Welcome to the Summer 2016 Edition of Reflections by Rhiannon Murphy

National Counselling & Psychotherapy Conference
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News & Moves
In this edition I’d like to reflect back over the academic year and look at the topic of ‘Change’. What is change? What does it mean to us? And how can we learn to adapt and overcome the challenges that may face us on a daily basis.

The definition of ‘Change’ as a noun, is ‘an act or process through which something becomes different’. This seems simple enough and not too threatening; the idea that something may become different, but how do we as individuals react to this? This may depend on a number of elements, what is happening in our lives, how busy are we, do we feel overwhelmed with the tasks ahead of us or are we in a place where we feel relaxed, open, and adaptable?

PCI College has recently had a number of changes within the organisation which has affected staff, students and the wider experience of all. Many of you are aware some of these key changes have been our move in Dublin City Centre to College House and Eoin Stephens move from College President to PCI College Lecturer & Programme Leader of the new PG Certificate in Addiction Counselling currently under development.

Although these changes have brought new challenges to the College and raised a number of questions from those wanting to know the details of why and what does this mean, sometimes there is a simple answer; external influences, changes in life and evolution. Change does not mean
negativity, although this may make people feel that have lost control over their environment; change is key to growth, development and new learning.

What can we learn from dealing with these changes? Is there anything we could have done to influence decisions, should we even try to influence others for our own interests or are we open to allowing life to provide its ever changing and challenging scenarios?

As trainee Counsellors and Psychotherapists you will be aware of the different ways people react to change and the outcomes that can manifest themselves. There are some whom the ability to be resilient and sway like bamboo with change is a natural gift. Where for others they may feel the loss of control or question the world and all decisions that may influence their own lives. There is no correct way to react to change, we are all different and all behave differently, however as humans we have one key ability that other organisms do not.

Humans can adapt, change, learn, process and develop techniques to assist with the challenges that are presented to us. We are the strongest of our species on the planet, not physically but mentally. We have the ability within our cognitive function to invent, research, discover and move forward.

‘It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one most adaptable to change.’ (Possible Charles Darwin quote, divided opinion)

So although some changes within PCI College may be outside of our control, it is how we react to these changes and what decisions we make to embrace the new and look forward which is important.

As part of these developments we welcome a new member to the team; Rose Bedford to the role of Academic Director, under which Rose will be providing support and leadership in academic strategic development, standards and practices along with a number of other keys areas. (More information in ‘News & Moves’).

In an ever changing world where individualism, openness and honesty is becoming easier for people with social media and personal freedom, our National Psychotherapy Conference topic this year is ‘Working with Sexual Issues in Therapy: Opening Minds and Developing Skills’ will be held at the Gibson Hotel on Saturday the 18th of June 2016.

We have an exciting international line-up of guest speakers including, Dr. Stephanie Buehler from the USA, Eoin Stephens, PCI College lecturer, Dr. Olga Cox Cameron from Ireland and Dr. Jo Woodiwiss from the UK. For more detailed information please read Antoinette Stanbridge’s article on page 5 and book online at www.pcicollege.ie

I would like to take the opportunity to thank you for reading this introduction and hope you will reflect on the topic and ponder over how you will face the challenges and changes in today’s society and how will you support your clients in dealing with their own challenges and changes that present themselves.

I’d also like to formally thank all our staff, lecturers and students who have participated and contributed to another successful year at PCI College and thank you for bearing with us during our recent adjustments. I wish everyone a relaxing break across the summer and good luck to those busy working away on their proposition essays.

Here’s to looking forward to the beginning of our next academic year, continuing our educational journey together and facing the exciting challenges and transformations ahead of us. See you again in September!

R H Murphy
College Director
National Counselling & Psychotherapy Conference

Working with Sexual Issues in Therapy: Opening Minds, Developing Skills

Gibson Hotel
Saturday 18th June 2016
This 2016 conference on Sexuality promises to be our most exciting yet. Seminars range from sexual lifestyles, through marriage and later life, to gender, sexual diversity and sexually addictive patterns.

For many, personal sexual expression is an opportunity for intense joy, contentment and physical fulfilment, articulating a very personal narrative and unique form of expression. For others it can represent the unyielding presence of isolation, loneliness and frustration. As therapists, we can feel very unsure or unaware how to proceed when a discussion of this nature is clearly signposted with a client. Many question the therapeutic value of such a conversation in the absence of specific sex therapy training, while others will acknowledge the grey spectre of lurking countertransference. As conference speaker and sociologist Dr. Jo Woodiwiss points out in this edition of Reflections, we live in a culture where sex is portrayed as an emblematic seal of health, success, power and entitlement: Mundane purchases of laundry detergent now come with an expectation of sublime sexual and spiritual ecstasy destined to take place between crisp white cotton sheets. Our children are being educated about sex and relationships, not at school or at home, but via pornography websites on the internet. Mixed messages indeed! Hence the increased need for therapists to feel confident in their practice, to provide that safe space for talk and exploration with clients, even when there is no indication of underlying unease.

This is a conference theme inspired by students and colleagues alike, who very consistently over many years, have expressed that working with sexual issues in therapy is a subject they would like to know more about, a lot more about. With that in mind, we have invited a team of international experts and experienced therapists to address the PCI College 2016 at the Gibson Hotel, Dublin on June 18th. Be prepared for a fresh, frankly funny and energizing key note speech from Dr. Stephanie Buehler, author of ‘What Every Mental Health Professional Needs to Know about Sex’ (Springer 2014). Dr. Buehler brings Californian charm and honesty to a subject, formerly consigned in the Irish Psyche as being the remit of the Catholic Church and the Late Late Show. Dr. Buehler will be interviewed by George Hook in advance of the conference on Friday 17th June at 17:20 on Newstalk.

In a line-up of predominantly female speakers, Eoin Stephens will (bravely) address the conference from a heterosexual male perspective, shedding light on the masculine experience of sexuality, which can oft be a matter of great consternation and the subject of many stereotypical assumptions.

As a leading Irish expert, Eoin will also lead a seminar on Pornography Addiction in the Age of the Internet; a subject we as therapists cannot know too much about.

Irish Psychoanalyst and Lecturer Olga Cox-Cameron will help us understand the pervasive nature of Shame, and how this relates to the therapeutic space alongside seminars from Gordon Grehan of the Transgender Equality Network of Ireland; Mike Hackett from the PCI College Faculty will address Cultural and Clinical Practice with Gay, Lesbian and Bisexual Clients, as Mary O’ Loughlin will help to bridge the gap between best practice and etiquette in Couples Counselling.

Finally, the day will come to an end with a panel discussion, chaired by myself, Antoinette Stanbridge. This promises to be a lively and interesting debate as each of our speakers, colleagues and students hold very diverse and sometimes opposing views as to what is best practice in the therapeutic space.

Whatever the shade of grey or hue of persuasion, one thing is certain: Sexual Issues in Therapy will never black and white.

Antoinette Stanbridge
M.I.A.C.P.
Link Tutor & Faculty Lecturer
Sexuality, Mental Illness, and Relationships: Clearing Muddy Waters

by Stephanie Buehler, MPW, PsyD, CST-S

People in general, as well as many therapists, probably know more about sexuality and mental illness from watching Silver Linings Playbook than from reading research or the DSM-5. So little research has been done on the connections between one’s mental and sexual health that no one is certain how many couples divorce because of sexual dissatisfaction due to mental illness (Buehler, 2011). Almost every mental disorder can have an impact on sexuality, even those first diagnosed in childhood, such as learning disabilities and Asperger Syndrome (Buehler, 2011). Conversely, sexual problems may contribute to low self-esteem, feelings of inadequacy, and performance anxiety. They can cause relationship stress and can drive a wedge between partners.

Sexuality develops largely in secret, without being addressed by parents and generally without having received sex education that goes beyond “plumbing and prevention.” Thus, the onus is on the therapist to be familiar with and capable of assessing sexual problems that goes beyond mismatched desire in couples. Most therapists, however, skip asking clients about sexual concerns, perhaps in part because of countertransference that the client will think of them as odd or “queer” (Iasenza, 2010), or even report them to the licensing board for bringing up the topic (Plaut, 2008).

The Sexological Ecosystem
Psychologist Uri Bronfenbrenner (1977) originally applied an ecosystemic framework to studying a child’s behavior and development in context. When I endeavored to learn sex therapy, I realized that I could apply this framework to understanding the sexuality of my clients. Briefly, a person’s ecosystem consists of five subsystems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. At the heart of the microsystem is the individual as well as the people whom are most influential, such as family of origin members, extended family, and peers, while the exosystem consists of institutions that have direct influence such as school, religious institutions, the media, and peers. The abstract mesosystem is an intermediary system where interactions of all kinds take place, for example, the way in which religious institutions influences parental decisions regarding sexual behavior, which in turns influences the individual’s sexual development.

Within the macrosystem are found institutions that have an indirect influence on an individual, such as the legal or political system, social mores, myths (which abound around sexuality). Finally, the chronosystem is how time affects all of the systems as an individual matures. Keeping in mind these systems and interactions can inform the way in which a therapist simultaneously assesses a person’s mental and sexual health status.

How, then, does this sexological ecosystemic framework apply to an understanding of sexuality and mental illness? Let’s see what happens when a client presents with a specific phobia related to sexually transmitted infections (STIs).

- **Microsystem.** It is possible that the STI phobia developed as an outcome of an avoidant attachment style, messages from parents that contributed to sexual shame or low sexual efficacy, or fear of being humiliated by others regarding sexual activity.

- **Mesosystem.** The person’s phobia may interfere with seeking out a romantic or sexual partner. If the person has a sexual partner, it may serve to control how frequently the couple engages in sex and intimacy.

- **Exosystem.** University training of psychotherapists generally does not include the interaction of mental illness and sexuality. Thus, the individual may not receive direct
assessment or treatment of any sexual difficulty contributing to or engendered by the phobia, and the opportunity to identify elements of healthy sexuality may be missed.

• **Mesosystem**: Fears about the contraction of STIs are used to scare teens and young adults away from becoming sexually active. Thus, contracting an STI may represent to the person with a related phobia a loss of control over sexual urges.

**Interactions of Disorders and Sexuality**

Every category of mental disorder has its own potential effect on sexuality. What follows is a sampling of related concepts.

**Mood Disorders**

Mood disorders are by far the most common mental disorders, and all can have a negative effect of sexual health and intimacy. Pessimism and low self-esteem can add to a bleak outlook on the possibility of engaging in sexual behavior (Baldwin, 2001). A depressed mood can make it more difficult for either a man or woman to become aroused or experience orgasm—which, by the way, has the potential to improve mood. Many men experience anhedonia when they are depressed, that is, lack of interest in what one once found pleasurable, leading to low sexual desire.

Sexual symptoms associated with bipolar disorder vary according to phase. When depressed, an individual may eschew sex, but when hypermanic or manic, interest in sex may increase (McCandless & Sladen, 2003). Increased drive may lead to engaging in risky sexual behavior, including what is commonly called sexual addiction; contraction of sexually transmitted infections (STIs); and unwanted conception. Partners of those with bipolar disorder may have difficulty separating the disease process from issues of character, leading to high divorce rates in this population (Hirschfield, et al., 2002).

**Case Example: Clyde and Paula**

Like many people with Bipolar I, Clyde felt flat and lifeless when he was on his medications. When he went off his medications, he would become hypersexual, contacting escorts and spending thousands of dollars. Paula would recognize that he was manic and insist Clyde see the psychiatrist, who would put him back on medication. Despite medication, Clyde still had a strong drive. However, Paula felt so betrayed by Clyde that she would not want to have sex with him, leaving Clyde feeling confused and rejected. Clyde needed to better understand his sexual needs and energy, and find appropriate ways to channel his attention toward Paula.

**Anxiety Disorders**

Anxiety disorders of any kind may interfere with sexual response (Elliott & O’Donohue, 1997; Fontanelle, Wanderson, de Menezes, & Menlowicz, 2007; Kendurkar & Brinder, 2008; Van Minnen & Kampman, 2000). For example, aside from the performance anxiety associated with generalized anxiety, someone with social phobia may have difficulty finding an appropriate adult sexual partner, which can lead to what such people describe as the humiliating experience of being an “adult virgin.” Obsessive Compulsive Disorder (OCD) also can interfere with sexual enjoyment; imagine being distracted by bed springs to the point that sex comes to a complete halt so that the mattress can be flipped and checked top to bottom for squeaks (true story).

Post Traumatic Stress Disorder (PTSD) due to sexual abuse may, understandably, lead to formation of sexual symptoms (Buehler, 2008). Adults molested as children may dissociate during sex, leading to a lack of pleasure. Sometimes sensory experience such as a certain smell on a partner’s breath or a hand brushing against a particular spot on one’s body, can trigger flashbacks of the abuse, leading to a freeze response that brings a halt to intimacy. But sexual symptoms do not only arise in adults molested as children. Soldiers with PTSD from battle action may lose interest in sex or struggle with erectile dysfunction (ED) (Buehler, 2011).

**Case Study: Mindy and Ted**

Ted, a 37-year-old Hispanic male, originally presented with ED. After standard suggestions of using sensate focus and relaxation activities failed to create an expected result, Ted reluctantly reported that an aunt sexually abused him during long periods when his alcoholic mother neglected his care. He felt such shame that he had enjoyed the physical and emotional attention from his aunt that he had difficulty establishing an
appropriate intimate relationship with an adult woman. When he met Mindy, though, he fell in love and was determined to overcome his fears. As identified Christians, they agreed to refrain from sexual activity until after the wedding. On the wedding night, however, Ted felt consumed with guilt and had flashbacks of having intercourse with his aunt. The resulting ED only made him feel more ashamed as well as inadequate. Two years of intensive psychotherapy were required before Ted would attempt intercourse again with his wife with positive results.

Approaching Clients about Sexual Concerns

Doesn’t it make the most sense for psychotherapists to be able to assess not only mental health but also sexual health, especially when the two go hand in hand? Many clients whom I treat in my sex therapy practice have been in therapy prior with a therapist who told them, “I don’t ‘do’ sex.” What kind of message might this comment send to someone who has an embarrassing or complicated sexual concern? Thus, it is critical for the therapist to overcome his or her reticence and ask one or more of the following questions to open the conversation:

- May I have your permission to ask you a question about sex? It’s something I ask of all my clients.
- Is there anything about your sex life that would be important for me to know in order to understand you?
- Are you satisfied with your sex life? Or are there problems that get in the way?

Addressing sexual concerns may—or may not—be the key to successful treatment, but excluding questions about sexuality from one’s intake may undermine treatment. Thus, it behooves the competent and ethical therapist to ask about sex, no matter whether the person presents with a frank sexual disorder or depression, substance abuse, anorexia or bulimia, and so on.

References


We live in a society that is increasingly informed by a therapeutic culture which has seen an explosion of self-help, self-development and recovery literature, and where greater and greater emphasis is placed on looking inward for possible causes of and solutions to difficulties we are encouraged to identify in our lives (Simonds 1996, Showalter 1997, Woodiwiss 2009, 2013). The majority of this literature is read by, and arguably aimed at, women who are told they are entitled to happiness and success and failure to achieve this can be seen to result from past (often traumatic) experiences which they might but also might not remember, at least in the common understanding of memories. Whilst not suggesting we should advise women against reading this literature, I do argue for caution and the need to look beyond the perceived damaged psychologies of those who are unhappy and dissatisfied with (aspects of) their lives if we are to improve the lives (sexual or otherwise) of all women.

Whilst this self-help literature encourages its readers to construct their own ‘damage narratives’ and identify their own damaged selves as the cause of present unhappiness – there is also a relentless optimism in much of this literature. It promotes itself as a route to ‘self creation’, ‘damage control’ and ‘revival’ whilst at the same time promising to reveal the ‘true’ self (Simonds 1996) and readers are directed to return to this ‘real’, ‘authentic’, or undamaged self free from the effects of their traumatic life. This enables the reader to identify all kinds and degrees of damage at the same time as promising a way to remove that damage and ‘start again’ to become the person she should or would have been (Woodiwiss 2013). Of course, in doing so they are also being asked to remove any lessons they might learn from that experience. At the same time readers are warned that failure to embark on this project of the self will lead to a catalogue of ills: not only unhappiness, dissatisfaction, victimisation and self-sabotage but also a range of problems or difficulties associated with sex and intimacy such as sexual dysfunction, lack of sexual pleasure or desire, too great an interest in sex whilst lacking intimacy, and problems with intimacy (see for example Bass and Davis 1988, 2008, Blume 1990, Parks 1990). Within this, the role (or lack thereof) of their sexual partner is often missing, further reinforcing the idea that the readers / victims are responsible for any failings within their intimate sexual relationships.

Central to this construction of healthy womanhood is what (drawing on Rich 1980) I have called ‘compulsory sexuality’ (Woodiwiss 2008), whereby the healthy adult woman is constructed as sexually knowledgeable, active and desirous – but only in the right way and for the right reasons. In contrast, the unhealthy adult woman, the woman who is seen to be in need of healing and recovery, is constructed as lacking sexual desire and having a problematic relationship with sex. This ideal sexual woman is not confined to the sexual abuse recovery literature. When the magazine Cosmopolitan turned 40 (Feb 20th 2012) the editor, Louise Court, suggested in an interview that ‘Most people prize having a happy relationship as one of the most important things in their lives, and one of the keys is having a happy sex life’. She went on to say, perhaps not surprisingly, that in the twenty-first century sex still sells. However, not only does sex sell, sex is itself a big seller. There is now a proliferation of advice or self-help manuals for those wishing or needing to improve what and how they ‘do’ sex, with over 8,000 sex guides listed on Amazon.co.uk. These manuals offer advice on how to improve one's sex life but also

Should we use sex as a measure of recovery, well-being and healthy adulthood?

Dr. Jo Woodiwiss Senior Lecturer in Sociology at the University of Huddersfield, UK.
convey a note of caution. The majority of contemporary sex manuals argue that ‘sex is integral to the maintenance of a long term relationship’ (Gupta and Cacchioni 2013:447). Sex, the writers tell us, is important for our personal well-being as well as our relationships and whilst the avoidance of sex can take a heavy toll on our relationships sex can ‘help us grow as people and as partners’ (Comfort and Quilliam 2009:9).

Whether or not we actively seek out the information in these manuals the messages they contain also permeate more everyday cultural texts such as films, magazines and television and radio programmes. What these texts tell us is that sex is important, sex is fun and sex is a bit naughty. Sex is also something we should all want, should all have and should all enjoy. There is also the suggestion that most of us don’t know quite how to do it or at least how to do it right. It is no longer enough to ‘simply have sex, but there is also pressure for the sex to be immensely enjoyable’ (Przybylo 2011: 448). This not only puts pressure on all women to construct a (particular) active sexual self but helps to construct those who do not as problematic, and directs them to seek both cause and solution in their damaged psychologies. One such cause is said to be childhood sexual abuse. So dominant has this become that much of the self-help literature aimed at survivors of such abuse encourages readers to use the idea(l) of an active sexual self as a measure of health, well-being and ultimately womanhood. At the same time, those with no concrete memories of having been sexually abused in childhood are told that if they are unable or unwilling to construct a particular sexual self they might have been sexually abused as this is seen to be a consequence.

As a sociologist with an interest in both sexual abuse and contemporary narratives I explore the role of dominant or currently circulating narrative frameworks to explore how and why women might engage with the sexual abuse recovery literature and what the benefits as well as drawbacks of reading this literature might be. Drawing on research looking at women’s engagement with therapeutic/self-help literature aimed at self-identified victims of childhood sexual abuse, I argue that dominant narratives of healthy womanhood not only direct women / readers of self help/recovery literature to see themselves as damaged and in need of healing but allow for
women who are not, or do not wish to be, sexually active to be identified as problematic. Within this narrative, sexual activity and desire is often seen as a goal to be aimed at and a measure of healing and recovery. In much of this literature women are encouraged to identify ‘symptoms’ in their own lives - and this often takes the form of checklists. These checklists are often separated into different sections – such as feelings and emotions, work, family, and sex. In the checklists on sex and intimacy readers (women) are asked a series of questions such as

- Do you find yourself avoiding sex or going after sex you really don’t want?
- Can you say no?
- Do you have sex because you want to, or because your partner wants it?
- Do you feel your worth is primarily sexual?
- Do you try to use sex to meet needs that aren’t sexual?
- Can you accept nurturing and closeness in other ways?
- Do you experience sexual pleasure? – Sexual desire?

These checklists reveal a number of assumptions which underpin much of the literature. Some of this literature does acknowledge that women are bombarded with cultural messages around women and sex which means that sex can be problematic and complex for women. Some of the literature does also recognise that many of the ‘symptoms’ are associated with women generally. However, these difficulties are said to be compounded for women who were sexually abused and it is their reaction to having been sexually abused that is often seen as problematic. Lacking in many of these questions and answers is the role and responsibility of the women’s partner.

Central to the sexual abuse recovery literature is the belief that women have the right, and should want to be, sexually active. The messages women receive come at a time when the margins between being too sexual and not sexual enough have narrowed to make it increasingly difficult for women to conform to what is considered acceptable. The literature promises women a route to a happy and successful sex-life but it does so by directing attention away from these messages and towards the psychology of the reader (or victim) who is seen as problematic, at the same time as it draws on those messages to tell readers (or victims) what is appropriate. The sexual abuse
recovery literature risks reinforcing cultural pressures by holding up the achievement of an intimate sexuality as a measure of women’s health, well-being and recovery, and therefore as a goal to be achieved or aimed at – whether or not that is something women desire. For many of the participants in my own research who engaged with the sexual abuse recovery literature, the correlation of sexual difficulties with perceived sexual abuse and/or overcoming sexual difficulties was seen as integral to their identification as victims and/or to their recovery.

Whilst it is becoming more acceptable to identify as asexual, this is not an identity readily available to many and particularly not for those who are perceived to be damaged and in need of healing. Indeed, as I argue, such an identity can in itself be seen as evidence of harm and the need to heal. Furthermore, as a problematic relationship with sex is often seen to be the result of past trauma and a healthy sexuality as a goal to be aimed at, those who are not sexually active, knowledgeable and/or desirous can not only be constructed as problematic and in need of healing, but where that healing is seen to include a sexual element they can find themselves forced into sexual/relationships they might not want, as a way to prove to themselves as well as to others that they are healed or at least on the road to full recovery.

Whilst not arguing that we should reject self-help and recovery literature I do argue for a cautionary approach in which we do not focus solely on the inner world of emotions and (perceived) damaged psychologies at the exclusion of external factors that might contribute to contemporary difficulties and unhappiness. There is nothing wrong with helping victims heal from sexual abuse (although we should not assume they are in need of healing). Nor is there anything wrong with helping those who desire it to develop a more active and satisfied sexual self. The problem comes with the suggestion that we should be doing it, and enjoy doing it, and by implication there is something wrong with us if we aren’t or don’t – or for the right reasons. Some of the sexual abuse recovery literature risks reinforcing cultural pressures by holding up the achievement of an intimate sexuality as a measure of women’s health, well-being and recovery, and therefore as a goal to be achieved or aimed at.

As Bass and Davies, the writers of The Courage to Heal, one of the most popular self-help recovery books for victims of sexual abuse, argue, there is ‘No finish, no goal except intimacy, honesty and pleasure’ (Bass and Davis 1988:248). Within the sexual abuse recovery literature and self-help culture more generally sexual fulfilment is not seen simply as the key to personal happiness but is held up as the measure of healthy womanhood. No longer told they ‘owe it to their man’, women are now told they ‘owe it to themselves’ to develop an active sex life – within which asexuality, a lack of interest or the refusal to engage in a sexual relationship, can be seen as acceptable only as a temporary respite on the road to full recovery.

Dr Jo Woodiwiss is a Senior Lecturer in Sociology at the University of Huddersfield, UK, where she also leads the ‘Abuse and Interpersonal Relationships’ research group. She has written widely on the subject of adult victims, childhood sexual abuse, recovered memories, sexuality, recovery and contemporary damage narratives, including the book Contesting Stories of Childhood Sexual Abuse published by Palgrave McMillan. She is also the joint editor of the forthcoming collection Feminist Narrative Research: Opportunities and Challenges to be published by Palgrave McMillan in 2016.
Reflections on Sexuality

Mary O’Loughlin MIACP PCI College Lecturer and Psychotherapist.

I pose the question – How many therapists ignore sexuality and sexual issues in the counselling room? I would hazard a guess to answer that many do, often unconsciously.

Freud believed that people are driven by the unconscious in many aspects of life, such as – defence mechanisms, as well as continuously negotiating between the id, ego, and super ego, psychosexual stages, and the impact of sexual libido within all humans and animals. Do therapists link Bowlby’s Attachment Theory with sexuality and intimacy in the same way as they link it with other aspects of the client’s life. Therapists often ignore these theories when it comes to sexuality and believe that sex and sexual issues lies in the area for a ‘sex specialist’.

This is, of course, also due to therapist own history around sexuality and with unconscious unease around the subject hence shutting off a full discussion. This is often put down to the fact that sexuality is private and secretive. Yet, deep feelings of shame, anger, fear, guilt and so on in all other aspects of clients’ lives are not private and secretive and therapists are fully aware of the need to explore these in a sensitive and caring manner. Research shows that the relationship with client is the essential ingredient and the key to ‘cure’ where therapist is able to share what is happening for them. Often client is unconsciously avoiding and therapist is colluding with them thus keeping the circle of sexuality as a taboo subject alive.

What does therapist need to do? – It is important to look at and own their own history around sexuality. One cannot escape their history and unless the therapist is aware of this and has done some work on the awareness around their sexuality, adequate and satisfactory working alliance will not be formed. Client is always trying to say something through unconscious connection and if therapist shuts off and go goes towards defensive psychotherapy the client will regress and believe that they are faulty thus confirming earlier experiences. Therapist can have a sense of unconscious shame around sexual history and are never able to be whole within the relationship unless they address the issues within themselves. Any good therapist will know the importance of having own issues around loss, shame, anger, and so on ‘under control’ and of the importance of transference and counter transference yet most would say ‘but sexuality is different: that it is private and personal’. Yet all would agree that we are all sexual beings and that sexuality plays a large part in all our lives. I believe there is a strong contradiction in this which therapists need to take on board.

Self Esteem

Many people do not automatically equate self esteem with sexuality but when one takes a closer look, they are intrinsically linked. If one does not feel good about themselves, it follows that they will not feel good about themselves in the area of sexuality. When one does not feel good about themselves they often suffer from feelings of inadequacy, poor body image and become needy as a result. Good self esteem leads to feelings of vibrancy, alertness, enthusiastic and good connection with others. Surely these are essential ingredients in the area of sexuality where one does not need to be the controller or caretaker but more carefree and not closed off. One of the main aspects of a good relationship is appreciation, gratitude
and acknowledgement rather than neediness or demanding. Sexuality is often not connected with these important and necessary ingredients instead it is separated and categorised as being magical and mystical without putting any foundations in place. If therapy in a ‘sexual setting’ is to work, therapists must go back to basics as they would in the case of ‘non sexual’ issues. Issues such as family of origin, self esteem, body image, cultural issues, relationships (first with self), and media especially social media need to be examined.

Relationships
Relationships change and need constant attention and updating, especially if one remains with the same partner. In many ways it is like a business, one should always be looking at ways to improve and re-invent. In a healthy relationship there should be flexibility, openness, reviewing strengths, what can be done differently/better. Things such as values and visions should be constantly addressed and not just left to times of crisis. It makes perfect sense that if the relationship is not good and if it gets tired and lack lustre then sex will almost always suffer within the relationship. It is important that a balance between the personal happiness of the individual and concern for each other is healthy and is not at either extreme.

In other words that the person does not only think about themselves all the time or conversely never consider themselves and only think about partner’s needs and happiness. It is helpful if one can use partner to become more whole but sharing, give and take are influential factors. In relationships it is important that one does not see partner as ‘left overs’, always putting children, friends and work as main priority.

It is important that there is openness and fluidity and not work from assumptions rather than facts and truths. There is often a great deal expected from partners or ‘the other’ in one’s life... belonging, identity, and continuity. In the past these may have come from other sources such as extended family, church, community but nowadays these resources are no longer available. People are creatures of meaning which comes largely from achievements and how they are perceived by others and are wired for connection. Therapists are very much aware of this fact but do not always link it when it comes to dealing with sexual issues.

Transgenerational
Sexuality like other aspects of life stems from transgenerational influences and many therapists identify with the work of Murray Bowen in this regard. Sexuality has been transformed over the past 60 years, and the introduction of contraception has played a big part in this where sex is used for recreation in the main, rather than procreation. When it comes to transgenerational influences it takes many generations (at least 3) for the impact to ‘wear out’ and this in no small way adds to inhibitions held by both therapist and client around the area of sexuality. The degree to which the therapist can step back from family emotions while being aware of their influence both on them and on the client is helpful.

Conclusion
Therapists are very aware of the importance of self-differentiation where fewer reactions from old patterns can be triggered in all aspects of psychotherapy, except perhaps in the area of sexuality. More awareness, more conversations, more openness should be extended to the therapist’ sexual self.
The Influence of Social Media on Adult Females’ Body Image: A Summary Report (3rd Year Research Project)

Richard Meagher, PCI College Student Dublin West.

Abstract
This quantitative study examines the influence of social media (SM hereafter) on adult females’ body-image. Results indicated that SM functions as a vehicle for upward social comparisons to celebrities and peers, with comparisons to peers proving more common and more detrimental to body-image. It was also found that SM effects on body-image are mediated by users’ levels of body-satisfaction. Participants reported positive effects on body-image when observing images of self that are self-chosen and self-posted, but negative effects when these images are chosen and uploaded by others. Practical applications and recommendations for future research are also discussed.

Introduction
Body-image is an intricate construct, but a general definition would describe it as an individual’s level of contentment or disappointment with the form of his/her physical features (Kolodny, 2004; Tiggemann, 2012). For decades now, the aesthetically-flawless female models commonly portrayed in traditional media have been widely regarded to have a negative impact on the body-image of female subscribers (Groesz, Levine & Murmen, 2002; Silverstein, Peterson & Perdue, 1986). More recently traditional media are gradually being replaced by SM, which refer to internet sites like Facebook and Instagram where subscribers can view media content whilst simultaneously communicating with peers (Cohen & Blaszczynski, 2015; Perloff, 2014). For the manner in which SM functions as a platform for endless streams of both celebrity and peer-depicting images, Festinger’s (1954) postulation that people are more likely to seek comparisons with similar others would suggest that SM users are more vulnerable to body-image disturbance than users of celebrity-focused traditional media. Yet, research comparing the influence of social and traditional media on female body-image like their traditional counterparts? And if so, what is the nature of this influence?

Literature Review
Social Comparisons
Particularly relevant to media effects on body-image is Festinger’s (1954) theory of Social Comparison, which posits that people gauge their personal qualities in accordance with their perceptions of how they equate to others. Research has found that when gauging attributes such as physical appearance, individuals are more likely to make “upward” comparisons with others whose appearance they regard as superior to their own (Wheeler & Miyake, 1992, p.760). Upward comparisons have been found to bring about a deleterious effect on body-satisfaction in research testing the psychological effects of conventional media advertisements (Tiggemann & Polivy, 2010). Similarly, research of SM effects found that a group of users reported body-image disturbance after exposure to profile-pictures of stereotypically beautiful people, whilst no ill-effects were reported by those presented with profiles of people considered more average in aesthetic appearance (Haferkamp & Kramer, 2011).

Given the manner in which SM functions as a platform for endless streams of both celebrity and peer-depicting images, Festinger’s (1954) postulation that people are more likely to seek comparisons with similar others would suggest that SM users are more vulnerable to body-image disturbance than users of celebrity-focused traditional media. Yet, research comparing the influence of social and traditional media on
body-image has found minimal difference between the two (Cohen & Blaszcynski, 2015). A scarcity of further research on this matter prompts further exploration.

**BISD**

Also pertinent is Self-Discrepancy theory (Higgins, 1987), which posits that “self-discrepancies” result when there’s a gap between our idea of self and our “ideal and ought standards” (p.320-321). Bessenoff’s (2006) study reported that females with greater “body-image self-discrepancy” (BISD hereafter) engaged in more negative-effect social comparisons to media models than those with lower BISD (p.240). Hence, the current study aims to determine users’ levels of BISD, predicting more negative effects on body-image for users with higher levels of BISD.

**Images of Self**

Of further relevance is Duval and Wicklund’s (1972) Objective Self-Awareness Theory (as cited in Fisher, 1986), which states that an individual’s consciousness changes from a first-person to third-person state as a result of looking in the mirror or viewing video-recordings of self. This precipitates a dip in self-esteem whereby individuals “become self-critical and typically highlight their own defects and deviations from the ideal” (Fisher, 1986, p.11). This would suggest that an observation of one’s image on SM would beget a negative effect on body-image. Conversely, research (Gonzales & Hancock, 2011) investigating the self-esteem of participants who viewed their own Facebook profiles found that self-esteem had in fact increased, thus lending support to Walther’s (1996) Hyperpersonal Model which suggests the online-communicator presents their best self by methodically choosing what facets of their identity to post online. An apparent lack of literature examining the body-image effects of self-posted versus other-posted images of self leaves this matter requiring further exploration.

**Adult Females**

An overwhelming majority of studies to date have been tested on teenage and college-going young-adult females (e.g. Britt, 2015; Cohen & Blaszcynski, 2015; Thompson & Lougheed, 2012). This is despite the fact that body-image disturbance
can fluctuate across the lifespan (Green & Pritchard, 2003). Recent statistics gathered by Bodywhys (2014) reported that the majority (27%) of those contacting their eating-disorder helpline were aged between 25 and 30 years, thus underlining the fact that body-image concerns can develop well into adulthood. Furthermore, Irish statistics show that adults between 25 and 34 years are the principal users of sites like Facebook (Kane, 2015). Given these statistics, the paucity of research investigating SM influence on adult female body-image deems it an area in need of attention. In light of the forgoing, the current study investigates the influence that social comparisons, levels of BISD, and self-posted versus other-posted images of self have on the body-image of the adult female SM user.

**Method**
A standardised questionnaire was emailed to a convenient sample of 80 females aged 25 years and over. 71 replies were received, resulting in a response rate of 89%.

**Key Results and Discussion**

**Social Comparisons**
- 92% use SM several times a day.
- 95% engage in social comparisons on SM, more of whom are inclined to compare appearance with friends (63%) than celebrities (32%).
- 44% reported a negative body-image effect when viewing images of celebrities who represent their ideal physical shape.
- 74% reported a negative body-image effect when viewing images of peers who represent their ideal physical shape.

These figures offer a number of insights. Firstly, regardless of celebrity or peer status, upward comparisons with others evoke a negative body-image effect for a large amount of SM users. This is consistent with findings in the literature (Haferkamp & Kramer, 2011; Tiggemann & Polivy, 2010). Secondly, comparisons with peers were more common than comparisons with celebrities, thus lending support to Festinger’s (1954) view that individuals are more prone to comparing with relatable others. Thirdly, although previous research (Cohen & Blaszczynski, 2015) found minimal difference between traditional media and SM effects on body-image, the findings of this study suggest otherwise. With considerably more respondents reporting negative reactions to images of peers than images of celebrities, this study suggests that SM (with typical content comprising celebrity and peer-depicting images) leaves its users more vulnerable to body-image influence than traditional media which contain images of celebrities only.

**Body-image Self-discrepancy**
- 17% reported consistent satisfaction with body-image (Low BISD)
- 34% reported consistent dissatisfaction (High BISD)
- 49% reported being sometimes satisfied/sometimes dissatisfied (Moderate BISD)

As outlined in Diagram 1, a clear pattern emerged linking SM influence on body-image to users’ levels of BISD. This is consistent with research on traditional media (Bessenoff, 2006), and builds on the aforementioned by indicating that SM influence on body-image is also mediated by levels of BISD. Findings infer that those with higher levels of BISD experience more negative body-image effects via SM usage than those with lower BISD.
**Images of Self**
81% reported feeling either frequently or occasionally embarrassed at having viewed images of self that were posted by others without their approval. At first glance this statistic supports Duval and Wicklund’s (1972) hypothesis that individuals typically become self-effacing when observing their photograph (as cited in Fisher, 1986). However, just 17% reported negative reaction to viewing self-posted images of self, with 52% reporting a positive reaction when viewing same. Hence, findings also support literature suggesting that observations of images of self on SM can bring about a boost in self-esteem (Gonzales & Hancock, 2011; Walther, 1996).

One possible explanation for this inconsistency is that individuals choose to post images of self which they deem acceptable and closest to their ideal. But due to the interactional nature of SM, the user’s filter for flattering/unflattering images of self is usurped when their image is selected and posted by others without approval. Hence, findings from the present study infer that the body-image effects of viewing one’s image on SM are mediated by the degree of control users have over selecting that image.

**Limitations and Future Research**
With 92% of participants using SM several times a day, attempts at discerning a relationship between frequency of SM usage and body-image effect proved inconclusive. Future studies would benefit from targeting a sample of both frequent and infrequent SM users. Additionally, a longitudinal study would be beneficial in unveiling the influence of SM usage on body-image over a longer period of time, thus accounting for altering variables such as changes in body-satisfaction.

**Practical Applications**
Results show that the topic of SM and body-image warrants the close and ongoing attention of counsellors. It is concerning to consider the ramifications of regular upward social comparisons on adult female SM users with high levels of BISD. For clients with symptoms of eating disorders or body-dysmorphia, many of whom may be accessing SM several times a day, the nature of their SM usage needs to be a central theme of therapy in the same way that more traditional treatment methods would be. Given the ever-increasing popularity of SM, a thorough grounding in the effects of
SM on body-image is recommended for the professional development of counsellors. Furthermore, questions arise regarding the ethicality of SM providers. Should users be obliged to seek permission from the subjects of their photographs before posting them online? This stance might seem unnecessarily paternalistic to many, but those with high levels of BISD might disagree. The notion that SM providers might improve ethicality by introducing compulsory tagging for all images and an option for users to pre-approve images of self before they are posted by others seems worthy of consideration.

**Conclusion**

With the majority of previous research focusing on the relationship between SM and adolescent female body-image, this study alludes to the importance of monitoring SM’s influence across the lifespan. Whilst the detrimental impact of traditional media on body-image has long since been established, it is concerning to note that the influence of SM appears to be even more pronounced with the negative effects of upward comparisons to peers superseding those to celebrities. Particular concern is evoked for SM users with high levels of body-dissatisfaction, many of whom may be inadvertently aggravating or prolonging their suffering via SM usage.

**References**


Kane, C. (2015). *Whether you are running your own business or are in charge of promoting a business online, social media is the place to be, Irish Consumers on Social Media – The Stats*. Retrieved from: http://www.emarkable.ie/blog/2015/08/irish-consumers-on-social-media-the-stats/


Book Review:
Perv: The Sexual Deviant in All of Us.

Jesse Bering

Scientific American / Farrar, Straus and Giroux; First Printing edition (October 8, 2013)

Jesse Bering is a developmental psychologist, an expert in the field of cognitive science and religion, and an award-winning popular science writer. His previous books are The Belief Instinct (2011) and Why Is the Penis Shaped Like That? (2012). He is currently Associate Professor of Science Communication at the University of Otago in New Zealand, having previously worked at the University of Arkansas and as the Director of the Institute of Cognition & Culture at Queen’s University Belfast.

In this book, Bering attempts to open our eyes to what we currently know about the scientific reality of (as distinct from the myths and distortions about) the wide variety of human sexual desire and expression.

He tells us some of his own story about the challenges of growing up gay in the 80s and 90s, and while he acknowledges that “We should certainly celebrate the fact that the lives of those who fit the LGBT (lesbian/gay/bisexual/transgender) label are improving...” he emphasises that “...we also shouldn’t lose sight of the fact that those who can’t be squeezed so neatly into this box are still being ostracized, mocked, and humiliated for having sexual natures that, if we’re being honest, are just as unalterable” (Kindle location 19-127). The areas he is concerned about here include fetishes and other paraphilic behaviours, controversial “orientations” such as paedophilia, hypersexual behaviour, and so on. He emphasises that he is proposing we should understand these areas of human experience better, not that we should necessarily condone all of them. If I understand his viewpoint correctly, he seems to feel that even if we do sometimes have to condemn, we should first understand as best as possible, because we are still dealing with a human being having a human experience, one which indeed they might not choose to have.

To try and redress this imbalance, Bering dives headlong into the world of “sexual deviancy”, promising (as the subtitle suggests) that the reader will discover along the way that “...you have a lot more in common with the average pervert than you may be aware” (Kindle location 127-134). He has immersed himself in the relevant literature, including historical material from Kinsey back to the Ancient Greeks, via Freud, Havelock Ellis, Kraft-Ebbing and many less familiar names, and also the most up-to-date research findings in the field. He writes informatively as well as entertainingly (he is perhaps sometimes just a little too flippant and comic for the topic – for my taste anyway). He recounts many extraordinary examples from the literature, which does make for riveting reading, but which sometimes seems to work against his aim of trying to reclaim this area of human experience as “ordinary” rather than “extraordinary”.

His main point is that human sexual experience, especially at the level of fantasy, covers a much wider spectrum of variation than we are generally happy to admit, including much that is usually seen as “perverted”, “deviant”, “disgusting”. While many different criteria are used to try to divide what’s “right” from what’s “wrong” in this territory, Bering is firm in his view that harm to oneself or others is the only solid criterion for such judgments in a humane society.
“Morally, all that matters – and allow me to reiterate that because I feel it’s quite important, all that matters – is whether a person’s sexual deviancy is demonstrably harmful” (Kindle location 2690, italics in the original).

Of course, as a psychologist, he is well aware that, in order to achieve such a perspective, we often have to work against strong personal disgust reactions, which have no moral value but which are hard to separate from the judgments we make. Indeed, as an evolutionary psychologist, he emphasises that the real mystery is how we overcome physical disgust even in “ordinary” sex.

“When unburdened of its massive emotional weight, sexual deviance is no more and no less than a statistical concept that signifies being off course from our societal norms. Very little is universal when it comes to human sexuality. And once we acknowledge this lack of universality, the illusion that there’s anything like an objective right and wrong in the vast domain of our species libidinal relations shatters beyond repair” (Kindle location 1104-1111).

He makes a variety of interesting observations, some still tentative, some well-grounded in research, such as:

- Given that the psychological origins of paraphilias can usually be found in early childhood, those who are deeply involved in one particular paraphilia online are most likely using the availability of relevant sexual material on the Internet as an opportunity for this involvement, rather than the availability of such material being the main cause of their development of the paraphilia.

- If some sort of sexual imprinting process in childhood is the main source of paraphilias and preferences that emerge post-puberty, then this may go some way to explaining why paraphilias are almost entirely a male phenomenon, as this type of sexual imprinting and subsequent narrowing of sexual interest seems to happen more easily to the male brain (and not just in human males, either). Another way of saying this is that erotic plasticity is more apparent in women than in men; for instance, women are generally more likely to identify with being bisexual than men are.

- Cross-dressing is a varied and complex issue. As Bering puts it, “There are many subcategories of people who wear the clothes of the opposite sex, with each group having a different motivation for doing so” (Kindle location 2582).

- Regular users of child pornography are statistically less likely, not more likely, to commit direct sexual abuse of a child.

- However, regular use of child pornography is a better indicator of paedophilia (i.e. primary sexual orientation towards pre-pubescent children) than child molestation is, given that porn users are in a position to look at whatever kind of porn they like, whereas sexual options outside of porn use are usually much more restricted, and a child molester may be simply taking what they can get sexually.

- Hypersexual behaviour is a difficult concept to agree criteria for, and seems to be even more culturally influenced than other areas of concern around human sexual behaviour. Hence the DSM has approached it cautiously so far.

Overall, I found this book provided me with some interesting new information and insights, as well as giving me fresh perspectives on some already familiar areas. I would recommend it as a readable, accurate and informative source on the subject. He doesn't shy away from any relevant topic, though, including sexual cannibalism, so you might want to choose your time of day for reading some of it!

Eoin Stephens
PCI College Programme Leader and Lecturer
I am standing on the 4th floor of our city offices, looking out across Dublin Bay. I can see Bull Island and the twin candy-striped chimneys of the Poolbeg Power Station in the distance. Without warning, something in the air changes and I feel an ominous presence at the edge of my awareness. A subtle movement in the distance and my gaze shifts to what I come to recognize as the beginning of a huge tidal wave moving toward Dublin. As I watch it grow in height and strength, I hear it build and the sound of its approach assaults my ears as a deep and escalating rumbling thunder. I can’t move. I am terrified. Though I am in the building on my own I can somehow see tens of thousands of men, women and children stroll peacefully through the city, unaware and in terrible danger they are about to be destroyed, drowned by this enormous wave. I don’t know what to do. I can’t raise the alarm. I feel powerless. Will they be able to hear me? What can I do? I wake up with a shout, sweating, trembling, afraid and upset.

My dreams are as vital a part of my life as any other aspect of my waking experience. I have kept dream diaries for over 30 years through periods of peace, periods of turmoil, periods of great joy and sadness. They are like familiar and trusted advisors, helping me to see the patterns of my present life situation; signpost what I need in life and offer me an opportunity to put their wisdom to work for myself and the relationships which form the threads of the tapestry of my life.

My interest in dreams began at age 15 when my dreams appeared terrifying, mysterious and yet somehow simultaneously wise and familiar. These bizarre nightly visitors left me wondering for many mornings and quickly ignited a life-long curiosity which drives me still. Eventually, I found a book by some guy called C.G. Jung which said a lot about dreams, much of which I could not understand and presented dreams as fundamental to the domain of Archetypal Psychology. Though at 15, I couldn’t understand much of the book I gained a love from Jung’s wisdom and gentle, warm approach to working with dreams. 30 years later, I find myself a qualified therapist, supervisor and lecturer with PCI College and just finished teaching Freud and Jung to a cohort of enthusiastic and passionate second year students, who now understand something about their own dreams and those which inevitably turn up in their therapy rooms with clients.

As I reflect on this 30 year journey, I think about my parents who must have been driven demented by their eldest child who consistently punctuated every second sentence with the question ‘Why?’. In fact, I suspect they decided to have three more children just to give them a good excuse not to have to answer the incessant whys (or maybe it was the uncomfortable realisation for both of us that they didn’t have the answers I so desperately sought as a child). So I decided as a 12 year old to turn to religion, after all, (according to my 12 year old logic) any representative organisation of an omnipotent, immortal and universal entity called God must have all the answers to the questions of a mere child, right?

However, growing up in South Tipperary, where at the time, spirituality was dressed in dogma, the ‘care’ of the Christian Brothers came with lessons in self-loathing, guilt, shame, physical punishment for lessons unlearned, merciless bullying
as well as the constant requirement to confess and atone for original (and myriad other) sins. So again, my (now) 16 year old logic, came the conclusion that if you can’t beat them, join them, so I enrolled in the then ‘Candidacy Programme’ – the entrance pathway for young men destined for a life of service as a teacher or missionary with the Christian Brothers.

During this time in my life my dreams began to take dark and sinister turns. Nightmares of hell fire and damnation left me feeling severely depressed and anxious, fearful and isolated. It was years later that I realised that this was the awakening of my emergent sexuality, which had been systematically repressed by my young mind, only to surface later in my 20’s with all of the force of a natural disaster.

Eventually, after much work and effort, I found a way to integrate my innate sexuality into my life in healthier ways, I threw myself into the dual aspects of work and community. At work I decided to unravel years of shaming by damaged men in frock coats and develop myself as a computer programmer mastering technology and thus reclaiming and affirming my own capability and competence. In the gay community (then in Limerick) I trained as a volunteer on Gay Switchboard and spent many hundreds of hours supporting gay men and women all along the West coast of Ireland at a time when homosexuality had just been decriminalised in 1993.

Work eventually took me to Dublin and of course my dreams followed me to the capital. The aspect of myself as ‘wounded healer’ continuously surfaced in dreams of this time. I joined Gay Switchboard Dublin and in nearly 15 years as a volunteer, trainer and then Director made my own small contribution to the lives of gay, lesbian and bisexual callers. In this time, this authentic me had been awakened and so I began training with PCI College in 2002/2003 as a counsellor. Graduating in 2007 and founding Introspect Counselling that same year, I came to realise that dreams can (and do) come true.

Today, I run a part-time psychotherapy practice working with one quarter of my practice comprising gay/lesbian clients – one quarter working and supervising dreams and nightmares and the remaining half supporting clients with a broad range of life’s difficulties and challenges. I joined PCI College as Faculty Lecturer in September 2015, having taught with PCI as a contracted lecturer since 2010 and can now pursue my joint passions for dream work and sexuality in avenues I could never have imagined as a confused and scared adolescent. I have had the privilege to work with several hundred people over the course of the last two decades and look forward to doing more in my new role. In particular, I am delighted to have been asked to present a seminar at the forthcoming 2016 PCI College National Conference entitled ‘Twinks, Otters and Bears, Oh My: Cultural & Clinical Practice with Gay, Lesbian and Bisexual Clients’.

I’m sure there will be many more powerful dreams yet to show up in the coming months and years, but hopefully, none so threatening and terrifying as my tidal wave dream - an archetypal dream representing powerful emotional forces which can destroy and overwhelm, or can sweep clean – thus making room for new beginnings if only we learn to go with the tide and not swim against it.

Mike Hackett, May, 2016.
As College Director Rhiannon Murphy stated in her editorial, it has been an eventful time for PCI College. It has also been a demanding period for the academic and administrative team who busily work behind the scenes to ensure the smooth running of all our courses and a good student experience.

Eoin Stephens has stepped down as College President after over 10 years to concentrate on his counselling practice. Over the years, Eoin has ensured that the college constantly strived to be at the cutting edge of mental health education and training; professionalism and quality academic standards were at the top of our agenda; while at the same time ensuring that PCI College remained true to its founders vision by being committed to an inclusive, person-centred approach to education and training. He will be missed in his former role but happily he will remain with PCI College as a Core Lecturer and Programme Leader of the PG Cert in Addiction Counselling - so you may still see him around the corridors and in your classroom!

Rose Bedford has been appointed Academic Director to PCI College. Rose provides support and leadership related to strategic development, academic standards and practices, and the development of new and existing programmes. As a senior accredited and registered member of the BACP, Rose has previously been in private practice for many years, providing counselling and supervision, board member coaching, and organisational group development and training. Rose is continually involved with universities in external examiner and external advisor positions, and takes various roles on academic committees. She is enthusiastic about creative, innovative and contemporary approaches to learning. We are delighted to have Rose opening the Conference this year, so many of you will have the opportunity to meet her in person.

We are delighted to announce that Jade Mullen has been appointed Acting Programme Leader: BSc (Honours) degree in Counselling & Psychotherapy. Jade is a Faculty Lecturer with PCI College and the Year Head for Years 3 and 4. She is the Thesis Co-ordinator and Core Tutor for a number of groups within PCI College. She is also currently seeing clients through the PCI Counselling Service. Jade has experience working in a number of areas including children, adolescents, young adults, acquired brain injury and psychiatric services.

Lastly, there have been two well-deserved promotions in the Programmes Office. Sinéad Delaney has been appointed Programmes Administrator Manager. She provides vital support to all the Lecturers and is responsible for the smooth running of all our courses from timetabling to venue management. Brian Ó Murchú has been seconded to Academic Affairs Executive. Brian originally joined PCI College as the receptionist before moving to the programmes office assignments section. He is now responsible for the academic affairs administration and programme development project planning.

We wish them all the best in their new roles.
Congratulations to all the PCI College graduates who gained their IACP accreditation this year:

**First Time Accreditation**

Aileen McEvoy
Amanda Fennelly
Bernadette Kilmartin
Caroline Walker
Charles Nwaokorie
Diarmuid O’Connell
Elizabeth Kerrigan
Joan Stokes
Joseph McCrory
Karen Hughes

Liz Quish
Margaret Connaughton
Margaret Levingstone
Marie O’Mahony
Mark Ahern
Martin Rice
Olive Buckley
Renata Anukait
Stephen Moynihan

**Newly Accredited Supervisors**

Carmella O’Reilly
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Information can also be found on our website, www.pcicollege.ie