



PCI College

Excellence & Innovation in Psychological Education

Established 1991

Reflections

2018

Alumni Journal

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Welcome to the Winter 2018 Edition of Reflections

As we find ourselves at the end of another fruitful year, I'm pleased to present to you this year's edition of Reflections. In this year's issue, you will find a broad range of topics that are of interest to all mental health practitioners and students-in-training. In addition to this, we acknowledge the hard work of recent graduands shortlisted for the Martin Kitterick Award - especially Suzanne Mitchell, winner of this award in 2018 - all of whom delivered outstanding thesis submissions in their final year for the BSc (Hons) in Counselling and Psychotherapy.

PCI College has had a prosperous 2018, with the continued recruitment onto our master's programmes, Addiction Counselling & Psychotherapy and Child & Adolescent Counselling & Psychotherapy. What's more, our BSc (Hons) Counselling & Psychotherapy, Certificate in Counselling & Psychotherapy, Continuing Professional Development, and Personal Development courses continued to go from strength to strength. One of PCI College's many goals is to develop

a network and training department to provide helping professionals with a means of expanding their knowledge and skill set, ensuring our students and alumni are continuing to be at the forefront of the field and a leader in their specialist area. So why not sign up to one of our Continuing Professional Development (CPD) courses in Spring 2019? In addition, PCI College has introduced a Sports and Social Club to bring together the team who work behind the scenes in head office. This year some of the team took time out to run a 5K team event to support and raise awareness of the PCI Counselling Service, a non-for-profit initiative of PCI College enabling placement opportunities for our students in a low-cost Counselling Service nationwide.

As you may be aware PCI College also hosts an annual National Conference in Counselling & Psychotherapy in June of each year, involving key speakers from across the globe to present on their areas of expertise. Last year's National Conference was a huge success, with it focusing





on 'Attachment'. It was held in Croke Park and attained the highest number of attendees we've experienced thus far. We are looking forward to our next conference on the 29th of June 2019, which once again takes place in Croke Park Conference Centre. This year's topic is Trauma. Keep an eye on our website and social media channels for news about the keynote speakers and ticket information in the New Year. Tickets will be selling out fast!

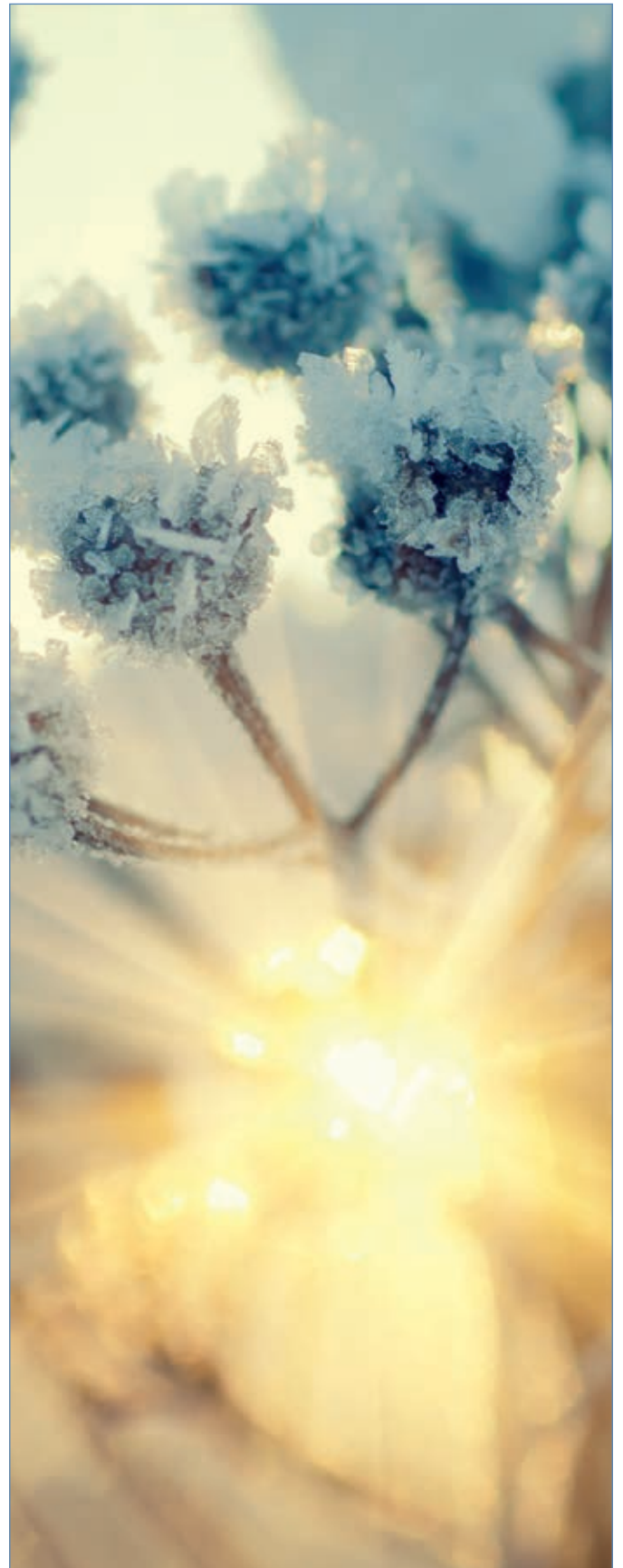
While PCI College has made great strides in 2018, let's not forget your own. Do not forget the sacrifices you have made, and the work you have put in, to be where you are today, whether that's practising as a counsellor or psychotherapist, or deciding to pursue part-time studies with us here at PCI College. For many of you, you will be aware of the difficulties of balancing study along with work and family commitments. You have come so very far, not only for yourself but for your families, friends and the people of Ireland who will seek you out in their time of need, when you qualify as a helping professional. Lastly, it is essential to remember that not everyone has the same experience during the Christmas period. For some, it is a time a joy, while for others it can evoke a sense of unease, worry or despair. Therefore, I would urge you to act with empathy and understanding at this time of year, doing your best to support and treat others as you yourself would like to be treated. Make sure to be good to yourself, and to others too – it is the time for giving after all.

I would like to take this opportunity to thank all in the PCI College community who have contributed to a very successful year. I wish everyone a relaxing break, and I hope you will be ready for an exciting and prosperous New Year!



**Rhiannon
Murphy**

PCI College Director



National Counselling & Psychotherapy Conference

Theme **TRAUMA**

Saturday 29th June 2019

Croke Park, Jones Road, Dublin 3

Early bird tickets available soon via www.pcicollege.ie



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Creativity and Spontaneity Within the Therapeutic Relationship

by Ramesh Ramsahoye

As counsellors working in an integrative manner, we draw from a wide range of therapeutic modalities and diverse bodies of theory, but whichever ways of understanding and intervening we favour (Cheston, 2000), as we progress towards unconscious competence (Burch, 1970s) in clinical work there will inevitably be an intuitive dimension to our practice. Such spontaneity within the scope of professional and ethical parameters can of course be linked to Carl Rogers' concept of congruence in which thoughts and feelings are shared transparently with the client, providing that this is "appropriate" (Rogers, 1995, p. 115). This free expression of our own being is arguably the product of the counsellor's own journey of personal development and integration. As Jung showed us, many conditions conspire to rob us of our natural inclinations and 'true self' as we cultivate various personas in order to be accepted in different social contexts, remarking that "one has only to observe a man rather closely, under varying conditions, to see that a change from one milieu to another brings about a striking alteration of personality" (quoted in Storr, 1998, p. 97). For Scott Peck (1987), the virtue of integrity



Théodore Géricault, The Artist in His Studio, oil on canvas, c. 1820, Musée du Louvre, Paris

(Principle 4 of the IACP Code of Ethics), results from personal psychological integration, characterizing "the highest mystical, wholistic form of individual functioning" (p. 234).

Fromm offers a solution to the crisis in which modern man finds himself via the individual rekindling his lost spontaneity, a capacity that arises from integration.

One premise for this spontaneity is the acceptance of the total personality and the elimination of the split between "reason" and "nature"; for only if man does not repress essential parts of his self, only if he has become transparent to himself, and only if the different spheres of life have reached a fundamental integration, is spontaneous activity possible. (Fromm, 2004, p.223)

For Fromm, the artist is a rare figure in modern society who both explores and realizes his spontaneity. He makes it his business to give form to his unique perceptions, feelings and impulses. It is for this reason that creative activity might be a beneficial tool for working with a client struggling with self-doubt as it gives value to their true self, deeming it worthy of artistic representation. Certain forms of abstract or improvised art open the door to spontaneous expression by recording and thereby giving meaning to every movement sparked by what is happening in the person. Their sense of themselves as an *unfolding* and a *being* can be enhanced by such activity. This type of free and expressive art is also good for people who are insecure about 'not being able to draw' or who



Jackson Pollock, Number 1, 1950 (Lavender Mist), 1950, oil on canvas, National Gallery of Art, Washington.

doubt their creativity, as it looks like something that anyone can do - for the simple reason that it is! After all, all children can draw, can they not?

To be able to act spontaneously is to be free to be oneself, and conversely:

The inability to act spontaneously, to express what one genuinely feels and thinks, and the resulting necessity to present a pseudo-self to the world, are the root of the feeling of inferiority and weakness.

(Fromm, 2004, p.225)

There is something else that happens when we make things. Our concentration becomes uniquely trance-like, different to any other human activity. In this state, when spontaneity can happen, we become aware of something flowing through us; it is if another force moves our hand. We may even feel the flow of the underground stream and sense the presence of God.

You are seeking to forge a creative alliance, artist-to-artist with the Great Creator. (Cameron, 1995, p.2)

As Frankl observed:

...in his creative work the artist is dependent on sources and resources deriving from the spiritual unconscious.

(Frankl, 2011, p. 43)



The artist Jackson Pollock at work

Being in touch with our creativity filters through to all aspects of our lives. It means being more fully oneself through the actualization of one's generative abilities and through the manifestation of all parts of our being. Our creativity also allows us to access our unconscious motivations and ideas, a bit like our dreams. Creative activity of any sort within the therapeutic setting and encouragement of similar endeavour in the client's life can thus be powerful interventions, especially when a person is feeling the debilitating pressure of the 'existential vacuum', which "...manifests itself mainly in a state of boredom" (Frankl, 2008, p.111).

Many of us sense we are more creative, but unable to effectively tap that creativity. Our dreams elude us. Our lives feel somehow flat. Often we have great ideas, wonderful dreams, but are unable to actualize them for ourselves. Sometimes we have specific creative longings we would love to be able to fulfil - learning to play the piano, painting, taking an acting class, or writing. Sometimes our goal is more diffuse. We hunger for what might be called creative living – an expended sense of our creativity in our business lives, in sharing with our children our spouse, our friends.

(Cameron, 1995, p.5)

Cameron's account of inspiration and artistic activity in terms of a spiritual relationship to God contains extremely useful insights about guilt as a block to creativity and progress in people's lives.

We come to recognize that God is unlimited in supply and that everyone has equal access. This begins to clear up guilt about having or getting too much.

(Cameron, 1995, p.92)



When we realize the creative potential within us, we acknowledge the same possibilities in other people. Envious criticism of our artistic efforts can likewise be resisted, for its origin is laid bare – a defence mechanism masking the extent to which another person has given up on these aspects of the self.

Unfortunately, our dislocation from our creative impulses, once as spontaneous as a heartbeat, is a harm done to us as children when we were first forced to learn by regiment.

Two ones are two
Two twos are four...

And so learning became a meaningless chant, often sung with no conceptual understanding of the quantities being described. You have to know that stuff, it's useful. But did we sing that song too soon, when our inquisitive eyes wanted to lead us somewhere else - to the drop of rain trickling down



Giotto di Bondone,
St Francis of Assisi Preaching to the Birds,
1295-1300, fresco, Upper Church, Assisi

the window pane and the chirpy little robin with crimson breast who had perched for a moment upon the ledge to say hello? As Maria Montessori stated many years ago:

We cannot know the consequences of suppressing a child's spontaneity when he is just beginning to be active. We may even suffocate life itself. That humanity which is revealed in all its intellectual splendour during the sweet and tender age of childhood should be respected with a kind of religious veneration. It is like the sun which appears at dawn or a flower just beginning to bloom.
(Montessori, 1992, p.52)

When the truth is so obvious and self-evident, it is not only perverse, but wicked, that to this day such insights do not guide many of those in charge of the education of children who must sit still in their chairs, or else! When we see adults who still have this natural curiosity fully alive within themselves we are in awe. A great example is the natural scientist David Attenborough. His infectious enthusiasm for the natural world is so compelling that we find ourselves spellbound by his soothing, velvety voice, which announces the real nature of his activity – for he is in love with the world. To learn about and to care




for is to love, be it plant or person. People like Sir David call us back to the lost world of our own childhood and hold up a torch illuminating the path to rediscovering what was stilled within us. They unveil the Great Deception for they show us that we are actually still in Eden, indeed we never left, and that we need only love the world and all living beings to find ourselves once more in paradise.

Is it not possible for us all to arrive at a state where:

The staid monotony of existence, that adult malaise vanishes and questions of childhood resurface [?].

(The comedian Robin Ince, writing about the scientist Richard Feynman who died of cancer in 1988, aged 69. Source: <http://www.bbc.co.uk/news/science-environment-11299244>)

Creativity not only enriches our lives by satisfying our child-like curiosities and energies, it opens the door to our spontaneous being. When this capacity is actualized it places man in his rightful place and in his true orientation to the cosmos as a supremely conscious being, to whom it has been given the task of deciphering the mysteries of the universe, and of himself. For this reason, this author maintains that creative expression and spontaneous thought in the counsellor form a crucial part of therapeutic intervention as they invite, and call into being, the same processes in the client. It is a great thing that almost 'anything goes' in the therapy room, for here we find, in our uncensored self, the words that failed us, the wit that eluded us, and the abandoned playfulness of the child within us, which can bring joy and humour to every activity we engage in and to all our interactions with our companions on this earth.



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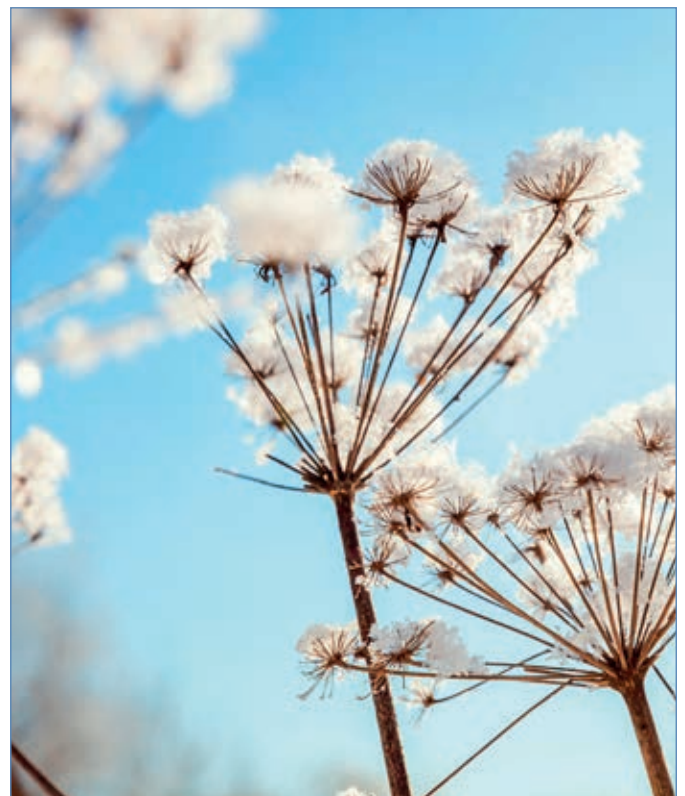
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Children & Trauma

by Siobhan Whyte

“What happens from the fetal period until two years of age creates the blueprint that influences every system from immunity to the expression and regulation of emotion, to nervous system resilience, communication, intelligence and self-regulatory for such basis as body temperature and hormone production” (Levine & Kline, 2006, p. 34).

The brain story

Our lower brains are similar to mammals but our higher brain functions, or frontal lobes are much larger than mammals. Our frontal lobes allow us to reason and solve problems. A child has not only one brain; but three brains, the rational brain, the mammalian brain and the reptilian brain. The rational brain, also known as the frontal lobe or the neo-cortex makes up eighty five percent of total brain mass. The neo-cortex enables a child to feel empathy, kindness, reason and problem solve. The majority of an infant’s brain is developed after birth which means that how we parent has a dramatic influence on the neo-cortex. The first years of a child’s life are the most important as ninety percent of the brain develops in the first five years of a child’s life (Sunderland, 2017). An emotionally attuned and regulated parent supports the development of new pathways in the child’s developing brain. It is comforting to know that according to psychoanalyst Winnicott we are not under pressure to get it all right; we just need to be good enough (Winnicott, 1971).

The impact of trauma on Children

What happens to children whose needs are not met and also experience neglect or are abused? Childhood trauma erodes a child’s sense of safety in their world. Severe childhood trauma can alter the genetic makeup of a baby and trauma during pregnancy can lead to a child being overly sensitive to life’s



stresses. In the past, before neuroscience was as advanced, it was commonly assumed that babies in the womb, young babies and children were not impacted by trauma and traumatic events (Van Der Kolk, 2014).

Children that experience trauma before they have developed the ability to communicate will store their trauma in their bodies. Memories before the acquisition of language are known as 'implicit'. Memories that are implicit cannot be verbally communicated by the child. This is because young children have no language to attach to their experience to help them make sense of their experience. The body will store the memory in its sensory system and they may experience a sensory flashback and re-experience the bodily feeling of immediate danger. Parents and carers often report that their child became dysregulated for no apparent reason. The child’s sensory memory can be triggered by a smell, a touch, a sound or by other reasons. Children can respond by fighting and acting out or by freezing and disassociating. Disassociation occurs when the mind and body separate and intolerable circumstances can be compartmentalised. The more frightening the experience for the child, the more susceptible the child is to disassociate. A baby or young child has not



had the opportunity to develop coping mechanisms and in the face of great adversity, a disconnection from life allows them to survive the impossible. Disassociation is a common response for children who experience repetitive devastating trauma. Children in danger operate from their reptilian brain; the part of their brain responsible for their survival. The reptilian brain is focussed on fight, flee or freeze. A child cannot flee so it is left with two options, to fight or freeze. When a child has experienced trauma they may become hyper-vigilant and experience potential danger even when they are safe, as their survival responses may not turn off.

How Children can express the effects of trauma:

Sense of Self

- *Poor sense of Self*
- *Impoverished view of the future*
- *Difficulty determining the difference between right and wrong*
- *Being fidgety*
- *Becoming over-excited very easily*
- *Being jumpy*
- *Constantly checking out their environment*

In Relationship:

- *Difficulties trusting others and making and keeping friends*
- *Difficulties understanding others feelings*
- *Being overly familiar*
- *Unable to trust and follow an adults lead in class*
- *Difficulties with eye contact and touch*
- *Being clingy*
- *Heightened sense of justice*

Learning environment:

- *Unable to cope with unexpected changes to their routine*
- *Organisational difficulties*
- *Unable to concentrate*
- *Difficulties with gross and fine motor skills*
- *Difficulties progressing in their academic learning* (Bomber, 2007, pg. 25)

Hope for the future

"Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering". (Levine & Kline, 2006, p. 3). Thankfully as a result of research, we are now aware that babies and young

children are impacted by stress and trauma. Interventions and supports are now available to parents and foster parents to ensure that the impact of trauma is not passed to the next generation. Insurance companies recognise the trauma a young child can experience as a result of a car collision. Judges are aware that foster children may be triggered by access to their biological parents if they have not received an intervention to support their recovery. While we still have a long road to travel in supporting the healing of childhood trauma; we are more aware and educated of the impact of trauma on babies and young children.



Siobhan Whyte

(MIACP)

Siobhan is a psychotherapist practicing in Ennis, Clare. She specialises in child psychotherapy in four national schools in Country Clare, and also works with the CARI Foundation in County Limerick. She is also trained in Filial Therapy and Theraplay. Theraplay teaches parents child-centred play therapy skills and they conduct the play session while I observe and give supportive feedback after the session.

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Working with Adults on the Autism/Asperger's Spectrum

by Eoin Stephens

Nearly 80% of ASD [Autism Spectrum Disorder] clients suffer from a mental health problem at some stage in their lives, 40% have symptoms of at least one anxiety disorder and 30% suffer from depression... To make matters worse however, many ASD adolescents and adults are undiagnosed and unrecognised. Their ASD is mislabelled by both therapist and family as a personality trait, "a bit ASD/OCD", "eccentric", "clumsy", "odd" "emotionally inexpressive" or "concrete thinking". It is now estimated that around 1% of the adult population has "undiagnosed ASD"... Placing this with the high incidence of mental health problems and you can come to only one conclusion: A sizeable minority of your clients will have problems relating to ASD.

http://www.skillsdevelopment.co.uk/tony_attwood_asd_london.shtml

The above quote certainly sums up my experience of working in private practice over the last few years. More and more of the adult clients I see (of varied ages) either:

- already identify as "on the spectrum" when they come to see me
- are wondering about it and want to explore further whether this might help make sense of some of their life struggles and mental health problems
- or simply present with Social Anxiety, Low Self-Esteem, Addictions, Depression, Relationship Problems, Anger Problems etc, and we uncover the possible relevance to them of the Autism "lens" as we work together.

So what are we talking about when we use terms like "autistic", "Asperger's syndrome", "on the spectrum"? Some of the current definitions and terminology come from the current 5th edition (2013) of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, which defines Autism Spectrum Disorder (in summary) using the following criteria:

- A. Persistent deficits in social communication & social interaction across multiple contexts (deficits in social-emotional reciprocity; in nonverbal communication; in developing, maintaining, and understanding relationships)*
- B. Restricted, repetitive patterns of behaviour, interests, or activities (Stereotyped or repetitive movements or speech; Insistence on sameness; Highly restricted, fixated interests; Hyper/hyporeactivity to sensory input)*
- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).*





This edition of the DSM dropped the widely-used term Asperger's Syndrome, as it is generally agreed that this term refers to the higher end of the Autistic Spectrum, and replaces it with the term "Autism Spectrum Disorder Level 1" (there are 2 more levels, each more severe in terms of the increased amount of external support the person needs in order to function in their life).

Autistic people are sometimes described as lacking "Theory of Mind", which is often interpreted as meaning that they have no empathy. And indeed, the original proponent of this view, the psychologist Simon Baron-Cohen, has used the terms "low empathising" and "high systemising" in describing the nature of the autistic mind. However, he has more recently clarified that there are two distinct components to empathy, i.e. cognitive empathy/theory of mind (being able to figure out and understand another person's perspective/feelings) and emotional/affective empathy (being concerned about/moved by the other person's perspective/feelings once they know about them). As is clarified in the article linked to below, the current view (held by most autistic people and by most professionals working in the field) is that the area of difficulty found in autism is in the cognitive empathic domain – which means in practice that people on the spectrum may be very concerned that they have offended someone, but have difficulty understanding why the person is offended.

<https://www.independent.co.uk/voices/autism-extreme-male-brain-theory-research-study-masculine-traits-a8631171.html>

In practice, "being on the spectrum" comes across as difficulty in processing social information in a "neurotypical" way, and as rigidity and intense focus. In other words, an autistic person can seem somewhat naive, tactless, nerdy, rigid about routines (sometimes mistaken for OCD), poor at "cop-on", oblivious to hints/social subtleties/atmosphere, poor at the "politics" of everyday life... Or, to take an alternative perspective suggested by many people who identify as autistic: they don't play games, are straightforward, mean what they say, see little point in small-talk or gossip, are very thorough, follow and enforce rules fairly...

Currently in my own practice about 1 in 10 of my clients would identify as autistic, and there are others who are exploring whether or not the Autism Spectrum framework is relevant in trying to understand themselves and their life problems. These clients (mostly male, but some female)

- Grew up feeling different, and to some extent are indeed different...
- Were often bullied, pressured, miscategorised...
- Often felt socially overwhelmed, awkward, lost...

...and ended up struggling, not surprisingly, with Anxiety Problems, (especially Social Anxiety), Low Self-Esteem, Depression, Anger Problems, Addictions, Relationship Problems, etc.

1 Some people on the spectrum prefer the term "person with autism", but many don't.



In the therapy setting, there are two main areas of therapeutic concern:

- Symptomatic issues, as listed above (anxiety, addiction, etc), which are often at least partly due to the adjustment difficulties arising from being neurologically/cognitively/behaviourally different from the norm, and on top of that are exacerbated by lack of awareness, acceptance and suitable support.
- Neurodevelopmental issues (the more fundamental differences/defects in social understanding, rigidity, etc). The big question here is who should be adjusting; the client, or the people/society around them. While Asperger's Syndrome was for a long time seen only as a disorder (a view which won't be helped by its being included under the DSM heading of Autism Spectrum Disorder), many now see it as more of a personality type, with both advantages and disadvantages. This view is part of the inclusive Neurodiversity movement (though the more severe levels of autism do fit more easily with the concept of disorder).

While many therapeutic approaches can be of relevance in working with autistic clients, CBT can often be an effective therapeutic fit, because:

- It can be relatively structured, has a clear, explicit rationale, and is scientifically grounded
- It has a strong emphasis on Psychoeducation, including in the areas of emotional awareness/expression and social skills
- It has a strong evidence base for being effective with the common presenting mental health issues listed above
- It offers techniques which can be learned and practiced in relation to managing specific problems, e.g. anxiety reduction etc
- It encourages practical behavioural experimentation between sessions

This will be a growing area of therapy in the coming years – the references below are a useful starting point.



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Eoin has more than 25 years of experience in the field of Counselling & Psychotherapy, providing leadership in such areas as Cognitive Behavioural Therapy, Addictive Behaviours, Sexual Addictions & Social Anxiety, as well as in Counselling & Psychotherapy Education.



Hope

by Deirdre Daly

On a beautiful summer's day in mid-July, thirty individuals awaited my arrival, twenty-one of whom had Parkinson's disease (P.D.). This is a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people, however, the youngest person in Ireland with diagnosed P.D. is only ten years old.

My mandate was to meet and talk with all present to ascertain the emotional needs of the group, in order to implement an effective wellbeing programme. I was armed with only a couple of slides and a prepared mantra on the benefits of counselling. Given that there were no projection facilities in the room, my first strategy was a flunk. Then, a man's shaking voice, filled with fear, anxiety, frustration, sadness, anger and hopelessness spoke for the entire group, *'we are only interested if you have the cure, talk about the cure'*. My mantra, gone too.

I had a new mandate: ascertain, listen and respond to the emotional needs of the group, no slides required just human psychological contact (Prouty, 1994). Like others with P.D. that I had met previously, the speaker had lost his own sense of identity and allowed himself to become Mr. Parkinson's. When he told me that his life felt *'f**ked and that all was lost'*, my response seemed to startle him; *'Yes, I can see that on some level you may believe that to be the case, like so many others who, lose themselves to Parkinson's, striving to find hope in the blind presence of anticipatory grief'*. We connected and he was to become my new client.

Anticipatory grief is a common grief reaction among individuals who are facing the eventual death of something cherished. The demise has not actually occurred yet, but it is anticipated and often the individual in grief does not feel there is hope or adequate intervention to change or prevent

the potential death from happening (Morgan, R, 2016). In the case of my client, his grief was concerned with an imagined life and about the future that he thought he had lost now. He felt P.D. would kill him. The diagnosis of Parkinson's had been extremely traumatic and, without little education on the disease, he thought he might become like Muhammad Ali (the great boxer who also had Parkinson's). He was now blinded by fear and grief and could not see how well his life really was in that present moment. Later he would describe himself to me as being *'that man who was caught in an abyss, a future that was a mere illusion keeping him crippled by anxiety and panic attacks'* He could see no way out.

A key aspect of progressing this individuals' emotional healing was to encourage an inborn hope to re-emerge. This was done by exploring the myths about P.D. that the client clutched, with an unrelenting grip, in the darkest crevice of his mind. The work focused on claiming back his own identity; he was not P.D., nor was he Muhammad Ali, and P.D. never killed anybody. He eventually challenged and swapped the old beliefs to create new thoughts, feelings and actions,





influencing a new navigational path in life with and through hope (Dweck, C. 2016). Part of that work was facilitating the client to be honest with himself and to go as far as he could in accepting the true reality of his life, looking at what he could still do and where he still could find enjoyment. This was opposed to continually committing himself to an exaggerated, distorted narrative created from fear. Together, we explored his cynical attitude to life, and how this had been a part of his personality ever before a P.D. diagnosis was given. The latter revelation was insightful and empowering for him, as he now realised that not everything about him was down to P.D. He had something to do with his own attitude and realising this was the beginning of working to change it. He did eventually change this. The more responsibility he charged himself with regarding his life, the greater the empowerment, purpose and meaning that was re-emerged into his life. He was now grounded in hope.

So what is hope? The writer assumes hope to be an innate drive with many aspects attached, but essentially its presence is the food of sustainability, unique to all. Without its presence in our lives, we run the risk of existing without purpose and meaning as we relinquish our dreams. Julie Nerass (2009), therapist and author, posits seven kinds of hope in an interview with Therese Brouchard;

1. inborn hope
2. chosen hope
3. borrowed hope
4. bargainer's hope
5. unrealistic hope
6. false hope
7. mature hope

For the therapist that works with anticipatory grief, re-acquainting individuals with inborn hope is essential. Sometimes it's about lending out hope to the client in the holding environment of the therapeutic alliance until they muster it up for themselves. Hope is not experienced in the same way for everybody, as each of us is unique, and we all hope for different things. At times it is necessary to reflect on how this hopeful drive lives, thrives, stays silent and presents itself in one's being. In my opinion, innate, inborn hope is at the core of our humanness. It is there to support one to cope with life's problematic issues, it is the basic disposition for most children growing up. Hope is magical faith, only to



become undermined when adults do something to dwarf its presence in us. When we struggle with faith's existence, it is because its light has been dulled and we become distrustful of our abilities, our worth or of anything positive changing in our earthly existence. We can give up on hope, but it is my conviction from experience that hope never gives up on us, we just need to reconnect to its essence. When dulled, we require support to find courage to access it again and to trust it never really goes away. It is innate in all of us, allowing for us all to dream and move towards change.



Why do we need hope in our lives? Martin Seligman (2018), likened it's presence to optimism and future-mindedness and saw these constructs as part of the human strength in the present moment, utilised to create a positive stance toward the future. From the writer's view point and from her experience working with clients who have neurological disorders, living without hope can become an existence of dysfunction, plagued with ailment and mental discomfort, even leading to premature death. Without hope there is fear and a distortion of reality, almost a paralysis in movement outside of self.

Carl Rogers (1959), writing extensively about person centred therapy, believed that all human beings have an actualisation tendency, an innate motivation to live and achieve to our full potential, regardless of what life may present to us. If hope fails to actualise itself in me as a person, this can lead to despair and a lack of prosperity in my health and wellbeing. Eric Erikson in 1964, suggested, that hope is an idea that permits an individual movement toward a goal. Therefore, if no hope seems to exist or if the hope that does exist becomes stifled in some way, there is no motivation to reach out or move towards anything meaningful. Even movement towards our own well-being is left stifled. In such

cases, I have seen individuals grieve morbidly, be sad and depressed, which leads to suicidal ideation. Ultimately human sense of agency is corrupted (Deci & Ryan). When the latter happens, human ability to be autonomous and competent in the natural environment is also compromised, left without purpose or meaning. 'Agency' is a motivational force that can be likened to Roger's actualisation tendency and the driving force of hope. All innate, instinctive forces that can manifest, present within the human condition to heal, grow, overcome and progress in life, regardless of what circumstances we may find within ourselves (Thorne 2002). J.J. Godfreys' posits in his book (A philosophy of human hope) that hope can only exist in the face of despair as a way of coping. What an interesting idea, similar to Lord Byron in his Diary 1821, when he remarked '*what hope is there without a deep leaven of fear*' (P.90).

So then, when I turned up to meet the group mentioned earlier, I may have assumed the correct action to explore and challenge the presenting despair from the man who had P.D. The despair, an innate drive, is the gateway to revealing hope. Failing to challenge the individual would be failing to call upon the purpose of his despair, renegeing on an opportunity for self-empowerment and fulfilment.





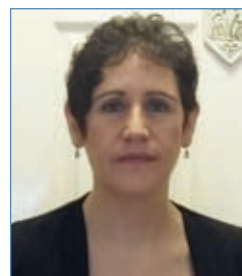
Hope then is both a cognition and an emotion. Through the exploration and time given to emotional states of despair, anxiety or anticipatory grief, hope can reveal itself and reignite presence in the client, to live for today, in earnest of tomorrow and, in my client's case, to become free of panic attacks. Now hope is an emotional self-regulatory control mechanism, allowing one to oscillate healthily between emotional states (especially in grief), accept what is lost, but also accept and live fully within what is not lost in the present moment. The author is reminded of William Wordsworth and his words in 'The Prelude' as he wrote 'Man is only weak through his mistrust and want of hope!'

In conclusion hope is likened to a motivational drive, an actualizational tendency to do, strive towards and overcome. When seemingly absent or dulled in the client from the mind and in emotion, the therapist lends out hope until such time as the client can reconnect with a sense of inborn hope. This hope can be found in feelings of perceived dysfunction and despair and committing to an exploration of the latter, may present a navigational path or gateway to the essence of inborn hope in self. Once reconnected, one is open to empowerment, finding personal sustainability, even joy in a life lived in the presence of now, alongside dreams for the future.



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Deirdre Daly

(MIACP)

Deirdre is an experienced Lecturer on Certificate and Degree Programmes at College and University Level in the field of Psychology, Counselling and Psychotherapy. She designs and delivers tailor-made workshops for various public and private customers based on client needs. As an accredited therapist, she is trained and experienced in working with various behaviours including sexual addiction, trauma, personality issues, grief and loss.



Trauma - A New Paradigm

by Brendan McKiernan

Recently, I heard a comment on the radio that we are the first generation in our history to know that we are destroying our planet and we are the last one which will be able to do anything about it. I believe this statement to be true, however, equally true—and I believe as a precondition to us being able to save our planet—is the statement that we are the first generation to fully realise the impact psychological trauma has on our capacity to collaborate as human beings and the last generation which will be able to do something about it. If this is the case, it is imperative we put these learnings into practise in order for us to move to a place where we can work together as a species to avoid the global crisis which is fast approaching.

The knowledge that is now available to us has been made possible by the development of fMRIs in the 80s. They allow us for the first time to see the brain in real time and to see the impact on the nervous system of being psychologically overwhelmed, both in the short and in the long term. This knowledge has been supported by research such as the Adverse Childhood Experiences (ACE) study (Dube et al., 2001), which clearly shows the link between childhood trauma and mental health and substance abuse. Consequently, SAMHSA (Substance Abuse and Mental Health Services Administration) has concluded that psychological trauma does not apply to a small percentage of the population, but to the vast majority of clients who present for treatment (Jennings, 2004). I would go one step further and say that at this time in our evolution, psychological trauma determines how we relate to each other as a species, and as importantly, how we relate to our environment.

The development of fMRIs has facilitated the development of new theories which explain more clearly how we regulate

our nervous system. To me, the most significant theory in this respect is the polyvagal theory developed by Stephen Porges (2001). The polyvagal theory states that the primary way available to us as human beings to regulate our emotions is safe contact with other human beings. If we are or if we feel in safe contact with other human beings, we can connect fully with the capacities of our prefrontal cortex, be conscious of and integrate the information coming from our bodies and empathise with other living beings. Porges describes this state as one of social engagement. When we lose that sense of safety (or indeed if we never experience it) we move into activation of our sympathetic nervous system, see potential threats in the environment, and look to prioritise our self-protection.

If we look at how society has changed over the last 100 years, or more specifically since the industrial revolution, it is not unreasonable to say that it has become more unsafe. While at a superficial level the majority of the world has been materially better off, as a society we have become more alienated from each other, more focused on the accumulation of material wealth and less focused on the development of community. Symptoms of this can be seen in the increase in the diagnoses of mental health conditions, the use of psychotropic medication, the increase in addictive behaviour, and in particular the deterioration in the mental health of our children. Unfortunately, this deterioration is happening at an accelerating rate. John Bowlby talked about us having needs as human beings that we can only get met by other human beings. Unfortunately, due primarily to the symptoms of psychological trauma, we are losing the capacity to do so and as a result are more and more looking to escape our needs by engaging in addictive or neurotic behaviours.



I believe this process has been accelerated by the fear generated by the profound deterioration in our environment and the collapse of institutions which we would previously have associated with safety and security such as the church, financial and political institutions, and most importantly, the family.

One interesting take on this is presented by Iain McGilchrist (2009) who tracks the pendulation throughout history of the relative dominance of the different hemispheres of the brain. His hypothesis is that since the industrial revolution the left hemisphere of the brain has become increasingly dominant. The left hemisphere is the part of the brain which focuses on analysis and on man-made or inanimate phenomena. The right hemisphere, on the other hand, focuses on our sensory and direct experience of our environment, and most importantly, on each other. Interestingly, the right hemisphere is the part of the brain which becomes activated when trauma is triggered and goes offline when we become overwhelmed. It is also the hemisphere that is most activated when we are socially engaged. McGilchrist points to the significant increase in disorders of the left hemisphere such as autism and schizophrenia as evidence of this trend. The behaviour of people with their mobile phones and computer games is an obvious sign of what McGilchrist is talking about.

Despite an overwhelming body of evidence to support us putting trauma to the forefront when we are looking at

mental health, there is huge resistance to its acceptance. An example of this is the resistance by the American Psychiatric Association to accept a diagnosis of complex trauma into the DSM-5. The dominant discourse of mental illness as pathology as opposed to adaptive responses to psychological overwhelm reflects significant vested interests with considerable amounts of financial and political power. In my opinion, it is vitally important that this dominant discourse is challenged by the evidence.

My concern in relation to the acceptance of the need for the conditions of social engagement to exist in order for us to tackle the issues we are being faced with is that the very nature of the global threats we are facing is that they create fear. And with fear and lack of safety, as outlined above, we have diminished capacity to gain perspective. As fear begins to dominate we move out of the prefrontal cortex and into more primitive regions of the brain. Our ability to develop complex maps of the world is diminished. I believe a good example of this is the recent rise in populism worldwide. As we become more aware of the threats we are facing as a species and as the institutions we previously relied on to provide safety crumble, we become more frightened and as a consequence more susceptible to the false promises of the populists. This picture looks quite bleak and in truth it is. I take some solace, however, from the fact that most major shifts in human consciousness happen when we are faced by a crisis we cannot solve with our existing resources. Crisis



imposes a discipline on us to live our lives in a way we should live it in the first place.

In my opinion, we need to do everything we can to grow the conversation. The more conscious we are of the heart of the problem we face, the more we can begin to bring about the conditions for change. The good news is that should we move towards consensus regarding how to solve the problem, infrastructurally we have never been better placed to bring this solution into effect.

In my opinion, three changes which are fundamental to bringing about the required change in consciousness are:

1. We need to see how we operate as a species through the lens of psychological trauma. In particular, we need to see the message at the heart of the polyvagal theory, namely that we can only thrive as a species when we are in safe relationship with each other. Win/lose strategies no longer serve us. They activate the part of our neurobiology which ultimately is self-destructive.
2. We need to heal the mind/body split which is at the heart of the move into the left hemisphere of the brain. This split is pervasive within society, including academia, and is reflected in our preoccupation with virtual as opposed to actual reality.
3. All training in relation to mental health and education in particular should include as a fundamental part an understanding of **neurobiology, the importance of safety and emotional regulation**, and of developing and teaching interventions to improve society's capacity to regulate activation.

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Brendan McKiernan

Brendan is a registered Family Therapist and Somatic Experiencing practitioner. As part of Brendan's work as a Family Therapist he works with individuals who are dealing with the impact of psychological trauma, both complex and related to a specific event. In addition to his private practise, Brendan is currently engaged as an assistant teacher in Somatic Experiencing trainings in both Spain, Scotland and England. Somatic Experiencing is an evidence-based, body-orientated approach to trauma which focuses on working with the impact of trauma on the nervous system.

In addition to this work, Brendan is a registered family therapist and clinical supervisor. He has lectured on the PCI MSc in Family Therapeutic Skills. Previously Brendan was director of Keltoi, an HSE residential rehabilitation facility for addiction and trauma. He is currently in private practise in Bray, Co, Wicklow and Stillorgan, Co, Dublin.



STAFF PROFILE

Paul Hayes

Dr Paul Hayes is a Senior Counselling Psychologist, a chartered member of the Psychological Society of Ireland, and works with the Health Service Executive in adult mental health. He first entered the world of psychology 20 years ago when he undertook undergraduate studies in psychology in University College Dublin. Although captivated by much of the field of psychology, it would be a few years before he considered developing skills to work with people therapeutically.

He pursued a Masters in Addiction Studies in Dublin Business School of Arts in 2004. Despite the course being centred on psychoanalytic approaches to treatment, Paul also developed an interest in evidence-based person-centred models. After completing training in Motivational Interviewing (MI), he worked for several years in a residential setting specifically designed with a person-centred ethos at its core. During this period, Paul gained Addiction Counsellors of Ireland (ACI) accreditation and became a Motivational Interviewing Network of Trainers (MINT) member at a training course in Spain in 2009. He was also inspired in this post by the breadth of skills which his counselling psychology colleagues displayed and decided to apply for the Doctorate in Counselling Psychology in Trinity College Dublin in 2009.

Counselling psychology is a specialised approach in the helping professions that emphasizes a highly personalized but rigorous approach to bridging the gap between scientific research and practice. Its underpinning values are shared by those of humanistic, existential, and psychodynamic

schools, and demands a high degree of personal reflection and development. Despite the inherent challenges, Dr Hayes is a firm believer that clinicians should undergo the same therapeutic journey during training that they expect of their clients.

Paul's work brought him to a variety of well-known residential addiction treatment settings, where he worked for 10 years. In some settings, he specialised in developing group and family system interventions. He has long been fascinated by the efficacy of group therapeutic factors and their intrinsic healing potential.

The MI trainings that Dr Hayes has delivered have allowed him to meet many people from a wide variety of helping professions, including nursing, psychiatric, psychotherapy, and student counselling.

Paul has more recently worked in primary care psychology, inpatient adolescent mental health setting, and psycho-oncology, before taking up his current role with the HSE. Although primarily regarding himself as a practitioner, Paul enjoys the diversity that a career in counselling allows, including assessment, managing, supervising, research, and training early career counsellors and psychotherapists. Identifying mostly with humanistic and integrative psychotherapeutic approaches, Paul has trained extensively in empirically supported process-experiential therapy (Emotion Focused Therapy). However, as a pluralist, he believes there are many valid of responding to distress and suffering.



Dr Hayes was delighted to join PCI College in 2017, where his role includes lecturing and research supervision. He delivers modules on the BSc. (Hons) Counselling and Psychotherapy and the MSc. Addiction Counselling and Psychotherapy programmes. He also provides dissertation research supervision for students undertaking the MSc. Child and Adolescent Counselling and Psychotherapeutic Skills.

Besides his work responsibilities, Paul co-founded the Addiction Psychology Special Interest Group in the Psychological Society of Ireland. The group hopes to advocate for more psychological therapies in addiction and dual diagnosis treatment in Ireland, and to encourage evidence-based practices. Outside of work, Paul can be found escaping to the mountains on his bike during the summer or plunging into the sea for wild swimming at any time of year.



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Graduation Day

For The Class of 2018

On Friday the 23rd November 2018 PCI College welcomed its graduating Class of 2018 to St. Ann's Church, Dawson Street, in Dublin 2. This year we were joined by 149 graduands, who along with their family and friends were welcomed to the ceremony by our Year 2 Head of BSc (Hons) Counselling and Psychotherapy, Colm Early, who opened the proceedings.

Gael Kilduff, our Acting Programme Leader of the BSc Counselling and Psychotherapy, gave an inspiring welcoming address during which she congratulated the graduates on their achievements while exploring the reasons why and how the graduates succeeded in their studies. Following this, David Westley, Middlesex University's link tutor for PCI College, delivered a rousing speech for the graduates that had the goal of preparing them for their future careers.

PCI College Academic Director, Rose Bedford, gave the congratulatory address to graduands. In this speech, Rose acknowledged the hard work that they had each put into their studies to reach this point. Rose also reminded them that learning is forever on-going.

Following the staff procession which signalled the end of the ceremony, the graduates and their family and friends were invited to enjoy some refreshments in 37 Dawson St.

A huge congratulations to all our graduates.





The Martin Kitterick Award

The Martin Kitterick Award, presented annually since 2013, recognises the achievement of the student whose final year thesis is deemed to be of outstanding academic quality and adds significantly to the body of professional research and knowledge in the field of counselling and psychotherapy. The Award is in memory of the late Martin Kitterick, former director of PCI College.



The winner of this year's Martin Kitterick Award Suzanne Mitchell for her propositional essay entitled "What harm? A case for increasing focus on negative effects of counselling and psychotherapy in counsellor training programmes".

The Full essay can be found on our website

There were two students who were also shortlisted for this year's awards for their propositional essays.

Anne Marie Murphy:

"When trauma histories are compounded by alcoholic parents, families and homes: the unique and challenging context of therapeutic intervention for adult children of alcoholics".

[Read in full here.](#)

Sarah McDermott:

"Class & Counselling"

[Read in full here.](#)

IACP Accreditation for PCI Graduates

Congratulations to all the PCI College graduates who gained their IACP accreditation this year:

First Time Accreditation

Aideen Cudmore	Co. Kilkenny
Brid McGowan Smyth	Co. Meath
Christine Doyle	Co. Wexford
David Kavanagh	Co. Meath
Deirdre McGill	Co. Kildare
Edwina Deenihan	Co. Cork
Erney Breytenbach	Co. Kildare
Evelyn Griffith	Dublin 15
Helen Coe	Co. Kildare
Joyce Gallagher	Co. Louth
Kaylene Petersen	Co. Kilkenny

Margaret Lenihan	Co. Cork
Mary Margaret Friel	Co. Donegal
Oonagh Hogan	Co. Tipperary
Patrick Cahill	Dublin 15
Pauline Heffernan	Co. Cork
Philip Moore	Dublin 14
Raymond Tonge	Co. Kildare
Sarah Jane Jones	Co. Wicklow
Sharon Moran	Co. Dublin
Teresa Sheahan	Co. Limerick



Irish Association for Counselling and Psychotherapy



News and Moves

Jade Lawless Elected to IACP Board

PCI College is pleased to announce that Jade Lawless, Head of Counselling & Psychotherapy, has been elected as a member of the Board of the Irish Association of Counselling & Psychotherapy (IACP).

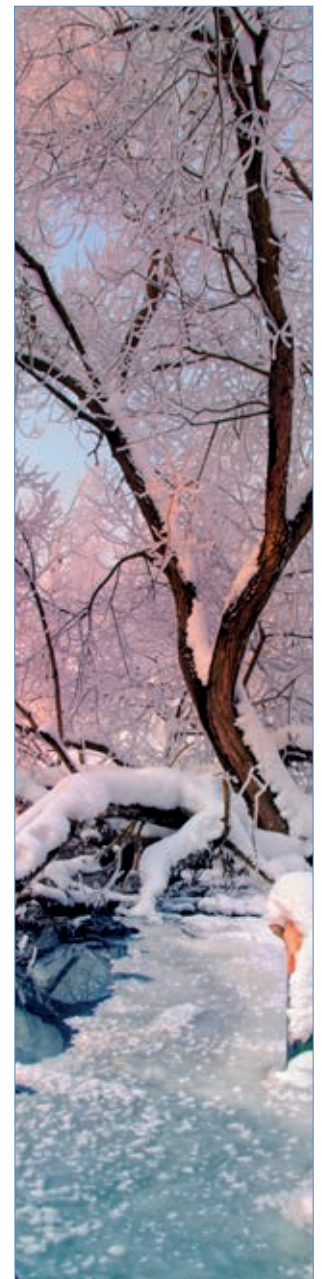
Jade was elected during the IACP's Annual General Meeting this October. The IACP's AGM is the main forum for members of the IACP, and it enables members to express their opinions and to be present when their representatives are being voted onto the Board of Directors. The AGM also allows members to remain fully informed on current policies, standards and activities, and network with colleagues and fellow members.

Jade is the Head of Counselling and Psychotherapy programmes in PCI College and is also a Chartered Counselling Psychologist and an accredited member of the IACP. Jade has experience working in a number of areas, with a particular interest in autism in relation to psychotherapeutic supports, knowledge and psychoeducation available for parents and carers of children who have a diagnosis of autism. Jade is also interested in the relational aspects of therapeutic work and has a growing interest in working with children in care.

PCI College would like to congratulate Jade, along with all other Board members on their recent election onto the IACP Board of Directors. PCI College has every confidence that Jade will act with the integrity and passion that she has shown throughout her years at PCI College.

Farewell Krzysztof

After several years with the college, we bid farewell to Krzysztof Kielkiewicz in September 2018 as he returned to Poland with his family. During his time at PCI College, Krzysztof was a faculty lecturer, a module leader for Psychotherapy & Science: Psychology, Psychiatry & Cognitive Behavioural Therapy, and a second year Core Tutor. Krzysztof will continue to teach of the BSc (Hons) Counselling & Psychotherapy course during the year. We would like to wish Krzysztof and his family the best of luck in their future endeavours in their home country, and already look forward to seeing him again when he returns to Ireland!





Welcome Carol

In June 2018, the Marketing Department at PCI College grew by one with the welcome addition of Carolina Cirillo. Carol joins the Marketing Department as Marketing Executive. Carol is a talented and experienced marketer who is bustling with ideas for new and exciting strategies and ways to communicate with our students, new and old. She previously worked as a consultant with Deloitte, and is currently enrolled on a Master's degree in Digital Marketing at Trinity College. Carol likes coffee and small dogs. At the weekends, she fills her time with completing her college assignments, socialising with friends, and taking strolls in the Wicklow mountains.

National Counselling Society Award Certificate Course Prestigious Status

PCI College is delighted to announce that its in-class Certificate in Counselling & Psychotherapy has become the first foundation course of its kind in the Republic of Ireland to receive 'Quality Checked Training' status from the **National Counselling Society (NCS)**. This means that the NCS, who are based in the UK, have extensively reviewed and approved the course's content and delivery, deeming it to be worthy of their high standards. This comes after lengthy collaboration between Programme Leader Simon Forsyth and the NCS and reflects the course's excellence.

The National Counselling Society was established in 1999 and plays an important role within the profession of counselling in the UK. Their ethos is that counselling is a unique vocation and that this should be reflected in all related policies. They act to protect counselling from inappropriate regulation if they feel it could harm the work of counsellors and the diversity, creativity and range of training options that currently exist within the profession. For more information, please visit the Society's website here: <https://www.nationalcounsellingsociety.org/about-us/>

A Quality Checked course is a shorter or more specialised course which does not in itself provide a route to the NCS's Register, but which offers valuable experience in the field of counselling and psychotherapy.

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Cork Education Support Centre, The Rectory, Western Road, Cork, Co. Cork

Mary Immaculate College, South Circular Road, Limerick, Co. Limerick

Butler House, 16 Patrick Street, Kilkenny, Co. Kilkenny

Inspire, Lombard House, 10-20 Lombard Street, Belfast BT1 1RD

*Please note that this status does not currently apply to the **Blended Learning Certificate in Counselling & Psychotherapy**, but an application for recognition of this course is underway. Current students and future graduates of the Certificate in Counselling & Psychotherapy course may register with the NCS. The current yearly fee for individual membership is £100. However, PCI College students will not have to pay the £40 joining fee that applicants from non-recognised courses must pay. Application forms are available via the PCI College website.*



Venue Accreditation

Earlier this year, PCI College successfully had the Limerick Weekend, Cork Weekend, and Drumcondra Weekday BSc (Hons.) Counselling & Psychotherapy courses accredited by the IACP. After working closely with the IACP (Irish Association for Counselling & Psychotherapy) for many months the college is delighted to have received this recognition for the BSc (Hons.) Counselling & Psychotherapy courses in these centres which are now fully accredited by the IACP until 2024. The news of accreditation for the course and venues is just the latest in the line of new accreditation taking place at PCI College venues across Ireland and should continue in the coming months.

Of the college's big announcement, Programme Leader Gael Kilduff said "We're very happy to have successfully reached an agreement with the IACP, ensuring that we can offer prospective students a fully accredited course well into the future. This guarantees that students attending this course meet all the requirements of the IACP, Ireland's largest regulator of counselling and psychotherapy. We look forward to working closely with the IACP over the next few months as we continue the journey to BSc (Hons) accreditation for all of our remaining centres". The IACP noted that "the core staff demonstrated confidence in their ability to provide a well-organised degree level course. Emphasis was laid on the importance of student progress meetings with ongoing support for students on their academic journey. "

A key factor in PCI College seeking accreditation with the IACP is the incoming changes to counselling and psychotherapy regulation, laid out by Minister for Health Simon Harris in 2016. These changes seek to regulate the profession, ensuring that the public will have access to a pool of counsellors who have been adequately trained and are thus fully qualified to deal with any client issues. Up until recently, the IACP only accredited Diploma-level courses. However, following Minister Harris' announcement, a move has been made to increase their range of course accreditation. PCI College is pleased to be one of the first education providers in Ireland to successfully have their accreditation upgraded to degree level by the IACP. In the interest of providing both robust qualifications for students, and fully capable counsellors and psychotherapists for the public, PCI College is fully committed to working closely with the IACP in the future. PCI College expects more news of accreditation for the college's remaining venues in the coming months.



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