognition and perception. Painting, sculpture, architecture, music, poetry, the study of myth, folk-tale, and religion, products of perception and the senses, all engage us through imagination and through emotion. They open up to us the possibility of a beyond, of what cannot be fully expressed, of something that permanently resists closure, that continues to elude us, enticingly drawing us on, a siren call whose refusal condemns us to neurosis. Those who cherish onesidedness or long for an unequivocal approach must bail out here!

Jung’s attempt to establish relationships between these two worlds led to his life and work being lived on the borderlands, the interfaces - and sometimes the no-go areas - between sanity and madness, rationality and non-rationality, conscious and unconscious, human and divine, ego and shadow, matter and spirit; he continually pointed out how one-sidedness dangerously unbalances system dynamics, inevitably leading to an overthrow of the status quo. He told Aniela Jaffé that his works were “fundamentally nothing but attempts to give answer to the question of the interplay between the ‘here’ and the ‘hereafter’” (MDR p330).

Creativity: the case against a merely intellectual understanding

Any interpretation is based on the therapist’s understanding of what is going on; it is an attempt to elucidate or impute meaning - to explain or perhaps even reduce to “nothing but”.

“Understanding is a terribly binding power, a veritable soul murder when it levels out vitally important differences. The core of the individual is a mystery of life which dies when it is ‘grasped’. ... All understanding... being an integration into general viewpoints, contains the devil’s element, and kills. It tears another life out from its own peculiar course, and forces it into something foreign in which it cannot live. ...The threatening and dangerous thing ... is that the individual appears to be understood”. (Jung, letter 1915, to Hans Schmidt)

In the Red Book, Jung’s anima, or soul, asks “Have you grasped me, defined me, and made me into a dead formula?” This warning that she is damaged by his attitude of intellectual understanding toward her results in Jung imaginally sacrificing his heroic intellectual function; abandoning the desire to conquer and know, to hold power, the drive to understand, to wrest information from subjected material, makes possible a real relationship.

“The danger of wanting to understand the meaning is overvaluation of the content, which is subjected to intellectual analysis and interpretation, so that the essentially symbolic character of the product is lost.” (CW8 para 176), i.e. in striving to attribute meaning, there is a danger that a dynamic process may be short-circuited, prematurely aborted or cut short. Here Jung cautions us that imputing of meaning risks killing off individuation. A heroic warrior approach to psyche embodies hubris - appropriating for oneself that which properly belongs to the gods, to the more-than-human. The excitement and thrill of the chase, the spoils of struggle, the victor’s laurels; sacking, plundering, looting, raping; satisfaction in feeling right, a “successful” outcome; the collective, evidence-based endorsement - being seen to be “good” and right; the shadow of power, hero as tyrant; take it apart, see how it works... but all the King’s horses and all the King’s men won’t ever be able to put it together again - an ego-trip devoutly to be avoided by the therapist! Bion’s succinct injunction is “to prevent someone who knows from filling the empty space” (Bion, 1990).

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The therapeutic attitude needs to be one of reticence and humility, leaving space wherein a more extensive meaning might, in the in-between, the transferential (i.e. unconsciously-shared) space, emerge of its own accord. It requires therapeutic courage and endurance to resist closure and nourish openness.

Peter Falk’s “Columbo”!), leaving space wherein a more extensive meaning might, in the in-between, the transferential (i.e. unconsciously-shared) space, emerge of its own accord. It requires therapeutic courage and endurance to resist closure and nourish openness in the face of what one does not know or of what one knows too little; to resist a rush to judgement or flight into health (on the part of the therapist); to hold a willingness to be in confusion (via negativa). Every act has both good and evil results, yielding pairs of opposites; the best we can do is lean towards the light. Transformation occurs in us, but not by us - the unconscious changes itself.

To discover - and help to create... the emergent nature of what we do is perhaps, in the end, undefinable.

“So hope for a great sea-change
On the far side of revenge.
Believe that further shore
Is reachable from here.
Believe in miracle
And cures and healing wells.
Call miracle self-healing:
The utter, self-revealing
Double-take of feeling.
If there’s fire on the mountain
Or lightning and storm
And a god speaks from the sky
That means someone is hearing
The outcry and the birth-cry
Of new life at its term.”
— Seamus Heaney
The Cure at Troy (1990)

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Orla Crowley

Orla qualified as a biochemist and spent several years in clinical and research positions until she became interested in psychotherapy, and particularly in the thinking of C.G.Jung. Subsequent to graduating from the Tivoli Institute, she went on to train as a Jungian analyst. She has a private practice in Blackrock, Co. Dublin where she works with individuals and couples as well as offering clinical supervision. She has lectured and taught on Jungian themes for over twenty years, in Russia as well as here in Ireland.

Depending on how you look at this, it’s either a young woman, or a very old woman - but you can’t see both together - just one at a time.

Wittgenstein’s Duck-Rabbit - as with the previous image, one can only see one animal at a time.
Prayer in Counselling

by Dr Ann Long

Introduction
We become Real through our relationship with our self, other people, the planet earth and a God of our understanding. How well, or how poorly, we embrace all of these relationships has an impact on our mental health and wellbeing. For the purpose of this paper I am reflecting briefly on how to develop and maintain my relationship with the God of my understanding though prayer in counselling.

Yet, I am still wondering why I should pray when God knows, that I as a counsellor, need His strength and His tenderness to embrace and convey my therapeutic presence when working with other human beings. Surprisingly, I am reminded of the work of Thomas Aquinas who professed that God, in his abundant love, allows us, in prayer, to participate as co-creators in His work in the universe. Yes, God, in his omnipotence, knows our needs and our aspirations but in His great wisdom He also knows that we crave to participate with Him in the fulfilment of these needs and aspirations and, that when we perceive problems, we yearn to be part of the solutions. Of course, outcomes may not always be as we wish. That is why we must pray as Jesus prayed: ‘Father... not my will but yours be done’. (Luke 22:42)

Methods of prayer
Prayer is as unique as the individual who prays. Some methods of prayer include:

- Vocal prayer, which employs a specific word formula
- Mental prayer, which is more of a conversation with God
- Discursive prayer, which is led by one’s reason
- Affective prayer, in which love, joy or other emotions may predominate
- Meditation, in which one considers different aspects of God’s activity
- Contemplation, which involve a “simple gazing” lovingly upon God
- Cantering prayer, in which one contemplates God at the centre of one’s being
- Mystical prayer, which is led by God’s grace

Most scholars of prayer believe that: ‘there are no infallible techniques to prayer that will lead to a deeper relationship with God: there is only a longing in the heart to follow where prayer leads’ (Casey, 1996).

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reminded us that, as the ‘Song of Songs’ expresses, there is in each human heart a spiritual hunger – a cry for more; a desire for deeper union with God. In relation to the clients’ spiritual cry for more, they may need to verbalise the ultimate spiritual and existential concerns and anxieties about death, isolation, meaning in life and, freedom (Yalom, 2010) in the presence of a caring and supportive listener.

**Listening with mind, heart and soul**

As counsellors we learn to listen and listen well. We listen attentively to the needs and concerns of the clients we serve. However, after a long day of listening I find my brain overloaded and I sometimes feel too fatigued, distracted and worried to listen to my family and to the God of my understanding. Groeschel (1984) urges us to listen to God with both our minds and our hearts and to continually relate the experience of listening to the external world- as perceived by our senses in our internal prayer world. On the inside I am filled with the desire to care for each client I serve as I would care for Jesus. Given this precious opportunity to listen, my fragile human spirit touches the vulnerability of the client’s human spirit. In counselling we are blessed with perfect opportunities to listen to both the voice of the spirit in my prayer and also to the voice of the Spirit in my counselling. If I counsel my clients with love and respect along with the gentleness I would care for Jesus then I will, as Groeschel intends, have listened and prayed silently with my mind, heart and soul.

**Sharing their life stories**

Providing a sacred space where clients can share their stories is one of the key activities that counsellors engage in as it allows clients to find meaning. Counsellors offer the sacred space in which the wounding memories of the past can be reached and brought back into the light in safety, without fear. For counsellors, this space can be called ‘standing [or better still sitting] on holy ground.’

During periods of despair, clients’ latent emotional and spiritual stresses may surface, generating existential responses such as anxiety and feelings of fear, loneliness and alienation. It is important that we facilitate the expression of these very real concerns.

**Veronica: the exemplar of the counsellor.**

Literature demonstrates that the Christian woman Veronica is recognised as the pre-figure of carers. Legend identifies Veronica as the woman who wiped the wounded face of Jesus during His agonising Journey to Calvary. Veronica had the courage to step forward from the crowd and wipe His face and then found on the ‘towel’ not blood but the imprint of the love of God. Counsellors help clients to cleanse their emotional ‘grit’ (the ‘baggage’) they have been carrying from the past.

Becoming a modern Veronica means we are willing to transpose our compassion into the therapeutic relationship with spiritual gentleness. To be a modern Veronica means to have our eyes wide open to the sufferings of others and to see the world and the God of their understanding empathically through their lenses – not ours. Although a number of variations appear among the stories of Veronica in the literature, the central theme of the legend is similar. Modern Veronicas (in counselling) use tender compassion while helping clients cleanse and heal their emotional and spiritual wounds.

**Emotional and spiritual cleansing**

What does it mean to us as counsellors to help with emotional and spiritual cleansing? A significant amount of relief and comfort can be observed after clients share their pain with us. A client’s inner ‘power’ is strengthened because ‘something oppressing’ (an obstacle for growth) has been removed. Counselling can be a nurturing of mind, spirit and body. Consequently, the spiritual importance of emotional cleansing can be inferred. This supports the acceptance of a spiritual dimension in the emotional and mental vocation of counselling. In practice, at the end of sessions as the clients walk away, I hand them over symbolically (demonstrating advanced empathy) into the care of the God of THEIR understanding. Later, I try to understand their faith and their belief system. (See for example, *Ethical issues in six religious traditions*, Morgan and Lawton, 1997)

**The counsellor’s way of the cross: accompanying clients on part of their life journey**

Counsellors experience their own unique way of being with clients in the here and now through encountering, embracing and demonstrating empathy with their suffering. The counsellor’s interactions and observations can be included in a counsellor’s prayer life through associating the client’s
agonies with those of our Blessed Lord in meditations and prayers. This represents symbolically a ‘Counsellors’ Way of the Cross’. It is the images captured on this journey that I would like to focus on to illustrate some of the ways that prayer may be manifested inwardly after counselling sessions.

1. Jesus is condemned to die.
Alma is a beautiful girl, only 15. She has been diagnosed with a severe life-defeating illness. Her only crime is that she is ready to embrace her teenage life.

Counsellors’ prayer: Help Alma to embrace this life-defeating illness, which condemns her to die shortly. It seems so unfair. I can’t understand. I don’t ask to. Only grant me the grace to cross over, to stand as your loving presence with those condemned to death from illness or disease.

2. Jesus takes up his cross.
Betty is a young mother with two small children. She has been given one year to live.

The team say: ‘We will begin an aggressive form of treatment. We can’t save your hair but don’t worry, we will get you a wig, they look so real now’.

The children cry in unison: ‘Mummy, mummy, pick me up’.

Work say: ‘Have you got an estimated date for when you are going to be able to return to work’.

Her husband thinks: I’ll never be able to cope.

Counsellors’ prayer: Taking up a cross is a heavy weight to carry, but you dear Lord, have blessed this fear-filled life happening with Your love and compassion. Guide my work with Betty as she looks to You (sometimes through angry lenses) to find courage and strength as she struggles with the carrying of her personal cross.

3. Jesus falls for the first time.
Charlie had lived half of his 25 years drinking and taking drugs. He wanted to ‘enjoy’ Christmas. He forgot how fragile he was and ended up ‘drunk out of his mind’. The hurt to his body was modest, the hurt to his spirit grievous.

Counsellors’ prayer: It’s really hard to fall when you think the path before you is smooth. It hurts not only the body but also the heart. Help me to emotionally hold (contain) clients when they fall. Help me especially to embrace their hope and their spirit that I might lift them up to you.

4. Jesus meets His sorrowful mother
Donna has anorexia nervosa. Her mother carried her out of the house to her car and then to hospital on her shoulders. Donna says simply: ‘This is my mum’.

The mother’s courage is overwhelming. When with her daughter, she teases gently, cajoles, supports and loves. Outside the room she dissolves into heart-wrenching sobs; she is her mother.

Counsellors’ prayer: Help me to attend to the individual parents and siblings of children who are ill. Teach me to touch their pain with spiritual gentleness so that I might stand safely beside them as a caring companion on their journeys of suffering. Help me also to be a ‘mother’ to myself so that I can nurture those for whom I care.

5. Simon helps Jesus to carry His cross.
A young counsellor working in primary care arrives to work with his head shaved.

Someone asks, ‘Is he bald’?
Someone else asks: ‘Is he on chemo’?

Someone suggested: ‘He’s making a statement’. The counsellor knows how hard it is for children on chemo to lose their hair so he decided that they should not feel alone on their journey. He shaved his head as a sign of support.

Counsellors’ prayer: Teach me to symbolically use my hands, arms and heart to reach out and lighten the painful suffering of those I care for. Teach me to have the courage of Simon in the practice of my counselling.

5. Veronica wipes the face of Jesus.
Jim had hurt a lot of people in his life – most of all those who were close to him. Many had judged him as being ‘bad’. Some wondered if he was sad or mad. He believed that he always had to fight for his life as he had been brought up in Deprivation Street. He believed it was alright to fist-fight and it was alright to receive Paramilitary beatings – as he had done ‘bad things’ – and he deserved all he got. The counsellor listened gently and non-judgementally to his story and works with him on his journey towards cleansing, healing and self (and others) acceptance.

Counsellors’ prayer: Dear Jesus, you know about having to struggle for life. You experienced human cruelty. Those You came to save betrayed you. We counsellors have a precious gift of being able to comfort clients

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as Veronica comforted you in your time of suffering. Teach me to honour and reverence pain and this gift of counselling.

7. Jesus falls for the second time. Alcohol had ruled Alan’s life for more years than he could remember. He had quit once for five weeks but he couldn’t stay quit because the weight of his addiction was so heavy.

He said: ‘I’m a failure, I fell off the wagon again’, as he desperately struggled to rise again and regain his fragile foothold on life.

Counsellors’ prayer: Dear Jesus in life you chose to experience the pain of a heavy cross and you embraced the shame of falling beneath its weight. Teach me to accept my own human weaknesses; and teach me never to judge the weaknesses of clients no matter how often they fall.

8. Jesus comforts the women of Jerusalem John had been diagnosed with depression. He just wanted ‘out of it’. He just ‘wanted to die’. He looked at his wife, mother and sister. He saw that they were heartbroken. He believed that they would be ‘better off’ without him.

John said inwardly: ‘Don’t worry. I will not share my burden with you. You have enough troubles of your own’. He wanted to protect them from his pain. His eyes were filled with affection and care for his loved ones but he did not want them to suffer any more pain.

Counsellors’ prayer: Dear Jesus, you knew what lay ahead, you knew about the suffering and the shame. Yet, in your own terrible pain, you reached out and comforted the women who loved you. Help our clients to comfort their loved ones and help me to hold their hope for them, while they are trapped in their sorrow, and experiencing very little hope. Help me to accept themselves as fragile humans and also as a precious child of God.

9. Jesus falls for the third time. This was her third marriage and it too ‘had failed’. This time she felt he was a ‘good enough’ match. But then he left her like the others did. She had to return to being alone in the world – a failure – again. She felt less than whole. It was a crushing fall.

Some murmured: ‘She can’t hold down a relationship, what does that say about her’?

Counsellors’ prayer: When You fell for the third time, did you wonder would you ever rise again and complete the awful journey? Help me to reach out to clients when they fall into the dip in the road. Help me to help them stand and embrace their unique journey in life.

10. Jesus is stripped of his garments Eileen had been raped on the way home from a party. She hadn’t the strength to moan but her eyes told the tale.

Some murmured: ‘Her skirt was too short’.

Others said: ‘What was she doing out so late at night?’

Several said: ‘How could her parents allow her to stay out so late?’

Counsellors’ prayer: It’s so hard to watch clients’ suffer so much, especially when a life event strips them of their human dignity and leaves them wounded and traumatised. Help me always remember the reverence and sacredness of human life.

11. Jesus is nailed to the cross.

This was the first time Mona had come out of the house since her husband had taken his life. The loss of control seemed to be the worst part. She could not get out of bed on her own. Her friend had to bathe her. To be forced into this position when she ‘hadn’t even done anything wrong’ was devastating. ‘I used to think everyone has a cross to carry. Now I feel I’m about to be nailed to the cross’ she sighed. ‘Life will never be the same’.

Counsellors’ prayer: It is so very hard to hand your life over to the care of others. Teach me to act with spiritual gentleness toward my clients in their vulnerabilities; teach me to accept their anger and rage about the heavy blow they have been dealt. Teach me to help them bear their losses with grace and with dignity. Teach me to enable them to forgive.

12. Jesus dies on the cross. Agnes had been on the ventilator for nearly three weeks. She was more than ready but the family were not willing to ‘let her go’. Finally they said, ‘Enough’. They all pulled out the plug but tenderly and with great sadness. They experienced the blessing of praying her into eternal life.

Counsellor’s prayer: Dear Jesus, you knew human death intimately. It’s a frightening thing this detaching and ‘letting go’ of everything and everyone we know. But you taught us how to know your Father in heaven. Help me to midwife my clients into His loving presence in eternity.

13. Jesus is taken down from the cross. James had worked with Mrs Black for three months. When she took her own life he was devastated but he thought, ‘this is someone’s mother.
This is someone’s wife. This is someone’s friend. This is Jesus’.

**Counsellors’ prayer:** Lord Jesus, teach me to see you in everyone I interact with. It’s hard to lose those who have touched my spirit and my life. Help me to remember that they are now with You, that they are not lost to us. Externally they have departed but internally their memory and all they shared in life will live on in the hearts of those who loved them.

14. Jesus is placed in the tomb

I didn’t want to go to the funeral. He was so young, only 26 and I had grown to love him during his last six months of his life. But he had asked for a celebration of his life so celebrate we did through the tears and the laughter and the terrible ache that felt like a hook had been driven into my heart and it had just been pulled out. He was too young.

**Counsellors’ prayer:** Dear Jesus, you were only 33 and it seemed just too soon for you to go. But you, the divine son, knew that your Father’s time is not our time. And you embraced the tomb that we might celebrate your life forever. Teach us to treasure the magnificent gift that your death and entombment was for us.

15. Jesus is raised from the dead

The Christian burial was over. The service had been poignant and healing, the sympathy of the family and friends had been genuine. But now the parents must go home alone to enter the barren house, which once echoed with childhood laughter. The tomb is empty. How can they bear their loss? They hold each other gently and remember the words their pastor had cited so tenderly.

*I am the resurrection and the life. Whoever believes in Me even if he dies, will live and everyone who lives and believes in me will never die* (John 11:25).

**Counsellors’ prayer:** Dear Jesus, grant the bereaved the blessing of your tender love in their time of sorrow.

**Conclusion**

Without the support of prayer, the ability to truly embrace clients’ holistic needs and truly practice compassionate counselling will be extremely difficult - if not impossible. And so it is seen that there is a richness of opportunity for prayer in counselling. Occasionally there is the gift of time, a quick break. **Our work can become our prayer.**

If we remain open to the presence of God in the room and come to believe that we are but His channel, we will be blessed with a deeply fulfilling practice of counselling. It can become a graced vocation of contemplative counselling to those in need. May we never forget to see in the countenance of each person we serve, the blessed image of God’s divine son?

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**References**


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Abstract
This article gives a brief biographical sketch of Carl Rogers (1902-1987) and Martin Buber (1878-1965) and summarises their respective views on relationship before outlining the public dialogue in which they engaged in 1957. The outline concentrates on the part of the dialogue dealing with the therapist-client relationship and indicates some of the essential points of the exchanges between the two men, drawing out their differing perspectives. As well as commenting also on Brian Thorne’s view of the dialogue, the author’s own views are indicated both on the content of the dialogue and its implications for practice.

The two men.
Carl Rogers and Martin Buber met in public dialogue on 18 April 1957 in the University of Michigan, U.S.A. There was an age difference of 24 years between them, Buber being 79 and Rogers 55 at the time. The difference in background between the two men was even more considerable.

Buber had been born in Vienna in 1878, grown up in a wealthy Jewish family in Poland and returned to Vienna to attend university as a young man. Following further studies at other universities, in 1923 he became professor of Jewish theology, history of religion, and ethics at the University of Frankfurt until the Nazi assumption of power in 1933. He had by then become the leading interpreter of Hasidism and Jewish mysticism and had begun what became a lifetime’s large literary output including more than sixty volumes on religious, philosophical and related subjects. In 1923 he published “Ich und Du” which in 1937 was published in English as “I and Thou”.

Following an enforced departure from Germany in 1938 (the same year as Freud’s move to England), Buber became professor at the Hebrew University of Jerusalem until his retirement in 1951. During the early years of the State of Israel, he

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worked in assisting the assimilation of the many Jewish immigrants to the new State. Like Rogers, he enjoyed a life-long marriage and family life. During retirement, he travelled and lectured widely including in the U.S. and his work achieved international recognition in both Jewish and Christian circles. At his funeral in 1965, his mourners included Arab students of the Hebrew University whose rights he had consistently advocated.

Rogers, having been born in Chicago in 1902, from the age of 12 grew up on the family farm, deep in the countryside west of the city. The family was close knit, characterised by a strict Evangelical moral code including no alcohol, much hard work, and little social contact with the outside world... though also a setting in which the young Rogers developed a close interest in the life of the natural world.

Following the liberating experience of his undergraduate years at the University of Wisconsin, Rogers spent two years at Union Theological Seminary in New York during which, as well as his difficulty with adherence to religious dogma, his life-long interest in human psychology developed. After studies in psychology to doctoral level, he worked for over ten years as a psychologist with delinquent young people. Starting in 1940 with Ohio State University, he was appointed to a series of professorial positions at a number of American universities and was later involved in other institutes such as the Centre for Studies of the Person - which he helped found - at La Jolla, California. During these years (the 1930s and decades following), there evolved his unique approach to working with clients combined with ongoing research and the publishing of his many works, including on the theory and practice of the person-centred approach. Together with a happily-married family life, these activities continued to be amongst the main features of his life until his death in 1987. By the time of his dialogue with Buber in 1957, he – like Buber – had already become an established figure in his field.

Their views of relationship

Buber’s “I and Thou” (the English translation) is written in quite abstract and at times poetic language which is difficult to paraphrase briefly for the purpose of this article. In Part One of the book, humans are described as having only two primary ways of relating, I-Thou and I-It. We live mostly in the world of I-It relations in which we relate to the people and things in our environment as objects which we can use for our benefit and view in a systematised way. We can have moments of I-Thou relation which are characterised by mutual giving of ourselves to one another with no separation between us. We need to live in the world of I-It relations but without I-Thou relations we are not fully human. We can move between times of I-Thou and I-It relations with different people as well as with the same person over time, the I-Thou moments tending to be more short-lived than the times of I-It. (Buber 1937)

Neither is it easy to summarise Rogers’s view of optimal relationships given how often, as his understanding evolved over many years, he expressed it in different ways and with varying emphases. For him, the relationship between people, in particular between therapist and client, which offers therapeutic benefit seems to be one characterised by congruence in which the therapist relates, in all their realness, to the client so that the client’s congruence evolves in response in the relationship between them both as persons. The therapist’s realness involves their being open to all aspects of their own experiencing and willing to communicate this, as appropriate, to the client; their relating to the client includes a continual attempt to understand them empathically at the same time as valuing them in a positive and unconditional way. (Rogers 1961; Kirschenbaum & Henderson 1990)

The dialogue

Reading the text of the dialogue (compiled verbatim from a recording), I was struck by the humanity of the interaction between the two in conversation with one another. They related to each another with courtesy, restraint and humour during their hour-long conversation in front of an audience. I don’t propose to cover all the issues raised during the dialogue but to concentrate on those germane to the question of relationship, particularly in the therapeutic context. In the following abbreviated account, I have highlighted the points which seem (to me) to be essential, with an occasional commentary. Those of you who read the full text of the dialogue – which I heartily

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recommend – will see that I have followed its wording quite closely with certain phrases quoted verbatim, and put between inverted commas, for purpose of emphasis. (Kirschenbaum & Henderson 1990)

The single largest component of the dialogue deals with the nature of the therapist-client relationship. It begins with Rogers outlining his understanding of this relationship and wondering how it compares with the I-Thou relation as understood by Buber. Rogers describes his relationship with the client as effective when he, Rogers,

- enters the relationship as a subjective person;
- is relatively whole and transparent in the relationship;
- has a real willingness for the client to have the feelings and attitudes that he has and to be the person that he is;
- is able to sense with a good deal of clarity the way the client’s experience seems to him (the client).

And, on the client’s part,

- if he (the client) is able to sense some of these attitudes in the therapist,

Then, there is a real experiential meeting of persons in which each of them is changed.

In response, Buber identifies some aspects of the therapist-client relationship which he sees as lacking in mutuality and equality (and, therefore, by implication – though he doesn’t say so explicitly- is not an I-Thou relation). In particular, Buber points out that:

- the client comes to the therapist for help, the therapist doesn’t come to the client;
- the therapist can, more or less, help the client which the client cannot reciprocate;
- the therapist can see the client to a greater extent and in a way in which the client cannot see the therapist;
- the client is not interested in the therapist as a person in anything like the same way in which the therapist is interested in him.

This is Buber’s initial response which he sums up as the therapist being a “detached presence”… which Rogers clarifies so that he understands accurately but to which he doesn’t immediately respond. Buber goes on to make, as a second response, that:

- in the therapist-client situation, the therapist sees and experiences the situation from both his own side and from that of the client; the client, however, remains as his own side only of the situation. They each have a necessarily different stance to the situation. “You are not equals and cannot be”, Buber says to Rogers.
- while the therapist may wish themselves, in relation to the client, to be “alike to one another, on the same plane” as in “I and my partner”, they cannot be; there is an objective situation involving difference, perhaps of tragedy on the client’s side, which the therapist cannot change.

With Rogers’s response to Buber’s analysis, their conversation moves to the kernel of the difference between their two approaches. For Rogers, when another person is really expressing himself and his experience, he (Rogers) doesn’t feel different from him in the way Buber describes; in that moment, Rogers can look on the other person’s experience as having equal authority and validity with the way Rogers sees life and experience. For Rogers, there is a real sense of equality between the two.

Buber doesn’t doubt Rogers’s feeling in the situation but, rather than focussing on Rogers’s feeling, rejoins that in the given situation involving the two persons: “Neither you nor he look on your experience. The subject is exclusively he [the client] and his experience”. And there is something, Buber says, about the given situation that is “objectively real that confronts you [the therapist]”. Rogers’s response goes, I feel, to the heart of the difference between the two men. He agrees that there is an objective situation, that is real and measurable but that, in his experience, “ that is reality when it is viewed from the outside and... that has nothing to do with the relationship that produces therapy”. For Rogers, that therapy-producing relationship is “something immediate, equal, a meeting of two persons on an equal basis – even though, in the world of I-It, it could be seen as a very unequal relationship”. At this point, the two men agree to disagree...

Later in the dialogue, the two return to the question of reciprocity in
the therapist-client relationship with Rogers wondering, “if the moment where real change takes place... isn’t reciprocal in the sense that I am able to see the individual as he is in that moment and he really senses my understanding and acceptance of him”. Buber (again) acknowledges Rogers’s experience but needs to look at the whole situation including the client’s experience. He (Buber) understands Rogers, the therapist, as giving the client what he (the client) needs in order to be able to be on the same place as him – and this is a situation not of an hour but only of minutes. To this Rogers responds that what he (Rogers) gives the client is “permission to be... which is a little different from bestowing something on him”. To which Buber replies: “I think no human being can give more that this. Making life possible for the other, if only for a moment. I’m with you”.

**Summary**

I’m aware that I have given a quite close textual account of the component of the therapist-client relationship with little or no attempt at interpretation or summation. I offer my understanding of the respective positions of the two men, as conveyed in the dialogue, in these terms:

- while accepting that, viewed from the outside as an objective situation, there may be many differences amounting to inequality between therapist and client, for Rogers the inter-subjective reality that can happen between them produces real therapeutic benefit for the client (and may also change the therapist);
- for Buber, notwithstanding what movement the therapist may facilitate in the client, the given situation in which they find themselves remains, in objective terms, a reality in which they are unequal and unreciprocal and which, on the client’s side, cannot be changed by the therapist.

I see these two perspectives on the therapist-client relationship as, each in their own way, valid. I can say “yes” to both of them. At the same time, I have to say that, of the two perspectives, I am drawn to that of Rogers in light of my own experience that person-centred therapy can lead to a discernible benefit to the client in their personal life as well as their life in society (and often, incidentally, to me as well).

**Another view**

Implicit in my summary is to see the dialogue as an evenly balanced exchange between the two participants without either view prevailing or the dialogue leaving any dominant implication other than perhaps a desire to explore further the issues involved. Brian Thorne, on the other hand, feels that Buber, in the closing moments of the dialogue, “implies that the therapeutic relationship resulting from person-centred therapy may produce individuals rather than persons”, that is, people well-developed in their individual life and identities but less than human (by implication as social beings). Thorne attributes this view to Buber being unconvinced about the reciprocity of the therapist-client relationship as described by Rogers. (Thorne 1992). While recognising

Of the two perspectives, I am drawn to that of Rogers in light of my own experience that person-centred therapy can lead to a discernible benefit to the client in their personal life.
While Buber’s statement can be read as a reflection on what Rogers has been saying, it can also, I feel, be read as standing in its own terms as a statement advocating persons being capable of full reciprocity with the world of people and all other points of contact – a statement with which Rogers would seem likely to agree.

Thorne’s overriding sympathy with Rogers and his approach, I can’t entirely agree with his reading of the text of the dialogue. Personally, I didn’t read Buber’s closing remarks as an implied criticism of Rogers’s approach on the basis of its deficient reciprocity. While Buber’s statement can be read as a reflection on what Rogers has been saying, it can also, I feel, be read as standing in its own terms as a statement advocating persons being capable of full reciprocity with the world of people and all other points of contact – a statement with which Rogers would seem likely to agree. The text doesn’t give any indication how Rogers understood these final remarks of Buber’s as the dialogue ends at that point. To paraphrase Jane Austen (I wonder what she would have thought of the dialogue?): “I leave it to you, Gentle Reader, to decide”.

Implications for practice
I’ve been wondering, writing this article, what implications (if any) this dialogue might have for the practice of therapy. We will each, no doubt, (especially if we read the full text of the dialogue) draw our own implications from it in our own ways.

Personally, I found that Buber’s comments challenged me to remember that each client lives in their own world of objective circumstances, that there are inequalities between us just as Buber describes, that we both have to face a reality, perhaps of tragedy on the client’s side, which confronts us and that there are limits to what is humanly possible. At the same time, I know from experience, that the inter-subjective reality of which Rogers speaks (without expressing it in exactly that way) can happen between therapist and client and that the therapeutic benefits which he describes can flow as a result. This encourages me to continue, in Brian Thorne’s words, to be “concerned with inner worlds, with the validation of subjective reality and with the healing power of relationships”. (Thorne 1991).

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Presence in Existential-Humanistic Psychotherapy and in the Shamanic Journey

by Sandra Harner, Ph.D.

What comes to mind when you hear the word “presence”? In the common vernacular, it can mean a physical form is at a given place. The form is objective, tangible, and manifest. Presence can also imply a quality of close relationship or a heightened state of awareness. In this use, it is a subjective experience of here and now. Presence also can refer to “something (as a spirit) felt or believed to be present” (Mish, 1993, p. 921). or, more specifically, “a divine or supernatural spirit felt to be present ...” (Webster’s New Universal Unabridged Dictionary, 1996, p. 1529). Presence, as a state where the material and the invisible meet, can transcend the boundaries of each, retrieve us from isolation, and enliven us.

Bugental (1987, pp. 26-27; 1978, pp. 36-37) describes presence as the level of openness to influence and willingness to disclose subjective experience in the psychotherapy session. He considers it essential for psychotherapy. Four of his rules of ten for therapists specifically refer to presence (Bugental, 1990, p. 143). Two are so important that he repeats them: “Be there!” and “Insist that the client be there.” Further, two underlying assumptions from Bugental’s existential-humanistic perspective directly address presence in the therapist’s work. One is that therapists maintain full presence to the client’s experience in the moment. Another is that therapists closely attend to “clients’ immediate inner flow of experience” (Bugental, 1994). In shamanism, an ancient way of healing and knowledge, the presence of spirits is a core assumption.

Just as the much of objective world goes on beyond our direct knowledge, especially in these days of vast communication technologies and networks, so our subjective inner worlds are largely imperceptible to ourselves and to those outside of us. For all our resources, comprehension of the exigencies of our lives remains fairly limited. Presence extends our modest capabilities to attend to the subjective and objective realms.

As individuals, each of us plays out the drama within our own limitations. Opportunities arise that offer the possibility of enlarging our scope of experience. To what degree are we present? Seeing the opportunity as an opening, an unblinding, is rejected by some and welcomed by others. How to know if it is an illusion, an imposter, or the “real thing”? Presence is our friend; time, its companion. Because of time, we are often forced to make choices. Even choosing not to choose becomes a choice, by default, for living continues. Change is ceaseless. In moments of choice we may come to see ourselves, and the living force around us, more fully.
Presence in both existential-humanistic psychotherapy and shamanic practice opens new possibilities of choice and discovery. Although their starting points and emphases differ, both urge us into the unknown. They share some fundamental principles and they, also, differ in some quite basic assumptions. Consistent with our culture, which prizes the "objective," mainstream psychology generally assumes an objective, materialistic stance that emphasizes the inner life of the self. It largely considers altered states of consciousness to be inner experiences, psychological manifestations of the mind-brain interface and social-behavioral influences. For shamanism, on the other hand, the altered state of consciousness is a defining experience undertaken deliberately in order to access sources of wisdom and help in another, outer, reality of spirits. Both shamanism and existential-humanistic psychotherapy are partnerships in lived experience; few choose either. Both require presence.

Psychotherapy usually takes place in a normal waking state of consciousness for both therapist and client. Of course, hypnotherapy, sonic-driving, or drug-facilitated therapy (such as with sodium pentathol, entheogens, LSD, MDMA or other substances), are exceptions. The results are framed as inner experiences of the person requesting help. The psychotherapist’s role in existential-humanistic psychotherapy is largely that of guide and companion with “technical knowledge ... so thoroughly incorporated as to be implicit in the therapist’s whole way of being” (Bugental, 1978, p. 33).

Bugental (1978) effectively uses the concept of “journey” with traveler and guide as an analogy by which to describe the psychotherapy process from the perspective of his existential-humanistic approach. In it, the relationship between the therapist and client is prominent. They pursue their mutual objective imbedded in presence and communication, employing such tools as working with resistance, the actual moment, searching and exploring, and intentionality (Bugental, 1978, p. 8 and pp. 83-92; 1999). Responsibility for choices and their consequences, ← for actualizing the lessons learned, rests with the psychotherapy client.

The shamanic journey is undertaken in an altered consciousness that the shaman enters in order to experience a reality based on shamanic methods and direct knowledge obtained while in that state, also understood as the Shamanic State of Consciousness (Harner, 1980/1990, pp. 20-21). The shaman is in an altered state of consciousness during the journey and the client remains in an ordinary state of consciousness. This process is a primary tool of discovery demanding full presence of the shaman who may provide access to direct spiritual healing and who conveys to the client the information obtained in the course of the journey. It is the client’s choice to act or not to act on that information.

In psychotherapy and in the shamanic journey, there are missions or intentions. Existential-humanistic psychotherapy “seeks to decrease anxiety and pain ... going beyond that important function to evoke the potentialities that are latent within each of us” (Bugental, 1978, p. 15). For the existential-humanistic psychotherapist, the goal is to provide access to the mystery that is the client, to potentiate the client’s healthful growth, and to support the client’s developing autonomy. The psychotherapist must remain disciplined and true to his or her own experience with acute awareness of the unique needs of the client. The degree to which the client is willing to engage, moving to action, is critical to the process.

A primary goal of the shaman, also, is to ease or empower the lives of their clients. The shamanic practitioner is traditionally at the service of those in the community, for purposes of healing, divination, and psychopomp services, even healing the dead. In the shamanic journey, healing and help come from another reality outside of the person. It is as real as the more familiar objective, consensus reality of the senses. It is a private reality, however. Its specific details are not available for objective validation by others. Those who enter this alternate reality discover a world rarely glimpsed in daily life. The triad - shamanic practitioner, client, and spirits - is the necessary complement of active forces, each with its own role. Three-party communication is the structure. It requires presence, in the fullest sense of the word, with courage, discipline and attention to the details of the journey as well as the client’s needs.

So, too, in existential-humanistic psychotherapy one enters an unknown, privileged realm. Presence in both the therapist and the client are required on this journey which, as it progresses, is likely to be challenged to adapt to change. The therapist is present to the client and the client is present to his or her own felt experience in the moment and available to engage with the therapist. The client has the responsibility of acquainting himself or herself with his or her own inner world, of exploring it and searching for that which is meaningful to him or her. The therapist acts as
In the training process, the dyad or two-party communication is the usual operant force. In both systems, the journeyer may complete the journey with increased knowledge; there are discoveries beyond the initial, specified purpose. It is also the journeyer who chooses how to act in daily life after the journey.

Harner Method Shamanic Counseling (Harner, 1988) is a contemporary adaptation of shamanic methods, principles, and practices. It is a hybrid system developed for teaching skills to individuals so that they may journey on their own behalf and work autonomously. It is based on core shamanic universals or near-universals that occur cross-culturally. Journeying to solve problems oneself, and seek answers to personal questions, draws on some of the themes discussed above that apply to both shamanic practice and to existential-humanistic psychotherapy. Intention and intentionality are critical as the person clarifies the question of most pertinent current concern that will be the purpose of the journey. The journeyer must determine what is most important personally at this moment. During the journey, the person must be present to the experience without resistance. The journeyer must choose to bring into action the information gathered in the journey.

In the training process, the shamanic counsellor is a teacher of method, a coach and a mentor, prescribing a series of five specific preliminary journeys for the trainee to practice in order to become acquainted with a personal map of the journey territories and resources. In order, they are (1) Journey to the Lower World to meet a waiting animal; (2) Journey to the Lower World to the same animal and ask an important question; (3) Journey to the Upper World to a tutelary spirit; (4) Journey to the Upper World to meet that Teacher and ask an important question; and (5) Journey to the Upper World (or Lower World) and ask how to implement one of the answers given in the second or fourth journey. In the context of preparing the trainee for each new journey’s tasks, the shamanic counsellor provides instruction on how to journey to the Upper and Lower Worlds, maintain presence, and ask questions; and gives feedback on the trainee’s adherence to the methodology; and supports the client’s autonomy in interpreting the content of the journeys. The “real” counsellors of content are those the trainee meets in the journeys. The training process, itself, needs presence on the part of both trainee/journeyer and the counsellor.

The fundamentals of the shamanic journey and existential-humanistic psychotherapy share some common elements, such as presence, the quality discussed here; intention; and a collaborative relationship with client autonomy as a goal. The shamanic journey and existential-humanistic psychotherapy differ significantly in the states of consciousness involved and in the necessity of acknowledging spirits as an integral part of the shamanic system.

With extensive training and experience in both shamanic journeying and existential-humanistic psychotherapy, I have come to the conclusion, at this time, that each has its distinct place. While the shamanic journey can provide practice in developing skills for presence, so can many other practices.

To use the shamanic journey or other shamanic practices as vehicles by which to hone proficiency in presence does an injustice to both psychotherapy and shamanism. Both systems provide valuable, often closely parallel, legitimate means for helping others live more fully. Each system is internally consistent. The most obvious disparity lies in the secular nature of psychology and the sacred or spiritual nature of shamanism. Yet there are points of cross-over and continuity between them. They address human needs in different ways that may or may not be reconcilable for given individuals.


I know that many kinds of experiences can be therapeutic, but I feel that a distinction needs to be made as to what is truly therapy. To be sure, there are many legitimately trained, fully credentialed bunglers in this work, but that does not equate to saying that just anyone should set up shop to be a therapist. If one, no matter what her or his education, intends to offer psychotherapy, that person should in respect for human dignity seek preparation that is thorough and meaningful.

Psychology as a field is becoming increasingly aware of the importance of spiritual aspects of life and is

**“Be there!” and “Insist that the client be there”**
In the training process, the shamanic counsellor is a teacher of method, a coach and a mentor...

making some early responses to biological, psychological, and spiritual connections. For example, the DSM IV has a diagnostic category for spiritual problems and an appendix with culture-bound syndromes steeped in spiritual explanations. With growing recognition of indigenous healing practices, medical students are increasingly being exposed to folk remedies and traditional, spiritual healing modalities. How complementary, alternative, and native practices will eventually integrate with conventional medical practice remains to be seen. Those who would also offer such specialties need thorough training, preparation, and direct experience. Fully integrating the spiritual into psychotherapy practice is a courageous and relatively pioneering practice with fruitful potential (Heery, n.d.). Exciting possibilities of change are emerging.

In the face of changing paradigms, it is important to remain open to the potentialities they offer, while recognising our responsibilities to respect individual differences and provide the services requested and expected; to know the limits of our scope of practice and our training; to honour community standards of practice, as well as the law and ethics for that practice. Genuine communication relies on tolerance of differences and acknowledgment of shared interests. The secular, in psychotherapy, and the sacred, in shamanism, unite through a common word - presence. Perhaps more than a happy accident of semantics underpins these various meanings.

Note: This article was previously published by the International Institute for Humanistic Studies in a collection of papers, Unearthing the Moment III, presented in 2005. An updated version appears as a chapter in Unearthing the Moment, Mindful Applications of Existential-Humanistic and Transpersonal Psychotherapy, available through Amazon.com.

References


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Sandra Harner

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A small group of us, IACP-accredited counsellors, decided to set up a CPD group in 2009. The inspiration for this came spontaneously at one AGM in the Gresham over a cup of coffee. Noreen spoke with Eileen about how she felt that art and poetry are so important, not only in the work we do but also as a support and guide for ourselves in doing this work. A short time prior, Diana Erskine Hill had spoken about her wish to read her poetry and Eileen felt that this could be a perfect opportunity. The rest of our group came together easily, Mary, Rita and Declan.

We met 3 - 4 times per year and shared poetry, sometimes based on a theme, other times based on the needs of the group on a particular evening. During this period, each of the group lost a parent and Noreen lost her beloved husband, Paddy. Poetry, we find, with its ability to subtly “hit the spot” was very useful, challenging and consoling for all.

Then in 2012 Noreen became very ill. She bravely fought this and remained positive and committed to life right up to the end. Noreen was a very creative person who loved her work as a counsellor. Her empathy and care for her clients in the HSE were without limits. She was patient, open, stylish, non-judgemental and above all, curious. Noreen always questioned things from several angles and yet she appreciated and nurtured her own artistic nature realising that there are no answers.

As well as being colleagues, we were Noreen’s friends and shared a mutual warmth and fun too. Noreen passed away on December 11, 2012. Members of our group had visited her a few hours before she died. We miss Noreen very much and still feel her presence in our meeting place as she angels over us, and keeps us on track should we stray from talk of poetry to more trivial territory. Our group was sad and upset by this premature loss of a dear friend, colleague, and great person.

We next met and, to our great disbelief, found that Diana was now seriously ill. She came to one of our sessions and though she was frail, Diana read beautifully from an appropriate poem. Diana’s gift to the group was of course her own renditions of very skillfully woven poems (we always asked for a second reading) and also her ability to keep focus and time on our sessions. Sometimes she struggled when we spoke together or, in un-intentional careless ways, did not look in her direction so she could lip-read. This did not deter Diana who was as ever enthusiastic, hard working, punctual, creative and who delighted in music and sound, especially from her beloved singing-bowl.

As a friend, Diana was caring, non-conventional and adventurous. Diana sadly passed away from our world on November 12, 2013 and spoke of coming to our poetry evening up to the end.

We are writing this short piece in their memory and in recognition of how much they contributed to their chosen field, each in her own quiet and creative way. For each of us, the personal loss and vacuum continues even as time heals. We feel fortunate to have had the close and intimate contact with these two gentle souls and unconventional, inspiring people which poetry facilitated.

I will not die an un-lived life!
I will not live in fear of falling or catching fire.
I choose to inhabit my days,
to allow my living to open to me
to make me less afraid
more accessible
to loosen my heart until it becomes a wing
a torch, a promise
I choose to risk my significance;
to live
so that which came to me as seed
goes to the next as blossom
and that which came to me as blossom
goes on as spirit.

by Dawna Markova I will not die an unlived life: reclaiming purpose and passion. Publisher: Berkeley, California: Conari Press, ©2000
LGBT AWARENESS
Presenters: Marina Tuffy and Cynthia Silva
Date: 22nd February 2014
Reviewed by: Ellen Finnerty
Venue: Family Centre, Castlebar, Co. Mayo

After the presenters Marina and Cynthia were introduced, the participants were asked to say why they were attending this particular workshop. It emerged that, although working as therapists, there was a feeling of awkwardness and lack of confidence when dealing with issues around LGBT.

Marina and Cynthia facilitated an experiential workshop, not just a lecture with attendees sitting listening. So during the day we were divided into two smaller groups at intervals and given plenty of opportunity to discuss, react and speak as various issues about LGBT were presented.

The struggle of LGBT people was highlighted and the fact that for an LGBT person the fears of being bullied, harassed, rejected, marginalised, discriminated against, excluded from social events and a church that labels them as intrinsically disordered, are stark realities. The key findings from ‘A study of the Mental Health and Well Being of Lesbian, Gay, Bisexual and Transgender People’ were presented. The findings showed that LGBT youth who experience high levels of rejection from their families during adolescence were more than eight times more likely than their heterosexual peers to have attempted suicide, more than six times more likely to be depressed, use illegal drug or be at risk of HIV or other STDS by the time they reach their twenties: www.glen.ie and www.belongto.org

We listened to actual accounts of LGBT people’s experiences.

It soon became apparent that appropriate support and protection were urgently needed particularly for students at school where bullying of LGBT students, both verbal and physical was widespread. We had an exercise where we had to write down all the names and phrases we had ever heard attributed to LGBT people. The result was a sad and depressing list of the names and labels LGBT people are subjected to and as participants we were saddened and horrified.

So we imagined what it was like as LGBT person at different ages living through negative experiences and reactions from family, peers and society. To add to the experiential dimension of the workshop, presenters and participants were generous in recounting their own personal journeys which gave a clear insight into the loneliness, fear, isolation, sadness, despair and confusion experienced by LGBT people.

It was agreed that families, schools, health services and community agencies all have a crucial role to play in protecting LGBT people from harm and in supporting their mental health and well being. Presenters opened up a discussion on how each of these could practically help and support LGBT people.

So how could we, as therapists be more positively proactive in our support?

We could provide openings for a client to speak on this issue by having posters, information, contact numbers etc available, thus making it visible to clients that here is a place where I can talk and be supported. We can read up on the latest resource books and guidelines to inform our own therapeutic practice (see suggested booklist). Even as therapists we must become ‘aware’ of our own uncomfortableness around LGBT and learn how to put this aside with our own prejudices and open our hearts and minds. After all empathy and unconditional regard are part of our job.

On a positive note it is encouraging to see there are those brave enough to publicly share their experiences and feelings such as Rory O’Neill aka Panti Bliss in his recent speech on Homophobia, from the Abbey Theatre, Dublin. This video (which can be googled) was shown as part of the workshop. Now there is support available for LGBT people west of the Shannon. LGBT youth and adults no longer have to go to the cities like Cork or Dublin far away from their own localities. The supports are available right here in Castlebar, Co. Mayo. This is needed in order to make a difference by providing crisis and suicide prevention supports as well as LGBT youth and adult groups who organise various activities such as choirs and meeting up events: see list of LGBT Resources.

It is particularly encouraging to know that when young LGBT people experience support and acceptance, particularly by their families, the incidence of negative life choices and stressful experiences are considerably reduced.

What I took from this workshop is: that it’s not a case of them and us, heterosexual people V LGBT people. We are their sisters, brothers, mothers, fathers, neighbours, relatives, work colleagues and friends.

Thanks to presenters Marina and Cynthia who provided a space where personal experiences and real stories of people lives around LGBT issues were shared. Our hearts were touched and moved and the necessity for our human compassion and understanding made very clear.
Workshop Reviews

LGBT AWARENESS continued

LGBT Resources:
These are the contact details of local and national groups.

- TOST? 09490 25126
- SWAG LGBT YOUTH GROUP
- LOOK 09490 25126
- OUTWEST 087 97 25586
- SMILY 087 1802672
- BeLonG To Youth Services 01 6706223
- GLEN 01 6728650
- National Gay Helpline 01 8721055
- Family Resource Centres
- LGBT Choir, West / Northwest 085 1762641

Resources Books and articles to read:
Lesbian, Gay & Bisexual Patients: The Issues for Mental Health Practice, College of Psychiatry of Ireland, 2011. www.glen.ie/attachments/CPsychI_LGB_Mental_Health_Guide.PDF
Appropriate Therapeutic Responses to Sexual Orientation, American Psychological Association, 2009. Available at: www.glen.ie/attachments/APA_Therapeutic_Responses.PDF
Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, The World Professional Association for Transgender Health, 2012. www.glen.ie/attachments/WPATHstandards.PDF
GIRES: Gender Identity Research and Education Society www.gires.org.uk/index.php

JUNGIAN PERSPECTIVES IN COUNSELLING AND PSYCHOTHERAPY
Facilitator: Orla Crowley
Date & Venue: All Hallows College
Reviewed by: Priscilla Duffy MIACP

Jungian Perspectives in Counselling and Psychotherapy is an experience that brings to life both classical and post-Jungian theories and looks at how these can be applied to psychotherapeutic practice as well as integrated into daily life.

I found myself among a diverse group of individuals including those working in the helping professions and people who had a personal interest in the work of C.G. Jung. Over eleven Saturdays course facilitator, Orla Crowley, introduced the principle concepts of Jungian psychology and through lively discussion the group looked at how Jung has influenced both historical and contemporary thought. I particularly enjoyed discovering Jungian perspectives in art, film and literature.

It was possible to develop a relationship with both the man and his theories because of the depth of knowledge and conviction Orla brings. Morning sessions saw us exploring the Jungian model of the psyche with particular reference to the collective unconscious and the archetypes. We all recognise words like persona, shadow, complex, extraverted and introverted but not many realise it was Jung who first used these terms in a psychological sense. I learned that he was concerned not only with mental dis-ease but with personal development culminating in the process of individuation. In the afternoons we engaged in experiential exercises which encouraged us to process and share our new understandings.

The therapists among us found a fresh approach to working with clients and I personally have found that the realm of the unconscious has acquired a new vitality. By using Jungian techniques such as dream interpretation, active imagination and word association it has been possible to help clients attach meaning to the symbols of their internal world.

Jung believed therapy to be a hero’s journey taken by the chosen few. I would say that gaining Jungian perspectives on the humanistic integrative background I come from has given me a map that leads to deeper process and integration of the psyche.
CONFLICT RESOLUTION WITHIN THE CONTEXT OF
BEHAVIOUR MANAGEMENT FOR TEENAGERS

Reviewed by: Ms Olive Cross
Venue: Tuar Ard, Moate, Co. Westmeath

We were somewhat bemused when the presenter, on commencement, assured us that we could all deliver this workshop ourselves. He was merely going to outline and consolidate what most people already know about the behaviours of the adolescent. Few attendees would know as much about challenging behaviours as Ray Henry. His practical experience, drawn from a long career in the residential care area, as well as his personal experience as a foster parent, must surely place him in the realms of “expert” on the subject. There is no doubt as to his commitment, dedication and pleasure in his dealings with young people.

He was right; we do know what is needed when working with young people. The trick is to act in time and to know your young person. The goals of Crisis Intervention are to provide immediate emotional and environmental support in a way that reduces the stress and risk. Then we need to teach better, more constructive and effective ways to deal with stress or painful feelings that teenagers may hold within.

We are role models for young people and if we can say sorry ourselves, we teach them that it is ok to feel regret and say sorry for their behaviours.

There are stages in the dynamic of Crisis and if we can intervene at a certain point, we can avert a great amount of stress. However if the situation escalates, the result can be Reactive Aggression which is affective or expressive aggression, a loss of control and emotional flooding - Emotions are dominant. Proactive Aggression is more difficult to avoid because this is where the young person is instrumental or pre meditates an act of aggression and it is goal-oriented - Cognitions are dominant.

In the height of the crisis, we must remember that all behaviour has meaning and the behaviour reflects their needs. In order to be empathic and to manage effectively, we must ask ourselves:

a) what am I feeling now?
b) what does this young person feel, need or want?
c) how is the environment affecting the young person?
How do I best respond?

There is a lot of information and possibilities to be processed in all of the above but again, knowing your young person and being self aware is the key to dealing with the crisis.

Through role play and short vignettes, Ray demonstrates the clever use of language. He uses open questions, reassuring para-language and appropriate facial expressions and body language. He maintains authority while empathising with the young person and draws on the personal relationship and history that has been carefully built up over time. What struck us forcefully was the meaning in spoken communication during a crisis is only 7% words, 38% tone of voice and 55% facial expression.

We were reminded of reflecting techniques, behaviour management techniques, active listening techniques and nonverbal behaviours which we can use in our daily lives. In a discussion after the workshop, it was noted that sometimes the most fundamental knowledge we have as counsellors is so integrated into our beings that we are not even aware we are using these taught skills. It is very good to have them re-examined and refreshed on pleasant learning days like this one.

The workshop was free of charge, the venue was central and beautifully appointed and the coffee shop downstairs was an added bonus. Over all it was a most enjoyable and worthwhile day.
Book Review

Title: Assessment and Outcomes in the Arts Therapies: A Person-Centred Approach
Edited by: Caroline Miller
Publishers: Jessica Kingsley UK, 2014
ISBN: Reviewed by: Aine Egan

Miller makes clear the aim of this collection of case studies in the introduction; to encourage arts therapists to formalise their assessments, review of process and evaluation of outcomes in the therapeutic relationship. Although most therapists engage in some kind of initial assessment process which helps to establish a client agreement and identify what methods are likely to increase client wellbeing and help them achieve their goals; Miller argues that for many this is an informal, perhaps internal and often intuitive process. However, this informality can serve to impede the profession’s ability to communicate outcomes with those who bear a strong influence on provision, client choice and funding.

She suggests that despite the growing body of research which provides increasing evidence for the efficacy of the arts therapies, in routine practice the use of measures and the reporting of results ‘seems not to be so common’. Some of the reasons she suggests for this hesitancy may be the belief that contact work with the client is of primary concern in therapy and that using measures interrupts the flow in some way. She also suggests that arts therapists may be held back by a lack of confidence, not knowing where to start or what to start with. Miller argues that in the context of increased demand for assessments and outcomes from funders, colleagues and employers, ‘if clients or organisations funding health services are not satisfied that change is occurring in a way that they understand or at a pace they find satisfactory than the arts therapies will dwindle into abandonment as viable options in client care.’ (Jones 2005)

Arts therapists are increasingly involved in multi-disciplinary work which can involve occupational and speech therapists, teachers and psychologists where various forms of assessment are in regular use. Hence, they are expected to be able to use assessment methods and to be able to communicate outcomes of therapy within these teams. Each case study follows a similar format, which includes pre-treatment assessment, the selection of pre-treatment outcome measures and post comparisons using the same measures along with other relevant data.

Part one of this book focuses on work with adults while Part Two includes eight chapters on working with children. The modalities covered include; dramatherapy, phototherapy, dance, guided imagery and music, choral singing, collage work and sculpting.

What all the therapists included here share is a desire to work from a person-centred approach which begins with an attempt to understand each person’s unique lived experience and why that has brought them to therapy. A fundamental part of this philosophy is the acknowledgment of any diagnostic label as only part of the story and, as in many of the fascinating stories of lives detailed here, only a small part. The language used in each story is what is appropriate to client comprehensions and to communicating with team members of other disciplines. While acknowledging that there is often a paradox between structure and flexibility in using any assessment framework, this book is a valuable resource for any therapist involved in creative or multi-sensory modalities or indeed aspiring to in their practice.
Dear Reader, we are eager for your involvement, ideas, thoughts, and replies to the Therapist Dilemmas. Below is your new dilemma for you to consider...

Send your Dilemma and / or replies to this issue’s Dilemma to:
Dialogue, Éisteach, 21 Dublin Road, Bray, Co Wicklow or eisteach@iacp.ie

Dilemma from Spring 2014 Issue:

Dear Editor,
A client initially presented for counselling with complex family issues. The client struggled with feelings of abandonment, being a burden on her family, anger with her biological mother and fear of being alone.

The client was extremely dependent on people around her for security and self-assurance. The client continued in weekly counselling sessions for eight months and made good progress. The client then lost her job and there was a deterioration in her coping skills. After a number of late cancellations the client discontinued counselling.

Five months had passed since the client attended counselling sessions. The client then made contact with the counsellor, there was a risk of suicide, and the counsellor supported the client through this and got her to a safe place which involving emergency services.

The counsellor received a number of calls from the client in distress over the following months. The client continued to get support on the phone making appointments to resume sessions but then continued to cancel the sessions.

The counsellor has stopped engaging in telephone support and is encouraging client to make an appointment. The client agreed but has still not secured an appointment to date.

The counsellor has concern for the client and the approach that they took. The questions and concerns that have arisen for the counsellor are as follows;
1. Have boundaries been blurred due the counsellor engaging with the client in telephone support?
2. What is the obligation of the counsellor in the above circumstances?
3. The counsellor is uncertain around the ethical issues in this situation, is there any?
4. The counsellor still holds concern for the safety and care of the client and would appreciate any input from her peers.

Cathy Power, MIACP.

Response:

The overarching question raised by your correspondent seems to me to be does she still have a duty of care to the client with whom she had a counselling relationship for 8 months and which relationship as I understand it seems to have fizzled out rather than having been wound down in a structured manner satisfying to both the client and the counsellor.

It is difficult to form an opinion without being privy to the terms of the contract between the therapist and her client. For instance under what conditions would it be deemed that the contract had been broken by either party? There was after all a five month interval in which no contact had been made by the client. With regard to the question of boundaries did the therapist agree that the client could contact her in a crisis? If so, in the event of such a contact being made did the therapist perceive this as being a holding exercise until an early appointment could be made or did she see it as a telephone counselling session subject to a fee being charged and the cost of the call being carried by the client?

If I am to discount the very real possibility that the client on becoming unemployed could no longer afford to pay for counselling sessions and was inhibited in some way from negotiating a reduced fee, I need to generate an alternative hypothesis with regard to the client's ambivalent behaviour towards her counsellor. Could it be that the client is repeating an insecure (anxious/ambivalent) attachment style of coping behaviour first learned as a child in the relationship with the primary caregiver most likely the mother? For example the client seems on the one hand to be reaching out to the therapist by telephoning her and then cancelling her appointments. She may unconsciously be "pulling the therapists strings". And if so has the therapist been unconsciously maintaining this behaviour? Ambivalence in a client can seriously test a therapist's composure and goodwill but this does not seem to be the situation here as the therapist is still very concerned about her client’s welfare.

So instead of asking any more questions and relying on the limited information available to me I would suggest that the therapist write to her client in the following terms:

- State that she is disappointed she did not keep up her appointments and is concerned for her.
- Are the fees a stumbling block to the client keeping her appointments?
- That she deems that the original contract has expired. But if she wishes to negotiate a new contract she would be happy to discuss this at her office.

The therapist should consider sending a copy to the client’s G.P and/or other relevant health care provider.

Maureen Raymond-McKay

Dilemma for Summer 2014:

Dear Editor,
It was with interest that I read the new Children’s Bill 2014 regarding the Mandatory Reporting of child abuse. In my work I have responsibility as Child Protection Officer, and as a therapist and supervisor I have responsibility to my clients and supervisees.

I needed to re-read the document a couple of times as I was concerned about the implications for my work and practice. In particular as I understand it, the new legislation emphasises the need to report any facts and concerns a Mandated Reporter (specified professional) may have for the actual or possible risk to a child. In addition, if a child tells me that he fears he may be at risk, this too needs to be reported.

With new clients I can explain the new legislation and my obligation to report. In the case of an established client relationship where I gave assurance of confidentiality with the exception of risk to self or others, where do I now stand? Over the course of our therapeutic relationship a client may have disclosed facts of previous or current abuse. How do I now address the situation of mandatory reporting? I do appreciate the need to protect children, but how do I balance this with my responsibility to my clients and supervisees?

Thank you, Anne Duffy