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Firstly I would like to introduce myself and say how excited I am to be editing my first edition of Eisteach. My name is Donna Bacon (née Hayes) and I have been a member of the Editorial Board since summer 2012. We are now coming to the end of a spring that quite honestly seemed more like an extended winter. How lovely it is to see the sun shining, the brighter evenings, and hear the birds singing again. It's as if we are finally moving out of the darkness and into the light. It is on that note that I wish to introduce the theme of this edition, sexual abuse. My hope for this edition is to bring some much needed light to an issue that can easily be described as containing much darkness. It is said that summer is a time of peace and infinite potential. I believe that we as counsellors and psychotherapists can bring both of these qualities into our therapeutic relationships with individuals affected by this issue, be they victims or offenders. I have chosen this theme as abuse has been a topical issue lately following the release of the Magdalene Laundries report in February. This was followed by the declaration by One in Four's Colm O'Gorman stating that the appointment of Pope Francis in March evoked a spark of hope for survivors of sexual abuse. In addition, the ANU (A New Understanding) campaign was launched in April which aims to change how the justice system treats victims of sexual abuse and sentences offenders. So, no better time than now to further open the door of exploration and discussion into this contentious area.

Despite our unorthodox cold snap during the spring, it is thought that nature has a way of balancing itself out. It is this notion of balance that I hope I have incorporated into this edition. I believe it is important that we as professionals look at this issue from all angles and all perspectives involved ensuring we uphold a sense of balance to give us stability when working with this issue. It should encourage our profession to build and strengthen our understanding and awareness of how to work effectively with those who are affected by sexual abuse. I want to acknowledge that this is in no way meant to dismiss behaviour which is regarded as a criminal offence or the ongoing debate about sentencing for offenders. This edition however is written from a therapeutic perspective as opposed to a judicial systems standpoint. While it is imperative to be aware of the latter in our work, our work is therapeutic and therefore the perspective which this edition will be adopting.

I am honoured to share some fantastic articles with you from professionals working across the various facets of sexual abuse; from working with survivors and offenders, to the experience of the therapist. Maria Dowling has provided us with a fantastic piece about what it is to work with adult survivors of sexual abuse based on her breadth of experience in the field. Following this, Monica Murphy has offered us an excellent insight into what she has found to be effective and necessary when working with child survivors of sexual abuse. Thirdly, Eileen Finnegan has provided us with some extremely important information on evidence-based approaches to offender programs in our Irish culture. Finally, we have a very enlightening piece by Pam Patchell which discusses the personal and professional importance of self care when working with offenders.

Keeping with the theme, I am delighted to offer you two stimulating pieces of poetry by Luke Devlin inspired by the Magdalene Laundries. Our workshop review is about a holistic approach to addiction. While interesting in its own right, this is also relevant to the theme. Many will have witnessed individual cases where addiction has been used as a means of coping with one's experience of sexual abuse. I hope you enjoy reading this edition and can gain something positive from what is on offer around this ever challenging theme of sexual abuse.

Donna Bacon

Contents

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A Perspective On Working With Survivors of Child Sexual Abuse

By Maria Dowling

Image courtesy of Kozzi.com

Introduction

I have worked as a counsellor and psychotherapist with adult survivors of childhood sexual abuse for twenty years now. In that time, my understanding of sexual abuse has deepened, informed primarily by my own journey with my clients.

In the last two decades, I have noticed positive changes where child sexual abuse is concerned, both in the therapeutic field and in society in general. There is now an unquestioning acceptance that sexual abuse is enormously damaging to a victim on many levels. In my view, confusion regarding the impact of sexual abuse on a child was born out of a lack of understanding and exploration of its effects. I believe this was partly due to a natural human propensity to recoil from the issue of sexual abuse. I believe that the sexual abuse of children is deeply abhorrent to us as human beings. A part of the psyche, the soul registers the impact of hearing about it in the life of another, and the potential for feeling overwhelmed and recoiling, is very strong. I believe it is tremendously important that we become aware of the part of us that is impacted, as this is to me the key to understanding and helping survivors.

Over the years the very definition of sexual abuse has broadened. Any study of the definitions from the early 1990s to today, shows a deepening of the understanding of what constitutes sexual abuse. I welcome that sexual abuse is no longer determined by touch alone; that severity is no longer evaluated in terms of violence and coercion. I welcome that the psychological impact of non-contact forms of abuse e.g. the pursuit of a child relationally, is now readily recognised as powerful and harmful in effect.

It appears to me that within the definition of sexual abuse descriptive lists are growing to encapsulate the full spectrum of behaviours and relational dynamics between a perpetrator and victim. I think these descriptions are helpful, as they enable us to grow in our awareness and understanding of this difficult issue. However, the expansion of the definition of sexual abuse also raises concerns for me. Are we more comfortable focusing on what sexual abuse looks like and still struggling with a recoil response from the source from which it emanates? Do we instinctively agree that sexual abuse is terrible and succumb to a cultural agreement that it is harmful, yet in so doing release ourselves from the question of why?

In every survivor, no matter how shut-down, repressed, or deceived, one can find evidence of the authentic core self; a unique, vibrant and passionate individual. No matter how damaging the abuse may be, the soul can never be 'snuffed out'.

Over the years, I have encouraged myself to explore the place in me that finds sexual abuse intolerable; that human core that resonates with the needs of any soul and is pained by their exploitation. I have been surprised and deeply encouraged by the hope this work has brought to me, not just as a therapist, but as a human being. The gift of this work has been the discovery that within every soul is an innate, passionate and powerful propensity towards health; a desire to 'be'. In every survivor, no matter how shut-down, repressed, or deceived, one can find evidence of the authentic core self; a unique, vibrant and passionate individual. No matter how damaging the abuse may be, the soul can never be 'snuffed out'. In finding this individual and unique human core, we find the survival energy and the seeds to recovery. If the natural propensity to 'be', is unshakled, given nourishment and space, it 'grows up' within the survivor and leads them to freedom.

What is Child Sexual Abuse?

In her book, Counselling Adult Survivors of Childhood Sexual Abuse, Christiane Sanderson defines child sexual abuse as follows:
"Child sexual abuse is the involvement of dependent children and adolescents in sexual activities with an adult, or any person older and bigger, where there is a difference in age, size, or power, in which the child is used as a sexual object for the gratification of the older person's needs or desires and to which the child is unable to give informed consent, due to the imbalance of power, or any mental, or physical disability. This definition excludes any consensual sexual activity between peers."

While I would see this as a comprehensive and helpful definition, the propensity is for the sexual activities to be the focus. In my view, grooming is what defines sexual abuse.

Grooming is Sexual Abuse

Most of what I have read on grooming describes it as a process initiated by a perpetrator with a child that precedes sexual contact/sexual activity. The impression is that once a child is groomed, the abuse then starts and the grooming deters the child from getting help. I have come to see grooming as much more powerful than a stage leading up to abuse proper. I see grooming as central to sexual abuse; as defining it. In understanding grooming, we know what is sexually abusive and what is not.

Grooming is the establishment of a relationship whereby one person disempowers, objectifies and uses a more vulnerable person to meet not just sexual but core human needs. I believe two things take place in grooming process. The abuser subsumes the child into his/her core self and an identity is imposed on the child by the abuser.

Subsuming the child:

To subsume is 'to take under', 'to take over', 'to include in something larger'. Grooming is the uncensored, unboundaried enveloping of one person by another. This is often consciously or unconsciously facilitated by the child's family. An abuser may have infiltrated the family of a child and have groomed the family to believe certain things both about the abuser and the child. A culture may already be in place in the family that does not question the development of the exclusive alliance with the perpetrator. Families may be desensitised or distracted by crisis (addictions, violence), or inter-generational sexual abuse and be vulnerable to exploitation.

The abuser grooms the child to meet his/her needs. To groom is 'to train', 'to prepare for a position'. This is done through seduction and dominance.

In seduction, the child may be made aware of the needs of the abuser as a human being. Stories may be shared about the abuser's childhood, or current unhappiness. What is key is that empathy for the abuser is evoked in a child. There is an enticement into the inner world of the abuser, their pain and unmet needs, which evokes emotional and cognitive responses in the child. This empathy is soothing to the abuser and actively encouraged.

In dominance, the child experiences the abuser as unwilling to heed their desire to move back from the intensity of the relationship. The child may be chided as uncaring, cruel, unloving. In extreme cases, threats are made to keep the child locked into the relationship. The child senses the abuser's focus on them and need of them.

The needs of the abuser are vast and unregulated. In many ways I have come to see abusers as starving human beings; men and women who have not had their own core developmental and relational needs met. They appear to have an intuitive sense of their own inner hunger and emptiness and often have a well constructed and controlled public persona. Success, competency and reputation compensate for, and hide a developmentally needy and desperate core. I believe abusers resonate, identify and seek connection with children because of the immaturity of their own core self needs.

Beneath a controlled public persona, this unregulated desperate self reveals itself to the child. Abusers do not censor how much of the child they seek for themselves and children are developmentally unable to evaluate how much of themselves should respond emotionally and cognitively to the abuser. The immaturity and innocence of the child is manipulated to evoke soothing responses relationally to a starving more powerful person. What solidifies the alliance is the fact that the child may be needy too. Children may be hungry for acceptance, love, value, protection and in meeting these needs the abuser locks the child into a torturous ambivalence about their part in the abuse.

The Imposition of an Identity on the Child:

The child is being enticed into the world of the abuser and being trained to respond and indeed exist in terms of the vast needs of a more powerful person. At the same time, the child is being groomed to believe certain things about himself/herself. A belief system about who the child is is slowly being imposed by the abuser.

What is key is that empathy for the abuser is evoked in a child. There is an enticement into the inner world of the abuser, their pain and unmet needs, which evokes emotional and cognitive responses in the child.

There may be collusion with family and others, depending on the extent to which the context in which the child receives care and protection has been compromised and manipulated. These beliefs often emanate out of how the abuser sees the child, or needs to see the child. Ultimately, they attend to the core self needs of the abuser. In essence a false self is being imposed on the child.

One can easily speculate here on how innocent children can be manipulated into believing they caused the abuse or even wanted it, because they may have wanted attention, affection, appreciation

etc. Intuitively the child senses the wrongness of what is taking place, yet may be confused because they don't want to lose the relationship. This ambivalence can be easily manipulated into guilt and shame about the self. It is common to hear survivors questioning if they were the aberrant party in the abuse, if they were the seducers. Many survivors suffer from chronic low self esteem and indeed self-hatred.

One powerful effect that often emerges from the grooming process is a confusion regarding the survivor's evaluation of their own value and potency/power in the world. Abusers project onto the child the impression that they alone can soothe them and meet their needs. In this, the child is of enormous value, is tremendously special. However at the same time, the child experiences shame and guilt regarding the relationship and what is taking place in it. This leads to an ambivalence and confusion in the developing self of the child regarding their value as an individual.

Where personal power is concerned, the child experiences

One powerful effect that often emerges from the grooming process is a confusion regarding the survivor's evaluation of their own value and potency/power in the world.

the abuser's need of them. They are encouraged to believe that what they do and say has enormous effect. However, the needs of the abuser remain unsatiated. The child may also be experiencing anxiety, fear and confusion in the alliance with the abuser, as well as natural developmental needs of their own. The child may sense their isolation and inability to cope with all they are experiencing and fear being overwhelmed and disintegrating. Many survivors do not know if they are strong or weak; competent or incompetent.
Ambivalence regarding personal power and value is akin to core doubt. The self is wrenched apart, uncertain, destabilised. Survivors often struggle with polarised experiences of feeling valuable and worthless; immensely strong and a failure/ weak; safe/connected and incredibly vulnerable and alone.

The Core Effect of Sexual Abuse

In my view, sexual abuse impacts on all aspects of personhood. There is a wealth of literature on the physical, emotional, cognitive, sexual, relational and spiritual effects of sexual abuse. We must look to why the effects are so extensive. In this regard we must go to the fulcrum upon which all the other effects rest – the harm to the developing core self.

I believe the principal damage of child sexual abuse is in the starvation and neglect of the development and emergence of the authentic core self. The true self is not sensed and is not lived. Survivors may admit to a fear that behind a carefully

constructed presentation of self, they have no core. They do not know who they are and fear that beneath the surface, there is nothing there. Others are acutely aware of being performers, chameleons who can adjust to situations, but they have no sense of a real inner person holding it all together. They may fear fragmentation, as they have not experienced a solid inner self that can respond to life should their usual coping strategies fail. They may also fear the shame of being unveiled as a fraud.

In my view, the healthy development of the self necessitates the freedom of an individual to be oneself and explore one's uniqueness of thought and emotion. If a young person is taken prisoner unconsciously and defined by another, they sense intuitively that something within them has not developed. They may fear that who they really are is gone and the only self they can have is a shell of a public persona that feels fragile and may not withstand scrutiny.

The grooming process of engulfing a child into another and projecting onto them false identity beliefs, ultimately robs the child of the ability to attend to their natural propensity to be who they are. The ability to think, feel, choose in life and the natural evolution of a person's personality in terms of the formation of belief systems about the self, world and others is censored and directed by another.

I believe the natural response of any being to the censorship of who they were uniquely made to be, is shame. Shame cannot be explained away simply as the self's sense of humiliation and degradation in sexual abuse. Nor is shame a response to the internalisation of lies about who the survivor is. It is all this and more. Shame is an intuitive sense of not being who one naturally is. It is a profound sense of having betrayed one's natural being. At the heart of shame is an inner life force that pulls the survivor into unrest, returns memories and torments the survivor in their coping strategies. Shame testifies to a unique inner soul that seeks individual expression and life. It is hidden, undeveloped, unknown, yet sensed in many of the survivors I have worked with. It is often what propels them into therapy.

Recovery

The word recovery sits well with me in working with sexual abuse in the lives of my clients. To recover is 'to find again', 'to bring back', 'to revive', 'to succeed in reaching'. These terms describe a process of redemption where determination may bring pain and struggle in the unshackling of a soul, but also delight, beauty and peace in what is won. What is won is the restoration of a person's natural design; the emergence of a self that meets the world in its own unique way.

Whatever brings a client into therapy, I see my primary goal is to listen and watch for the true self and give it expression, a voice. This may be a voice they alone have heard and been with, but it has not been witnessed or shared. In this regard, it may have strength and but need validation and encouragement in being visible and integrated into how the client lives. Sometimes the self that is found is very immature, unnourished and it takes time for clients to have the courage to let it speak. There may be confusion, anxiety and indeed shame in the emergence of responses from a place inside themselves they don't feel they know. Fear may be evoked, as internalised threats or lies are remembered as gate-keepers to clients ever having their own perceptions or feelings.

I believe that the relationship with the therapist supersedes all therapeutic models as the single most healing factor in the recovery process, because it is in the therapeutic alliance that the grooming process is undone.

Our work as counsellors/psychotherapists is in seeking and enticing the natural self to break through and become visible in the therapeutic relationship.

Clients often seek therapy because something has ceased to work. They may be experiencing difficulties in their lives. They may feel unable to continue with how they present themselves in their relationships at home, work or socially, because they are burned out, heartbroken, discouraged or indifferent. Something may have happened that has exposed them as other than they are normally known, or they have just become tired of trying to be something/someone.

Sexual abuse survivors were harmed and imprisoned in the context of a relationship

and it is in a redemptive relationship that they experience healing and freedom. Survivors construct defensive and coping selves in response to what they experienced in the abuse and what they were led to believe. In the therapeutic relationship, clients are brought into an awareness of this construction and invited to allow what they experienced to have expression. This begins with small, courageous steps and develops as the inner self grows in its hunger to live.

On the surface, clients are facilitated in taking ownership of their thoughts, perceptions and feelings and allowing them to be visible in their relationships and choices in daily life. On a deeper, more unconscious level, over time, profound changes that are wonderful to witness take place. Peace and indeed self-confidence comes in being a congruent being. Longings, capabilities, talents/gifts are stirred and explored that may direct a survivor to a fuller life.

Conclusion

Child sexual abuse is a dysfunctional relationship, which takes a vulnerable person hostage to serve the needs of another. This necessitates the neglect of the victim's own needs and responses and the projection of a self-view where they are locked into ambivalence, doubt and silence. Our work as counsellors/ psychotherapists is in seeking and enticing the natural self to break through and become visible in the therapeutic relationship. Once this process begins, it cannot be quelled, as the natural order of the core self is passionate and vibrant.

Who we are as counsellors/ psychotherapists and the connection we offer is extremely important in this therapeutic process. In working with survivors, we are searching for the self and we are using the fullness of ourselves to do this. We must 'be' what we are seeking for our clients. We must be grounded, authentic/ true, congruent, self-aware and honest. By being anchored in who we really are in the therapeutic alliance, survivors learn how to attune to themselves.

In working with survivors, we are searching for the self and we are using the fullness of ourselves to do this.

We must know experientially what it is we are seeking for our clients. When we have done core work on ourselves, a deeply refined intuitive sense tells us when a client is authentically present, or absent. I believe that we must be committed to our own personal process in working with survivors, not only in addressing the impact of working with trauma, but in developing our self-awareness and presence.

Maria Dowling has worked as an integrative counsellor and psychotherapist for twenty years, having graduated with her M.A. in 1993. She initially worked in a centre providing counselling and training to long-term unemployed people, where issues of depression, addiction and abuse were addressed. She then worked for eleven years as a psychotherapist with survivors of childhood sexual abuse and adult sexual violence in the Dublin Rape Crisis Centre, where she was also a Team Leader.
Maria is currently in private practice in Sutton, north Dublin, where she works with a wide range of issues, notably depression, anxiety, bullying, sexual abuse and violence recovery, relationship issues and domestic abuse. She is an Accredited Supervisor with the I.A.C.P and provides training workshops on working with survivors of childhood sexual abuse.

Maria Dowling, B.A.(Mod.) Soc.(Hons.), M.A.
Mariadowling-therapy.com
maria.dowling18@gmail.com
086 810 8642

Therapeutic Work with Children who have Experienced Sexual Abuse

By Monica Murphy

Image courtesy of Kozzi.com

Child Sexual Abuse

Sexual abuse occurs when a person uses his/her power over a child, and involves the child in any sexual act. The power of the abuser can lay in his/her age, intellectual or physical development, relationship of authority over the child, and/or the child's dependency on him/her. Sexual abuse can include acts such as touching, fondling, genital stimulation, mutual masturbation, oral sex, using fingers, penis, or objects for vaginal/anal penetration, voyeurism, exhibitionism, as well as exposing a child to, pornography or prostitution. The offender may engage the child in the sexual activity through threats, bribes, force, misrepresentation, and other forms of coercion. The majority of the time, the offender is someone well known to the child and trusted by the child/family. (SAVI 2002)

Dynamics of Child Sexual Abuse

The majority of children who experience sexual abuse are victimised by people they know: parents, guardians, relatives, teachers, etc. However, there are a number of sex offenders who are willing to exert a great amount of effort to gain access to organisations or activities that associate with children so that they are given a chance to abuse them. Most sex offenders are anonymous to the public, working alongside colleagues and neighbours who accept them as harmless.

Systemic Approach to Working with Children who have Experienced Sexual Abuse

In therapy the welfare of the child is paramount. In my experience I believe that working with the child's family – the non-abusing parents and siblings – is the best way in order to effect any real change for the child. I am fortunate enough to work in a therapy centre where we have the facilities to work systemically, providing a therapist for the child and a separate therapist for the parent/carer. Children rely on their parents/carers and need their support and help. If a child is in the care of a Health Service Executive, I find

it beneficial to work with the foster parents, residential care staff, social worker, and other relevant professionals, responsible for the child. The focus of the work is always child centred. This approach and ethos is focused on the well being of the child. I do not believe in assigning diagnosis or labels e.g. "victim" but respect the strength and resilience of children and design my work to build on these strengths, enabling children to grow into adulthood not defined by their abusive experiences but by their individuality and creativity. The systemic approach of working with parents maximises the strengths in the child's home environment which better enables the child achieve their full potential. I discovered working with children in isolation can create difficulties, as children are dependant on their parents until they become independent, so I believe looking at the needs of the child within their family context needs to be considered before therapy begins.

I believe that an effective therapeutic response to children and their families cannot be made unless action has been taken to protect the children who have been abused or who are at risk of abuse. Childhood is a precious time and children need to be protected from abuse. It is imperative to empower parents to report their concerns, suspicions or knowledge of abuse or risk of harm to a child, to the Health Service Executive and/or the Gardai in line with Children First Guidance. (2011)

Working with the child's family – the non-abusing parents and siblings – is the best way in order to effect any real change for the child.

Contraindications to therapy

Therapy cannot provide a protective function; protection must always come before therapy. Therapy may not always be appropriate and may not be in the best interests of the child. The following are some of the reasons that therapy may not be appropriate for the child:

- Child is at ongoing risk of sexual, physical, emotional abuse or neglect.
- Ongoing contact with an alleged offender.
- The CSA assessment has not been completed.
- Ongoing Garda investigation and the authorities advise against the child attending.
- There is a lack of commitment to engaging and/or attending by the parents.
- There is active alcohol or substance abuse within the family.
- There are active serious mental health issues for the primary carer(s).
- There is serious instability in family circumstances.
- The child does not want to attend.
- There is serious conflict between the parents.
- The child does not have a supportive ally outside of therapy.

Parents/Carers

In my practice I consider that it is important to establish a working alliance with parents, so that we work together in order to help the child. The work with parents focuses on how to best support and protect the child who has been sexually abused and the siblings. They may need:

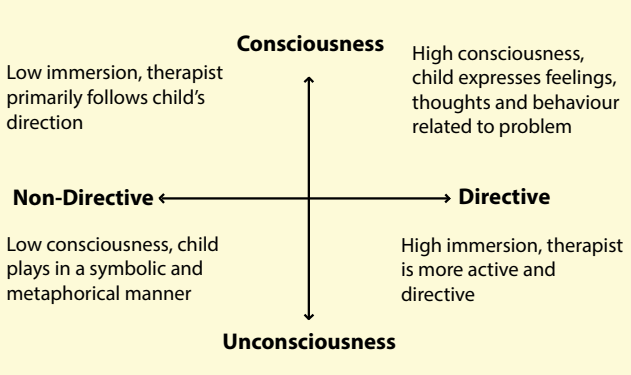
- More positive and effective ways of parenting the child.
- To find ways of protecting the child.
- To explore behavioural difficulties which may have arisen or increased since the disclosure of the abuse, the reason for the behaviours and what the child may be trying to express.
- To find ways of positively managing these behaviours.
- To explore how they responded to the initial disclosures and facilitation in effective responses to children's disclosures where the initial reaction may have been negative.
- To learn how to set positive limits and boundaries, e.g. where the child may be acting out sexually.
- To understand the dynamics of the child's experiences and accept the child's perception of the abuse.
- To explore ways of empathising, reassuring the child, responding to the child (e.g. further disclosures).
- The parents may need the space and opportunity to explore their feelings of grief, self-blame, horror, anger, injustice, disgust, guilt and betrayal.

Play Therapy

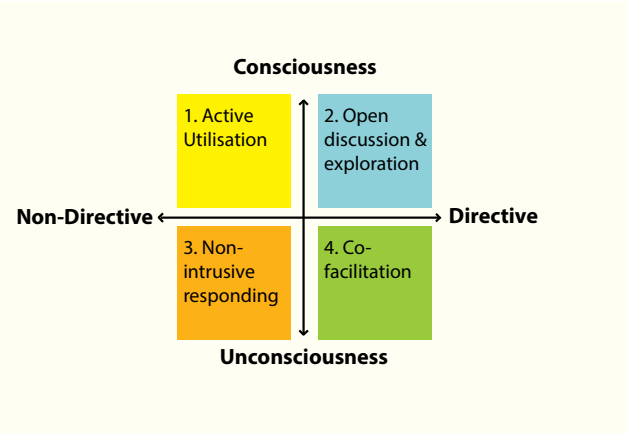
In the past it was believed that play had no real purpose other than to use up excess energy. There are many developed theories now which relate play to the development of children. The Play Therapy Dimensions Model has been developed by Lorri Yasenik and Ken Gardner, certified play therapy supervisors and co-directors of The Rocky Mountain Play Therapy Institute.

Principles

The principles of the model are directiveness and consciousness.
"Directiveness" takes account of the degree of the therapist immersion and the level of interpretation by the therapist. The "Consciousness" considers the child's representation of consciousness in play and the play activities and verbalisations.
The four quadrants derived from the two principles are shown below:



This approach integrates both non-directive and directive approaches to play therapy. Therapy should be developmentally appropriate for each child; it should work from where the child is, not from a theory.



Children must be approached and understood from a developmental perspective. The natural medium for children is play activity. Their world and their experiences are communicated through play. Child sexual abuse may impact on the child's overall development. The child may need to rework key developmental stages disrupted by the abuse. Therapy provides the child with the opportunity to process and clarify distortions on a cognitive, motor and affective level. Symbolic play is a way the child can explore their experience of abuse, safely distanced from the reality of the experience. The distancing through play is crucial for the safety of the child. Appropriately distanced from the pain, the child can explore the experience and come to resolution and integration.

"The high value our culture places on rational, logical, scientific thought often leaves me, like many other child therapists, feeling vaguely guilty when our time with children is spent 'just playing.' And yet, in case after case, although the so-called real issues that led the child's family to bring her to therapy are rarely addressed directly, and although we spend our working hours unprofessionally crawling around on all fours, growling, or hiding under tables, the child gets better. There is genuine communication going on, in a medium native to the child, although all but forgotten by most adults." (Birch, 1997).

Therapeutic Relationship with Children

The primary role of therapy is to provide a safe environment in which healing from trauma can be facilitated. The therapeutic relationship is central to healing. The therapist's congruence, intuition and use of themselves, are more important than any skills or techniques. The techniques evolve from the relationship and need to be used appropriately. Most approaches agree that the quality of the therapeutic relationship is a crucial determinant of treatment outcomes. The Gestalt approach of Violet Oaklander (1978) to working with children stresses the most essential aspect of working with children is the therapeutic relationship. Bugental (1992) emphasises the presence of the therapist is crucial. Yalom (1995) also stressed the importance of being there for the client during the session. "Therapy is a journey taken by therapist and client, a journey that delves deeply into the world as experienced and perceived by the client" (Corey, 1996)

Initial Session

In my work I often find that children are anxious at the initial session. The aim of this session is to connect with and engage the child. I talk about the reason the child is coming to therapy in an age appropriate way. This is done in a matter of fact way, avoiding going to a tragic level. The traumatic experiences and behavioural problems are all explicitly named. It is important to use the same words the child used to disclose. This can sometimes be difficult but it also removes the burden of telling, from the child. I reassure the child that they don't have to talk about the issue. I explain to the child about what we do in therapy

and reassure the child that a lot of children come to therapy because when something like that happens, children often get mixed up and therapy is where they can sort all that out. This reassures the child that they are not alone. I explain to the child that we can sort out all these mixed up feelings through play and explain that they are in charge of the play and that I am in charge of the safety and the time.

Children who have experienced sexual abuse may be very mistrustful of adults. As therapists working with children we need to be aware of this and realise that children will not instantly see us as different from abusive adults. In the playroom the child is allowed to play freely and explore the room. The child's leads and I follow, only joining the child when invited or directed. The child is the expert of his or her experience, not the therapist and in my work with children, they have taught me to be extremely cautious when making interpretations about the child's subjective world.

Children have the right to respect and dignity and the space for healing intervention to occur. I contract directly with the child, having firstly explored that the parents are committed to this. In the contract the issues of confidentiality, the time and frequency of sessions are addressed. This is all done in a friendly child centred way, encouraging the child's active participation.

Symbolic play is a way the child can explore their experience of abuse, safely distanced from the reality of the experience. The distancing through play is crucial for the safety of the child.

Play Sessions

The parent always attends the session with the child. The sessions begin together and issues that may have emerged during the previous week are addressed and named. In the playroom the child directs the sessions and my role is to be fully present and responding appropriately. Children respond differently and some immediately engage in the playroom, directing the work. Other children are much more reserved and anxious and find it difficult to engage and may need some encouragement and reassurance. As therapists we need to go delicately as the resistance needs to be respected. Working through resistance is very subtle and trusting our own intuitive sense and also trusting the child's own sense of knowing that the therapist is someone they can trust. This may be a slow process. Acceptance and respect for the child are vital and help provide the space to allow the child make sense of their experience and come to terms with what has happened.

Some children present with little understanding of personal boundaries, which may leave them open and vulnerable to further abuse. It is imperative that as therapists we set the limits and establish consistency and safety with very clear boundaries around safety. The child often feels vulnerable and powerless to protect themselves and in reassuring the child that it is the adult's job to keep them safe enables them to feel safer. Referring back to the safety rule if the child is acting out or engaging in high risk play, or sexualised behaviour or attempting something that may not be safe for the child is imperative. If a child continues with risky behaviour during a session, consistency is essential and sometimes it requires explaining to the child that if the behaviour continues the session will have to finish because it is not safe. The child may also test the boundaries by refusing to finish a session. Remaining consistent with the boundaries of safety and time creates a safer space for therapy to happen. In this work boundaries are often an issue because the child's personal boundaries have all been broken by the offender, so it is important for us to remember containment can be a big part of the process.

Children may sometimes attempt to physically hurt the therapist. It is necessary to explain the safety rule and attempt to redirect the anger, allowing the child the opportunity to express the anger in a safe way for example towards a bean bag, explaining it is okay to be angry but it is not okay to hurt somebody. This modelling provides the child with healthy ways to express their anger without hurting themselves or others.

It may be appropriate also to talk to the child about ways of avoiding getting into trouble when they are feeling angry, such as, setting up an angry corner at home where they can go when they are feeling angry. Children often have difficulties expressing anger. Hurt or fearful feelings are often buried beneath anger.

Common issues that emerge in therapy:

Self-Blame

- Some children feel they are responsible for what happened to them, they often blame themselves.
- Some children feel guilty because they did not try to stop the abuser. Many children tried to protect themselves, but failed. As a result they do not try anymore. This is a type of learned helplessness.
- Children may experience a deep sense of shame, feel "different or damaged", and alone.

Fear

- Children who have been abused are often left in fear of those they know and trust.
- The world is no longer a safe place.
- They may be afraid that the threats the abuser has used will come true.

Powerlessness and Vulnerability

- Children feel powerless to protect themselves; they were unable to stop the abuse.
- If no-one believes them or helps, they are left powerless.
- The feelings of powerlessness and vulnerability often result in children being fearful, depressed and at risk of abuse happening again, even as adults.

Betrayal

- Children learn that a trusted person has hurt them causing them to feel angry, betrayed, confused and depressed.
- Children often feel confused because they love the abuser.
- Children who have been betrayed often have trouble trusting others and forming healthy relationships.
- Children who have been sexually abused may have difficulty with normal sexuality and sex in a relationship.

Loss

- The innocence and trust of childhood
- Normal patterns of growth and development
- The ability to develop healthy relationships with others
- On disclosure, there may be removal from homes and families, the community, and other caregivers.

Destructiveness

- Self-Harm
- High risk play
- Frightening displays of rage
- Involvement in criminal activity, substance abuse, prostitution
- Eating disorders
- Suicidal or homicidal tendencies

Hopelessness

- Children who have been abused may lose faith in themselves, others and their future.
- Having experienced the world as unsafe and unloving, they fall into despair and give up hope that their needs will be met.

Final Stage of Therapy

The length of therapy cannot usually be determined ahead of time, but the decision to continue or not, is discussed with the child and the parents. Once the child has reached the point of resolution therapy will no longer be required. Children in long term play therapy generally indicate when they are ready to finish. The child begins to revisit earlier themes; the play is less repetitive and becomes more focused. The play is less chaotic and appears to be more about the child's day to day experiences. The child is ready to move on when they are functioning adaptively.

1. The therapist will have noticed the child's functioning is adequate with peers, at home, in school.
2. Many of the presenting issues and behaviours will have ceased or improved.
3. The child is demonstrating an ability to experience and tolerate feelings.
4. The child has integrated the abusive experience into a wider view of the self.
5. The abuse is seen as part of the history that influences, but does not define the child.

Since therapy relies heavily on the therapist's relationship with the child, ending therapy may signify a change and a loss for the child. In keeping with the therapeutic process, this stage is an opportunity for the child to work through how they feel about ending therapy. Regression is common at this stage. In allowing time for closure, it makes it less likely that child will feel

rejected. Children may often invite the parent to the playroom for a number of sessions before finishing. This is often a very positive way for the child to disengage from the therapist and engage the parent in a safe healthy way. Encouraging the parent to take over enables affective attunement with the child. This gives the child enough time to end appropriately and the opportunity to review all the work they have done.

Children have shown me their innocence, strength and resilience and their ability to process their trauma and move forward not defined by their experience of child sexual abuse. Their authenticity, ability to be present, creativity and acceptance is a lesson for any of us as therapists. I personally feel privileged in my work with children and I have learned so much from them, the experience of working with children has been one of my greatest learnings.

"We cannot make a world in which children will not experience loss, but we can offer them support as they do so" (Monroe 2003)."

The therapeutic relationship is central to healing. The therapist's congruence, intuition and use of themselves, are more important than any skills or techniques.

Monica Murphy is a Humanistic and Integrative Psychotherapist. She is an accredited psychotherapist and supervisor with the Irish Association for Counselling and Psychotherapy (IACP).

She holds a Master of Arts in Humanistic and Integrative Psychotherapy (University of Limerick) and a Bachelor of Arts in Counselling and Social Studies (Cork Institute of Technology). She also holds a Diploma in the Psychology of Counselling (University College Galway). She is also qualified as a Reality Therapist by the William Glasser Institute. She has a Certificate in Therapeutic Work with Children, as well as numerous other courses and trainings. She has previously worked in pre-school education, private practice and a family resource centre.

She currently works with the C.A.R.I. and has worked with children and families, affected by child sexual abuse, for 17 years. She has a wide range of experience in the area of trauma and child sexual abuse. She also has experience in working with children who act out sexually.

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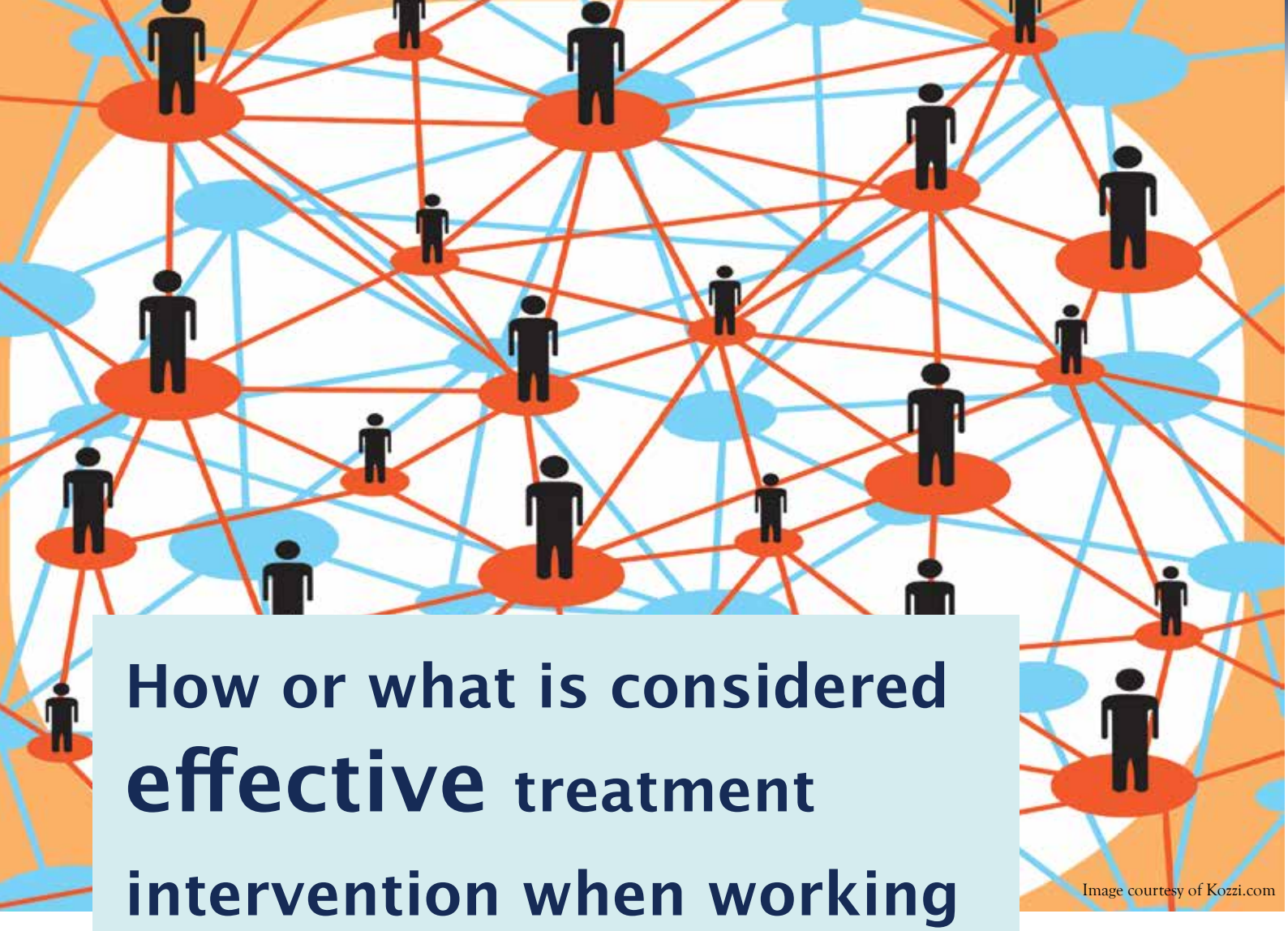

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How or what is considered effective treatment intervention when working with individuals who have sexually offended?

by Eileen Finnegan

How or what is considered effective treatment/intervention when working with individuals who have sexually offended?

Especially as we consider the stigma attached to this client group and how do those who offer treatment /intervention convince the general public and other clinicians as to what is meant by effective treatment/intervention?

When I was asked to write an article for Éisteach many thoughts emerged about this, such as 'it was about time I wrote something' rather than just reading articles that others had taken the time to write. Then the usual issues emerge, how and when will I find the time and would it be of interest to others. Having (as we therapists do best) 'processed' all of the above I came to the place of it being 'good enough'. I thought the words 'good enough' also had relevance with the content of what this article's title and indeed question wishes to address, will there ever be an effective treatment/intervention 'good enough' to break the cycle of offending behaviour. The purpose of this article is not to answer the latter question but possibly hope that one day it would be true.

My wishes are that after you have read this article that you will have more of a professional/academic understanding of the dynamics in delivering this work. That you will have more information about treatment/intervention and what is considered effective from the current research and literature available. That you will have an understanding of what I consider personally as effective treatment/intervention, based on my professional and personal experience that I have gained

through working in this area. My final wish is that you are left with more questions than answers so we can begin a dialogue about this work, especially from an Irish Perspective, and indeed how Mandatory Reporting informs/ impacts on this work and also the many families and friends who are impacted by someone else's behaviour.

Acknowledging families in all of this I am constantly reminded of the film Sophie's Choice and realise that I did not fully understand the choice she had to make - that is until I sat with parents of a victim and an offender and the choices they had to make. I would have felt previously it was clear one child was harmed the other perpetrated the harm, what was the choice. Then as I considered all the factors that would follow the disclosure and I looked at the parents' devastation as they had to choose between their children. When they reminded me of the beautiful child they had and what went wrong and what we can do to make sure it never occurs again; tall order, yet good motivation for the work as we endeavour to break this cycle of offending behaviour or even make attempts to do so. Believe me, this work challenges me deeply, especially considering some of the core conditions: honesty, unconditional positive regard, empathy, etc. It's not always easy to find them amongst the details I gather regarding the specifics of the offending behaviour.

What is considered effective treatment/intervention when working with individuals who have sexually offended?

To attempt to answer this question, within the limits of this article, I will do so by giving an overview or outline of what are considered effective ways to work with offenders from the research point of view and not the specific suggestions of how to do this. However I will endeavour to give more specific suggestions in the section where I will give a personal view of what has been effective in my working with this group of individuals. I will begin with the question, what have they 'done' that they need treatment/intervention? The definition of what they have 'done' from the UK's Department of Health (2003) is described as 'forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways'. All of the above definition has been described to me from the experience of the victim and the offender, both with a desire in wanting it to stop. If we are to consider the definition described above, the offender is the individual who has carried out those acts of violence against a child. To intervene effectively and protect our children and young people, we want to understand why the individual has chosen this behaviour.

What is effective according to the literature and research in this area?

There is much to write about this question, however for the scope of this article I suggest that we focus on two groups or types of offenders, adult sex offenders and Internet offenders. I consider this important as discussion about each group requiring different treatment interventions is very much in the research discussion arena at present. I do appreciate for most individuals that offending is seen as perpetrated by one group and one group only: 'paedophiles' who are described as monsters, evil people etc. Considering anything other than that is not an option for most individuals. I may have taken a similar position in the past - before I began the current work I undertake, which includes working with all individuals impacted by sexual violence - including the victims, offenders, and families that support both groups. To state the obvious, the reason the majority of individuals engage in treatment/ intervention programmes in the first instance is due to them either acting out in a sexually offending way or having fantasies of doing so. However treatment/ intervention is never mandatory as most research informs that the motivation to attend a programme needs to begin with the individual themselves.

The aim of treatment/intervention is to reduce recidivism which ultimately means we are protecting our children and vulnerable adults. The current developments are moving towards risk management as opposed to risk assessments, as a way to manage the ongoing risk of recidivism. In order to offer treatment/intervention, we first need to understand the motivations and factors that led to the offending behaviour to reduce recidivism.

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There are developments from single aetiology theories to multi factors theories. For example, the knitting together of theories such

as Ward and Siegert's pathways model and Wards Unified theory of sexual offending, and Finkelhor's (1994) preconditioning model, to name just some. These theoretical models support us with the empirical evidence to inform the treating and managing of the offending behaviour. The developers of the above theories, who suggest the influence of multiple factors on offending, as listed above including Ward and Siegert's (2002), Ward (2006), and Finkelhor (1984), also suggest the importance of the single factors theories such as those of Ward (1995) and Wolf's (1985), which give descriptions of offence cycles and are still considered to be of great value in the work.

All of the theories identify certain factors that have been empirically validated as those that have motivated individuals to offend. Factors such as low self-esteem, neglect, violence, poor self-regulation, etc., which have been gathered by recording information on the individual's background, early attachment, relationship and intimacy deficits, social background, etc. The factors themselves have not led to the offending; it is the internalised beliefs or impacts of these factors that the individual has developed in a negative way. While we can argue that many individuals could have had similar difficulties in their lives and not be motivated to offend, we therefore need to also look at the function of the sexual behaviour for the individual which will inform treatment/intervention plans. The empirical evidence suggests the best way to evaluate offenders is by evaluating the risk and then the management of this risk by identifying treatment targets. Examples of treatment targets include cognitive distortions, victim empathy, relapse prevention. The suggested way of doing this is by using instruments such as STATCI 99r, STABLE and ACUTE 2007 (Hanson and Harris) and structured clinical judgement gathering tools that are underpinned by the theories named earlier.

If relationship and intimacy deficits are a common variable with offenders then the therapeutic alliance is paramount in this work.

The therapist's characteristics are also considered a major factor in how the individual engages or does not engage. Scott (1989) contends that the therapeutic interventions with criminals 'are the most demanding task in the entire arena of mental health' and Ellerby (1998) informs that the impact of working with offenders is 'generally neglected'. If relationship and intimacy deficits are a common variable with offenders then the therapeutic alliance is paramount in this work.

I stated earlier that the information gathered to inform treatment/intervention as a way to reduce recidivism for adult sex offenders differs from the information gathered for those who are Internet offenders. The difficulty that emerges when working with Internet offenders is the small amount of literature available, and most of the literature has little or no focus on assessment. So what, or is there, a difference with the two groups? While I certainly would not claim to have all the answers to this question, I can certainly give my understanding of the differences. When we discuss the nature of adult sex offenders there is much research with specific focus on assessment, treatment and intervention goals. Terms such as grooming, manipulating, and distorted thinking become familiar to those working or indeed reading about this group of individuals and how they behave. What becomes evident during the interview taking stages is how they seek out and plan the offending, the sexual preoccupation. There is much evidence to support individuals who work in this area, and over time common themes are emerging that mirror most of the theories mentioned. According to Quayle (2009) 'unlike other paraphilias Internet sexual offenders cannot be easily diagnosed according to criteria set out in categorical models such as DSM'. It is very

difficult to even understand or keep up-to-date with some of the terminology used in relation to Internet Offenders. Terms such as the Internet applications used - which refer to (what I now know as) email, peer-to-peer networks, social networking sites, IRC (Inter Relay Chat), ICQ (I Seek You) chat rooms, the storage medium used, the nature of image organising and cataloging, and electronic attempts to hide activities. This is the terminology needed before we even begin to understand the function of the Internet in the sexual preoccupation of the individual. What is also important to understand is that Internet offending is further broken into different types such as: the downloading of child pornography, the trading or exchange of images, the production of images and the

child grooming and soliciting through the Internet. I think it would be fair to assume that an entire article could be written on this group and their offending behaviour alone.

What is effective from my own personal experience of working in this area?

My place of employment was originally set up to support individuals who had experienced sexual abuse; however as part of their own journey they began asking the questions of how and why individuals offended against them. They felt that as long as they did not understand these questions they were not fully aware of how to protect themselves, or indeed their children, in the future. It was from this that my work to develop treatment/interventions with offenders began. I will now consider what has been effective from my own experience and give more specific details of how the theory has been delivered in practice, and what has worked and what has not. The one sure factor is that the learning and development in this work is ongoing.

One of the first things I decided to do when I began this work was to educate myself, beginning with the Assessment and Treatment of offenders. Five years later, I am still educating myself and I find this to be a huge support in developing programmes in this work.
From this learning, we engaged an external supervisor who was considered an expert in the field, having worked for many years with this client group. This has proved to be hugely valuable in the efficacy of the treatment/ intervention we deliver, and as a personal support. We began developing gathering tools that sought the information the knitted theories had suggested. The information from these informed the treatment plans and the work began. This information is invaluable from a child protection aspect and I gained new insights into how a child is sexually abused. Offenders spoke of how easy it was to offend - in fact for some, they did not have to leave the comfort of their own house or even their own beds. Harrowing to hear that when one considers that the one place a child should feel safe is in their own home. The treatment/ intervention began with initially meeting the individual on a one-to-one basis, and then once they met the criteria for the treatment/intervention they began group work. The criteria were based on: motivation for engaging in the programme, taking responsibility, the financial and time commitments required. All individuals were attending voluntarily, in that they had not been mandated to attend and all financed by themselves. The treatment/intervention was delivered in three modules followed by aftercare. The modules focused on early life history, offending cycle and healthy living plan (relapse prevention), as suggested by the empirical evidence from research. This appeared to be effective in that the individuals were beginning to take some responsibility for their offending behaviour, and to identify possible factors that motivated them to offend, etc.

However, something did not add up for me and I felt 'I have a niggle and it won't go away', yet what is familiar in this work is waiting and knowing all will be revealed.

As I stated earlier, the work included working with family members or other support individuals which included wives, mothers, siblings and friends, which we will for the purpose of this article refer to as 'support' individuals. The engagement of the 'support' individuals began once the individuals had completed all three modules and had identified static and stable risk factors that needed to be managed in the future to ensure they did not re-offend. The support individuals were then met, firstly by themselves to inform them of the risk management required if they were staying in a relationship with the individual and this is where my 'niggle' was answered. I was and still am horrified as I initially meet with the support individuals as they tell me with great clarity and honesty how either they or the victim are the reason the offender offended.

What I consider to be effective treatment/intervention is to say where there is an offender there is a family, a community and all individuals impacted by the offending behaviour need to be included in the treatment/intervention.

I listen to mothers describe how their child came onto their husband and in one case described a three year old child a 'slut' who was born a 'flirt'. There were wives and partners who blamed themselves for not sexually fulfilling their partner's needs thus causing them to offend. One woman informed me that she had told her husband that if she discovered that he offended because of her then she would apologise and he politely said that he would accept her apology. I had to remind myself what century and country I lived in, and maybe realise that some things have not changed. All of the above informed me

that what I had originally thought was going to be effective risk management by including the support individuals was very far from the reality.

So the realisation that whilst the individual had in some ways begun to take responsibility for their offending behaviour, they were in an environment that not only minimised their behaviour but further traumatised the victim and reinforced what they had done as being not their fault. So this was not considered effective treatment/intervention as there were people missing in the picture that could support the breaking of the cycle. These people were the support individuals who needed a programme for themselves and that is what has occurred. The support individuals also have three modules and aftercare. The modules are educative and supportive; they focus on attachment and how they formed relationships, they are educated about the cycle of offending from the grooming to the sexual act, and they form part of the Healthy Living Plan. For many, there is devastation as they realise they too have been groomed and manipulated by the offender. Many of the support individuals begin their own therapeutic journey and discover who they really are in the world, as opposed to what the offender has told them. Highlighting once again the two different offender groups or types, where this is also evident is in the work with support individuals who find it very difficult to understand what is all the big fuss about the Internet offenders; they 'touched nobody', the only harmed person is themselves.

To conclude this article by stating what I consider to be effective treatment/intervention is to say where there is an offender there is a family, a community, and all individuals impacted by the offending behaviour need to be included in the treatment/intervention. The stigma attached to knowing or being in relationship with an offender is often what silences individuals into not disclosing. There is a fear of being ostracised by friends and communities, or worse, being burnt out of their homes or terrorised by others.

While this may appear to be an understandable response from society and the inability to understand why this occurred, it is important to note that most offenders use these very statements to silence their victims.

I end with noting that the challenge is inclusion of this client group rather than exclusion or how else can we consider what is effective? If we are to seriously consider breaking the cycle of offending behaviour and protecting, then we must move from our preconceived judgements of the individual in order to challenge the behaviour. It has not been an easy journey including offenders by offering treatment/intervention. I am daily challenged as to why I would even consider to do this and the only answer I have for now is that the victims informed me of what they needed and asked me support them in finding the answers.

Eileen Finnegan is the Clinical Director in One In Four. The work she undertakes is in developing and delivering the Clinical Programme at One In Four, working with victims, offenders and families of both. She has been in this field for over 20 years. She has been actively involved with her European colleagues in compiling research in how to manage offenders in the community .

Her recent studies are with the Justice Institute of British Columbia where she has now acquired the licence to use the Actuarial instruments STATIC 99r, STABLE and ACUTE 2007 and is currently training in case formulation using these instruments.

The legacy she would like to leave to this field is working towards 'breaking the cycle of offending behaviour 'and creating a safer world for our children.

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Self-Care and the *Wounded Healer*

by Pam Patchell

"Change is a tool of evaluation", Patricia Hill Collins, Lecture UCD, 2013.

I used to think that anyone who offends was a monster, incapable of change and unworthy of anyone's compassion or understanding. I believed that prison was the answer for them and the tougher the time, the better. Then, like the poem says, 'I learned some more.'

This learning began years ago when a series of life experiences accumulated in one life-changing moment and as a result, my opinion has changed radically. I began my training as a psychotherapist with a seed of an idea that I wanted to work with people who engaged in physically and sexually offending behaviours. However, the decision to explore and seek training in 'offender treatment' (Marshall, 2006) was a difficult one to reach and I struggled to fully understand it right up to recently, when all I had learned was put to the test. One of the key elements of psychotherapeutic work that helped me through my struggles was self-care. And it is self-care, in relation to offender treatment, both on a personal and professional level that I want to talk about here.

There is plenty of general psychotherapeutic literature encouraging and supporting the fact that therapist self-care is of paramount importance to the therapist and the therapeutic relationship, such as Norcross (2007) and Owens et al (2010). Bond, (2005) takes an ethical standpoint and discusses the "obligation" counsellors have "to exercise care of themselves".

In relation to the offender treatment Marshall et al (1998) combine the two, discussing how self-care of the therapist forms an important and ethical requirement of the work. I would become aware of the truth in this just as I began to think and feel that I had what it took to become an offender therapist.

The year before I became a student of psychotherapy, I stood in a court and observed as a man was sentenced for child sexual offences. The room was silent as he pleaded guilty to numerous charges and I thought 'what a monster, I hope he gets what he deserves.' When the judge passed sentence I thought 'good enough for him.' Then as he was led away, the anguished cries of the man's child pierced the silent court room and it affected me profoundly. To me (and most people in the court) the person was a monster but to the young person, he was 'Dad'. The cries had a profound effect on me. I began to wonder how different the lives of those affected would have been if the sentenced man had have had an opportunity to heal either during or before he'd begun harming other people's children. I'd no answer then, but I figured it couldn't have been any worse than this. I believe, although it went unacknowledged in the court that day because the law does not deal in emotions, that the events that conspired to bring these two families to court had ripped them apart and left everyone involved with a feeling of loss. There just had to be a better way than this but what? I decided training as a psychotherapist was a start. I could not have articulated it back then, but I realise now that I had begun to 'see the human being behind the behaviour' (Row, 2010).

My time on the diploma course encouraged this realisation. After a deeply moving meditation in my first year, I felt I had discovered my purpose and that I had what it took to become a therapist who would work with people who chose to offend. I set about becoming educated on the full purpose and ethos of Offender Treatment Programmes and raised my understanding of their importance. I was thrilled to find a couple of dozen ethical theorists and practitioners who wrote books and articles, on not just their theories, but who also published volumes of ethical research on their theories in practice. Of all of the ethical practitioners I came across, two stood out for me here in Ireland: Esther Lonergan and Eileen Finnegan. The works of Marshall et al (1998, 2006) and Ward et al (2003, 2006) appear as a collaborative community of therapists, working towards one goal – developing and maintaining successful offender treatment. I spent much of my time on the course studying the subject and using the learning to inform my academic assignments.

Life was going well. I'd been effectively using 'Choice Theory' (Glasser, 1998) and 'the Living Wheel System,' I was approaching the deadlines for my final assignments and I was ready to start meeting clients. I felt confident that I was personally ready, to begin to prepare professionally, to work with people who engaged in offending behaviours. Little did I know, I was about to be personally affected by violence.

One afternoon, while out on a run in my neighbourhood, I witnessed an unprovoked violent attack on someone I love. Witnessing the assault ignited an internal personal conflict in me between the trauma of the experience, my personal belief that we need to see the person behind the behaviour and my professional goal of training in 'offender treatment.' The predominant feeling in the aftermath was fear. I felt unsafe in my community, and as a result, my predominant mindset during that time was to see the perpetrators punished. However this desire brought me no comfort.

Witnessing the assault ignited an internal personal conflict in me between the trauma of the experience and my personal belief that we need to see the person behind the behaviour...

I kept telling myself that I knew better than this, as did friends and family but still, the conflict raged. I was overwhelmed with feelings of fear, anxiety, anger, horror, helplessness, powerlessness and doubt. Everything I thought I knew was thrown up in the air, and for a brief time, I lost the will to try to catch any of it. I felt stuck. My creativity ebbed away and I was too tired to find the meaning it this experience, preferring to get washed away in the horror of it. I felt so naïve for ever believing I could sit with someone who had, in any way, violently assaulted another person and attempt to treat him/her therapeutically.

In his book, "The Power of Ted," David Emerald (2006) talks about how we can assume one of two orientations in the

world: that of a victim or of a creator. The victim orientation views everyone as helpless.

The provision of psychological services to sexual offenders presents therapists with many challenges, including exposure to vivid descriptions of sexual violence and trauma.

We switch between our role as victim, and that of a persecutor or a rescuer. I believe I suffered from 'victim orientation' in the aftermath of the assault and it pit itself against my belief that I could be a creator with the power to facilitate change and healing. As the victim I judged the assailant from the position of 'persecutor.' I believe there is a pitying inherent in thinking that people who offend are incapable of change and in believing, as a result, that we cannot do anything about it. It perpetuates the false and damaging belief that 'victims' are powerless, that 'perpetrators' are powerless and that society is powerless. I was not aware of Emerald's work at the time, but I think it is a useful way of looking at it. Emerald posits that if we live as a Creator, we become challengers and coaches, seeing in others an inherent and strong capability of dealing with life's traumatic experiences. This is linked to the practice of compassion, cited by Brown (2010), Chödrön (2001), and Owen's et al., (2012), as being of paramount importance to self-care.

I remember, under the guise of humour, while chatting with a friend, I quoted the character Simon, in the movie 'As Good as it Gets,' telling him, "I'm feeling so damn sorry for myself, I'm finding it difficult to breathe." Ironically, and in true Rogerian style, that compassionate acknowledgement of where I was at that time was the moment when all I'd learned began to flow back and fit for me on a deeper level than before. The shift in mindset from victim to creator had begun. I started to choose self-care practices that were empowering as opposed to misery-perpetuating. It flowed from that acknowledgement into simple things like getting dressed and going to personal therapy and progressed to more courageous acts like processing my fears and best of all, putting my runners on and going for a run again.

It was difficult and I learned on a very personal level the reason why offender therapists consider self-care as an ethical and vital component of the work. We are deeply affected by violence, whether it is perpetrated against us or not, whether we are therapists or not. Ennis and Horne state that, "the provision of psychological services to sexual offenders presents therapists with many challenges, including exposure to vivid descriptions of sexual violence and trauma." Marshall et al (1998) describe how "the treatment of... sexual offenders makes its own unique demands on therapists." They say that offenders "often present with a long history of manipulativeness, and their sexual offences are frequently characterised by devious strategies for setting up or grooming their victims." Salter (2004) talks about how they may not show remorse, or worse, may delight in the retelling of their crimes, or in the opportunity to target the therapist with their ability to deceive. For these reasons, self-care, both personally and professionally is of paramount importance for the offender therapist and the integrity of the work. Professionally, "countertransference issues must be addressed vigorously in supervision and ample time is provided after group for therapists to "decompress." Personally, therapists are encouraged to be "vigilant for signs of burnout" and "to protect against burnout" by pursing "activities that promote self-care" (Marshall, 1998). The personal self-care is ultimately up to the individual and the professional self-care is the responsibility of the sector as a collective. One feeds into the other.

Our self-care practices are the things that balm us in the work and facilitate our own growth and healing. Therapist self-care minds us, the client and the work.

In a personal sense, my idea of always seeing the human being behind the offending behaviour was put to the ultimate test when my loved one was assaulted. What I learned from it, was I needed far more robust self-care practices. Developing those, as I think, all therapists know, is a work in progress. Research on self-care of the offender therapist is not extensive and is on-going, but the benefits are clear. Our self-care practices are the things that balm us in the work and facilitate our own growth and healing. Therapist self-care

minds us, the client and the work.

"When we practice generating compassion, we can expect to experience the fear of our pain. Compassion practice is daring. It involves learning to relax and allow ourselves to move towards what scares us." (Brown, 2010)

Pam recently qualified as a Counsellor and Psychotherapist and is currently working towards accreditation in three placements: counselling adults in the Village Counselling Service, Tallaght, and young people in the VCS outreach in St. Michael's Youth Project, Inchicore and Deansrath Community College, Clondalkin. She is currently completing a Professional Certificate in Counselling Children in IICP, Tallaght and works with YAP Ireland as a youth advocate in the midlands, where she lives with her husband and two sons.

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Workshop Review

A HOLISTIC APPROACH TO ADDICTION

Presenter: Maura Russell
Reviewed by: Michelle Maguire
Date: 09/06/2012
Venue: St Michael's Family Life Centre, Sligo

This workshop was presented by Maura Russell who is a supervisor trainer that specialises in the field of Addiction and is a member of IAAAC, ICPC and IAHIP.

The workshop was attended by 25 participants.

Maura explained what addiction is:

- Reliance by an individual on a mood altering substance in expectation of a rewarding experience.
- Consistent and regular use of an addictive substance despite adverse consequences in any or all areas of the user's life.
- Created by: regular and consistent use of an addictive substance, which leads to physical dependency.
- Sustained by the emotional dependence on:
    - The high/buzz of taking the drug.
    - The release/relief of pain experienced
    - The fear of the feelings when not in a drugged state.

Dependence is further sustained by:

- Fear of the physical withdrawals
- Fear of feeling the feelings
- Fear of not being able to cope without drugs

Addiction is also driven and sustained by:

- Boredom.
- Peer pressure.
- Trauma, 50% of which is caused by childhood physical/sexual abuse.
- Social deprivation.
- Distressed family situation, inadequate and inconsistent care throughout childhood.

Maura shared an old Chinese proverb with us:

"A man takes a drink, the drink takes a drink; the drink takes the man."

Maura stated that it is the memory of the substance; take for example chocolate and its pleasurable experience that brings us back for more of the substance, e.g. chocolate.

Maura went on to explain that on a scale of 1-10 we are all addicted to something! Maura asked us to think of a substance that we liked and what feeling did it give us?

The most common substance that the participants enjoyed was tea/coffee and chocolate.

Then we were asked to think about what the substance gave us? Examples given were Mother, warmth, comfort, pleasure, soothing and many more. We were then asked to say; "I don't care if I ever have any more. E.g. chocolate. What I really want is… e.g. comfort. A mantra that can then be used is: "I bring complete acceptance to you, my desire for e.g. comfort, then I notice… then I feel…

Addiction camouflages vulnerability, helplessness and powerlessness. The client may not know how they will cope with these feelings.

The client may transfer their sense of powerlessness onto the Therapist. It is important to separate what part of it belongs to the client, to mirror back what it is and to enable the client to reflect to get this insight for themselves.

Maura felt that addiction comes up because of a denial of something else that is needed, e.g. comfort.

A possible question that a Therapist could ask a client as a way of helping the client to gain insight into their denied need "why is it so important for you to feel soothed/excited ? "

Maura felt that a good holistic approach would involve using an integration of cognitive behaviour therapy, information to help the client to make a choice, a reason to give up the substance, implementing mindfulness to help the client become aware.

Meditation and Acupuncture have been found to be helpful as

The person may need to withdraw from the substance safely under medical supervision.

The client will need to relearn how to be in a normal state of being through breath work, nourishment and connecting with people.

Overall I found the workshop informative and interesting and I would recommend it to any practising counsellor and psychotherapist.

POETRY

INTRODUCTION

As part of my studies for my Diploma I undertook a research assignment into the area of effective counselling interventions for survivors of Institutional Abuse. This research developed into a particular focus on Institutes that have become widely known as "The Magdalene Laundries". The nature of the research involved listening to and reading first hand accounts of the suffering of the survivors of these places and I was drawn to write both of these pieces as a way to both understand and articulate the emotions and experiences I felt.

"The Penitent" although a pejorative term to some survivors, attempts to tell the story of the brutality of not just violence, but of a silence and a cold disconnection from family, identity, compassion and any right to use your own name. A lot of women died whilst held in these places and were buried anonymously with the word "Penitent" marked on a simple headstone.

"The Light" was born out of my need to stay focussed on the purpose of my research. Many emotions were coming up for me during this project and I wrote this piece as a way of keeping focus on the survivor of these places. I placed a copy of this poem at the top of my ever-growing pile of research to ensure that it would be the last and first thing I read every time I worked on the project. I keep a copy of this poem on display in my private practice.

The Penitent

Say my name.
Say it so the silence hears it.
Say it so that the leering, sweated walls can hear it,
Then say it again so I can hear it.

I am the penitent.
The enemy of the state.
The question on a familiar conscience,
And still the fuel for every hushed village conversation.

But I am only a child.
And I am a woman.
And I am a mother,
Yet I am nobody.

All things taken from me with a blessed savagery.
In the name of charity.
In the guise of protection.
In the name of a penance.

Did you not whisper your lord's name in my ear as your belted, beatified fist redeemed my soul.
Did you not pray for my shop-soiled innocence as your angry razor removed my dignity.
Did you not stand any closer to your creator as you mocked my nakedness and my shame.
And did you not once, just once, see past your pains and passions and love me.

I am your daughter.
I am your sister.
I am your lover.
But I am none of these things, anymore.

The Light

I am the child that is frightened.
I am the cry never heard.
And I am the loneliest of wanderers.
Taken in, on a word.

I have a heart that's been stolen.
I have soul battered blue.
And I will struggle for reasons.
Sometimes, I won't make it through.

I have had a lifetime of questions.
The silence of crying at night.
How could they have trampled my innocence.
Why I never put up some fight.

But I have a brightness that's hidden.
It's safe from where a demon can see.
And if you can help seek that light out.
Then that's where I'll be.

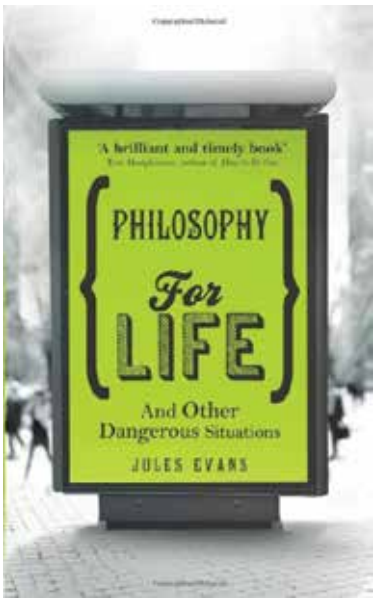
ABOUT THE AUTHOR

Luke Devlin is a graduate of the Institute of Integrative Counselling and Psychotherapy's Professional Diploma programme. He works from his private practice in Blessington, Co. Wicklow and also as a placement counsellor with The Village Counselling Service in Tallaght.

Book Review

Philosophy for Life and Other Dangerous Situations

By Jules Evans
Publisher: Rider Books U.K. 2012



There is no time for playing around. You have been retained by counsel for the unhappy. You have promised to bring help to the shipwrecked, the imprisoned, the sick, the needy, to those whose heads are under the poised axe. Where are you deflecting your attention? What are you doing? Seneca

The above quotation is the author's rallying cry of invitation to his dream school with a faculty that includes 12 of the greatest philosophers from the ancient world.

The book owes its genesis to the author finding himself as a young man diagnosed with social anxiety, depression and trauma, and who found relief by joining a self-help Cognitive Behaviour Therapy (CBT) group. In his first year at university he relates that "out of nowhere I was suddenly beset with panic attacks, mood swings, depression and anxiety I was a mess and I had no idea why". His dons recognised that there was something amiss but didn't seem to know what questions to ask. His academic work was excellent so Jules soldiered on. He graduated with a first and to "celebrate I had a nervous breakdown".

As a young graduate, he joined a self help Cognitive Behaviour Therapy (CBT) group using an audio tape one of their numbers had downloaded from the internet. Bearing in mind that focusing too narrowly on a person's thinking might ignore the environmental stressors that are harming them, he found the experience very useful for helping him to challenge his irrational beliefs about what others were thinking about him and which were leading to his becoming depressed. The ideas and techniques of CBT e.g. the Socratic self-questioning technique, reminded him of what little he knew about ancient Greek philosophy so in 2007 he set about exploring the antecedents of CBT and indeed other modern day psychotherapies born out of the wisdom of the ancient Greek philosophers.

The author does not describe himself as a philosopher but as a freelance journalist who is curious about how people apply the ideas of the ancient Greek philosophers in modern life. He interviewed soldiers, psychologists, gangsters, astronauts and anarchists and the book is not shy about telling us how the wisdom of the ancients can be used to help us live a good life but also how the same 'wisdom' can be used for political and cynical ends.

In researching this book Evans interviewed people from all walks of life with a view to finding out what influence if any the ancient philosophers have on their own theory or theories of how to live a good life. Included were Albert Ellis and Aaron Beck two of the founders of CBT. Albert Ellis told him that he had been particularly impressed by a saying of the Stoic philosopher Epictetus: 'men are disturbed not by things but by their opinions about them". This sentence inspired Ellis's ABC model of the emotions which is at the heart of CBT: we experience an event (A), then interpret it (B) and then feel an emotional response in line with our interpretation. Aaron Beck was also influenced by the Stoic philosophers and his reading of Plato's Republic.

The book is set out in the form of a one day class or workshop with 'a rowdy faculty that includes 12 of the greatest philosophers from the ancient world,

sharing their lessons in happiness, resilience and much more'. There are three questions for each philosophy:

1. What self-help techniques can we take from this philosophy and use in our lives?
2. Could we embrace this philosophy as a way of life?
3. Could this philosophy form the basis of a community or even a whole society?

The class starts of in the morning session with roll call and Socrates the headmaster of the school tells us why philosophy can help us and speak to our own age. We then learn about the Stoics such as Epictetus and Rufus. The word Stoics comes from the word stoa Poikile or 'painted colonnade' where the original Stoics gathered to teach their street philosophy to anyone who wanted to listen. As already mentioned above in regard to the principles of CBT - 'Stoics claimed that you could use your reason to 'overcome attachments or aversions to external conditions'. We then go on to learn about the Epicureans and the art of enjoying the moment, the Sceptics, the Mystics. The penultimate session is about politics and the most interesting class as far as I am concerned. I was particularly enlightened by the influence of ancient philosophy on modern politics.

Philosophy teaches us the art of psychotherapy which comes from the Greek 'taking care of our souls'. We do not achieve this sitting in an ivory tower or from the comfort of our armchairs. For the ancients by contrast philosophy was taught and practised in a gymnasium. Cleanthes the Stoic was a boxer and Plato was a famous wrestler. The ancients also journalled. At the end of the day the trainee philosopher wrote an account of their behaviour that day. They considered how they spent the day, what was done well and what they could do better. However Stoicism speaks to the intellect rather than also speaking to the emotions.

Plato suggested that we don't have one self but several. Like Freud one of our best known Renaissance philosophers our psyches are made up of different competing systems each with their own agenda. There is rational reflective system; a spirited or emotive system; and a basic system of physical appetites. There is a dynamic interplay between these structures each fighting for supremacy. Modern neuroscience and cognitive scientists also holds with this theory of competing impulses and systems. Contemporary psychologists like the Nobel laureate Daniel Kahneman suggest that we have 'dual processor' brains – an automatic system and a conscious-reflective system. But the latter is more energy intensive so we use it a lot less. But they agree with Plato that we can train our rational 'neo-mammalian' system to over-ride the other systems to enable us to make more rational decisions.

Unlike Plato Aristotle did not believe that philosophy was just for a Platonic elite but should be taught to every citizen. Well that is except women and children it seems. He did not consider we were up to it! However once I forgive him that I find he was and still is a very influential person. Like Freud 'Aristotle rests his ethics on a biological theory of human nature; he too suggests that our psyche has both a rational and irrational component'. However he also held that the psyche is also social, political and spiritual. Unlike the Stoics Aristotle didn't think that humans should use their rationality to completely conquer their irrational mind and free themselves from passions... our true happiness comes from fulfilling what is highest and best in our nature. Aristotle's political vision – that we all become philosopher-citizens - so that we can reason our way to the common good, according to Evans, asks a lot of us. 'At the moment that does not happen, only the Platonic elite run our society'. At the time of the Renaissance the Aristotelian philosophy was the official philosophy of the whole of Christendom. But "because it became the official philosophy of the Catholic Church, it calcified into religious dogma. If you disagreed with Aristotle you were a heretic, and would be burnt".

I would strongly recommend this book. It is a fount of information, well researched, well laid out, honest, and amusing. But it also caused a chill to run down my spine on reading about some of our modern day 'philosophical' movements e.g. the Landmark Forum and Positivism. Read it. See what you think, if nothing else as a former tutor of mine used say 'at least know your enemy'. No matter what school(s) of psychotherapy you align yourselves with as therapists you will find that the theorist(s) were standing on the shoulders of many of the ancient Greek philosophers. Having said that there is a least one or two of them who to-day would probably be diagnosed with a mental illness.

Maureen Raymond-McKay

Maureen Raymond-McKay is an accredited counsellor and psychotherapist with the IACP, email: maureenmckay.raymond@gmail.com

LETTERS TO THE EDITOR

Éisteach welcomes members' letters or emails. If you wish to have your say on either the contents of Éisteach or on an issue that concerns you or you feel strongly about, please send your views to:

e-mail: eisteach@iacp.ie or
Éisteach, IACP, 21 Dublin Road, Bray, Co Wicklow.

We hope the 'Letters to the Editor' section will become a regular feature in each edition of Éisteach. For that to happen we need your comments and views. We look forward to hearing from you.

INTEGRATIVE CBT: A response to Ursula O'Farrell's thoughts on Eoin Stephen's article

Dear Editors,

It was with some surprise that I read Ursula O'Farrell's rather unbalanced critique (Eisteach, Autumn 2012) of Eoin Stephens' article (Eisteach, Spring 2012) presenting a model of integrative CBT. She disputes that Stephens' approach could be both integrative and based on a "core theory of therapeutic change", positing an inherent contradiction within his proposed form of synthesis. O'Farrell does acknowledge "commonalities of skills and techniques", but warns that that a highly malleable approach would be at the expense of essential "consistency".

She propounds that "a therapist's choice of theory is based on her basic belief as to why people behave as they do, and how her own philosophy and value system fits into that theory". However, a counsellor's effectiveness might be limited if they are not prepared to have their "centre of volition shifted" (W. H. Auden, The Quest). If we are not receptive to all that a search "following unanticipated riverbeds" (Yalom, The Gift of Therapy, 2010, p.34) involves, is there not the following danger?

And when Truth met him and put out her hand
He clung in panic to his tall belief
And shrank away like an ill-treated child. (W. H. Auden, The Quest)

O'Farrell refers only to herself when cautioning, "I need to remain grounded within some theoretical framework, or I will spin like a weather-vane", but implies that it is undesirable for any counsellor's fundamental beliefs to be continually modified. Thus her meteorological image of chaotic response serves to caricature the mobility of a truly integrative and pluralistic approach. As Professor John McLeod has outlined, the client's perspective offers a means of mitigating potential confusion when assimilating diverse bodies of theory (Cooper and McLeod, 'Pluralism: Towards a New Paradigm for Therapy' Therapy Today, Vol. 21, Issue 9, Nov. 2010). Stephens should be applauded for incorporating "perspectives the client finds helpful [my italics]", a responsiveness consonant with Yalom's recommendation to "create a new therapy for each patient" (Yalom, 2010, pp.33-38).

In contrast to O'Farrell's rigid insistence on "consistency" there is an evolving theoretical edifice that sees no practical purpose for such cornerstones.

"With respect to counselling and psychotherapy, a pluralistic standpoint holds that a multiplicity of different models of psychological distress and change may be 'true' and that there is no need to try and reduce these into one, unified model." (Cooper and McLeod, 'A Pluralistic Framework for Counselling and Psychotherapy: Implications for Research' Counselling and Psychotherapy Research, 7 (3). pp. 135-143)

Moreover, clinging to a single "philosophy and value system" was not the vision of Carl Rogers, who believed that it is impossible not to find oneself altered by an immersion in the waters of another human being's perceptual and emotional reality. This is surely what he meant by the counsellor also being in process.

"When I am thus able to be in process, it is clear that there can be no closed system of beliefs, no unchanging set of principles which I hold." (Rogers, On Becoming a Person, 1979, p.27)

The modern therapist needs to be available in a manner that is adaptive and appropriate to diverse cultural milieux and numerous professionals are striving for a more reciprocal, reflexive and dynamic method. Exponents of more pluralistic approaches show a commendable willingness to incorporate the client's world, values and preferences into their thinking. To spin like a weather vane may not always be a pleasant experience - dizzying even, perhaps - but it is sometimes the only way to find the true direction of the wind. O'Farrell also misconstrues one of

Stephen's statements, objecting vociferously that counselling is "NEVER easy". Stephens had not said that it was. She then criticises his reference to empathy as a 'skill' before presenting a somewhat condescending lecture on this concept to an experienced CBT counsellor clearly in no need of one.

When therapists take part in the debate over possible directions for counselling it is vital that the old guard does not shoot them down. Furthermore, their meanings should not be so obviously distorted as was apparent in Ursula O'Farrell's letter. I greatly enjoyed O'Farrell's superb books on counselling, hence my surprise upon reading her comments.

Yours etc.,

RAMESH RAMSAHOYE
PRE-ACCREDITED MEMBER IACP

REPLY FROM URSULA O'FARRELL

Dear Editors,

I find it difficult to reply to this 'argumentum ad hominem' letter, where Ramesh Ramsahoye's theoretical responses are lost among a plethora of personal and hurtful comments such as 'unbalanced', 'condescending', 'obviously distorted', 'objecting vociferously', etc.

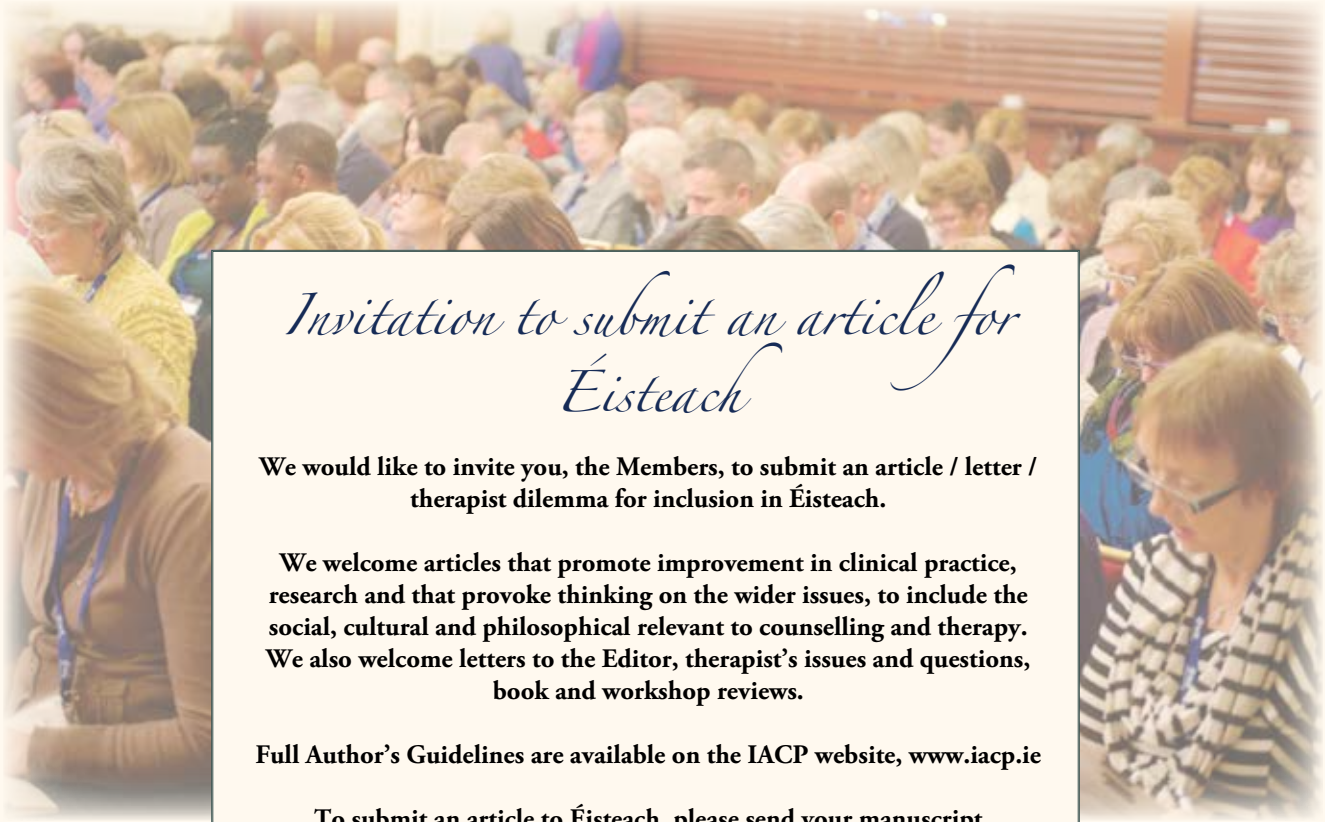
I would like to reassure Ramesh that my letter was in no way intended to be the 'old guard' shooting down other therapists, and I utterly refute that accusation. On the contrary, I had hoped to attract balanced comments perhaps leading to a dialogue about the future of the counselling profession.

In such a debate it is equally important to allow for, and be respectful of, professional differences of opinion – whether expressed from a place of experience gained through many years of research, teaching and publishing, or from a position with fewer years of experience.

It is said that attack is the best form of defence, and I truly regret that my comments appear to have caused such a defensive reaction. Is it Ramesh who is clinging 'in panic to his tall belief'?

Yours etc.,

URSULA O'FARRELL



Invitation to submit an article for Éisteach

We would like to invite you, the Members, to submit an article / letter / therapist dilemma for inclusion in Éisteach.

We welcome articles that promote improvement in clinical practice, research and that provoke thinking on the wider issues, to include the social, cultural and philosophical relevant to counselling and therapy. We also welcome letters to the Editor, therapist's issues and questions, book and workshop reviews.

Full Author's Guidelines are available on the IACP website, www.iacp.ie

To submit an article to Éisteach, please send your manuscript electronically by e-mail attachment to: deirdre@iacp.ie.

Therapist Dilemma

It may be a surprise to see the return of the **Therapist Dilemma** but here is why we have decided to bring it back. The editorial board introduced Chiron's Corner with the hope of encouraging more involvement from readers and to generate discussions about topical and relevant issues. Unfortunately this vision wasn't fully realised. Research with our readers showed that one of the main sections you enjoyed was our Therapist Dilemma. So it is now officially back by popular demand. Nonetheless, we are still eager for your involvement, your ideas and thoughts, and replies to these dilemmas. Let's hear about what you think about this particular scenario...

Dear Editor,

I have worked as a counsellor for a number of years. I provide individual counselling and until now have always felt confident in my ability to deal with any issue raised by a client, until recently that is.

I accepted a referral for a period of short term counselling; the presenting problem, I was told, was anxiety. I made contact with the client and arranged their first session.

The client arrived for the session. We looked at the issue of anxiety and the possible reasons the client might be experiencing anxiety. Throughout the session I found the client non-communicative. When I brought this up with the client they responded by saying they were concerned for their safety. The client said they did not get on with the police but did not go into detail. When I asked about the area they lived in and what support networks were available to them they were extremely vague. The session ended and another appointment was arranged.

Since then I reviewed the session and looked at the answers the client gave me. For reasons that are unclear to me I have become more and more apprehensive about our next meeting and am uncertain what to do. I am now becoming concerned for my own safety and cannot figure out the reason why. I have never found myself in a situation like this before and I don't know what to do...

Send your DIlemma and / or replies to this issue's Dilemma to:

Dialogue,
Éisteach,
21 Dublin Road,
Bray,
Co Wicklow or

eisteach@iacp.ie