Psychotherapy Section Review

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Contents

Chair's column

Zenobia Nadirshaw

A Happy New Year to everyone! 2021 year has come and gone and it is my hope that 2022 will be a far better year for ALL of us!

LET US look forward to creating new opportunities of working together and sharing our experiences within the BPS..!! May great opportunities come to those who make the most of small ones.. Let us develop and maintain good relationships between each other and work towards the betterment of our members...!!! Let us continue to think in terms of solutions and have good outcomes... Please do get in touch with us. I look forward to hearing from you all to ensure that we are doing what you all want from the Psychotherapy Section...!!!

With Best wishes,
Prof. Zenobia Nadirshaw MBE

Svastha–wholistic wellbeing

Andy???

THE SANSKRIT word 'svastha' comes from the Vedic culture of the Indus Valley Civilisation, a culture that thrived 5000 plus years ago in what is now Pakistan. This ancient and highly evolved society bestowed upon the world some of the oldest teachings known to mankind; the Veda. This large body of wisdom gave forth many spiritual teachings including Yoga and Ayurveda. The word 'svastha' represents wholistic wellbeing in its most complete sense and is defined by the following characteristics:

■ Being in one's natural state-health;
■ Being uninjured by oneself;
■ Being uninjured by others or external factors;
■ Being contented (this can and should be practiced);
■ Good actions well performed;
■ Comfortable in one's self and with oneself.

Svastha is also to restore ourselves to this natural state if/when we are challenged or destabilised.

I feel it is interesting to reflect on these criteria. 'Being in one's natural state' – thus we are born to be healthy, this is how we can and should be, not simply without pathology but functioning at our optimum in all aspects of our lives and thus allowing us to explore our highest potential!

'Being uninjured by one's self' – it is salutary to reflect and realise that much, if not all, of our suffering in is indeed self-generated or at least self-perpetuated. Lifestyle choices (including diet, relationships, attitudes to stimulants, work and leisure pursuits) all have a profound effect on our system and so need to be considered carefully. Habits formed as a result of formative experiences may no longer be helpful but, do we change them or are we even aware

of them? There are many ways in which we can help ourselves by making relatively simple choices, such as a good sleep routine and regular nutritious meals, that will help to support health and healing, along with being thoughtful about who and what we choose as reference points to shape our lives.

'Being uninjured by others or external factor's – very difficult to control for many in our world today, sadly many are victims of oppressive regimes or simply economically enslaved by structures that rely on the exploitation of many to benefit the few. In addition, our purchase and lifestyle choices can have effects on our world and those in it that we may not even be aware off. We have created a very complicated world in which making the RIGHT decision is not always easy. However, the teachings of yoga (which emerged from the Vedic culture) give some very clear reference points to guide our actions and decisions. Key amongst these are, Ahimsa – to do no harm and Satya-integrity, if we can reflect on a course of action with these in mind we are more likely to act in a way that supports our development and wellbeing and that of others.

'Being contented', contentment has a somewhat old world feel about it these days and yet without a sense of contentment can we really have a feeling of wellbeing? Wanting or thinking we need something can be quite disturbing to our equilibrium, we can have the feeling that, 'Things will be alright when…' or 'Things would be alright if…' and so constantly defer our contentment and stability. However, it has to be acknowledged that it is hard to cultivate contentment in a world that is based on striving and achieving. The advertising industry has very cleverly manipulated us to think that we simply cannot do without this,

that or the other ultimately temporary fix. The fashion industry in particular tells us that we cannot or should not wear whatever we were wearing last season and so the whole circus is perpetuated.

So how can we cultivate this profound attitude? By being grateful for what we have rather than wanting more or different, by being satisfied by what we have, or are, rather than wanting more or different. Not easy for sure, but possible and very important if we are going to save this home of ours, rampant consumerism will destroy us all if we let it!

'Good actions well performed' – this is a particular favourite of mine as it takes the practice of yoga out into the world and into our everyday lives. There is a very famous definition of yoga in a text called *The Bhagavad Gita*, 'yoga is skill in action'. If we fulfil our obligations to others well, they will be happy and we will be satisfied, a true win-win situation. To do things not for personal gain but because they need doing is karma yoga! This wonderfully simple concept really shows how yoga can benefit the whole world; imagine a world were everyone did their best simply for the joy and satisfaction of doing so, what a different world that would be!

'Comfortable in one's self and with one's self' – self-acceptance and self-care are essential to true wellbeing, to truly know and understand one's self and learn to love one's self is necessary to further growth and development. Unfortunately, in the current climate there are entire industries dedicated to making people feel that they need to be or should be different, largely based on external appearance rather than internal wellbeing. Fuelled by aspects of social media an individual can find themselves undermined and doubting their own sense of self-do they fit in, do they look right, are they the right size or shape? As referenced above, this is why we must be careful regarding the reference points we choose to direct our lives.

So far, we have explored what this concept of svastha means in an everyday sense, I would like to consider now how we can achieve, maintain and sustain a state of health and wellbeing through Yoga. For this we need to look to the teachings on yoga proper and in particular one key text, *The Yoga Sutra of Patañjali*. Dating from around 200C.E. this text is a manual dealing with how to live a healthy and productive life AND realise our very highest potential. In other words all aspects of the human condition are acknowledged and addressed, including our spiritual potential. It is explicit within this important teaching that we are embodied spirit and that we are trying to evolve and develop our awareness of this condition.

At the beginning of the second chapter Patañjali introduces three key concepts for stabilising the system and reducing our suffering as well as steering us towards a growing awareness of our true potential. Collectively these concepts are known as kriya yoga; the yoga of action governing how and why we act and react as we do. These concepts are:

- Tapaḥ – self-regulation including exercise, diet, sleep and a sense of containment of our energy so that it is used in away that is productive and positive. This include using the harmonised movement of the body and breath to regulate the essential functions of the human system (respiration, circulation, digestion and elimination) to promote systemic stability or homeostasis. This creates a foundation for further higher practices such as meditation, in other words, the everyday practice of Yoga can not only bestow health and wellbeing, it can allow us to experience something beyond our everyday needs and desires.
- Svādhyaya – self-study or the ability to self-reflect and realise what we are doing and what drives our actions and attitudes, essential if we are going to recognise unhelpful patterns of behaviour and change them to more constructive ways of living and being. Encompassed within this is the study of yoga texts to support our development, using the text as reference points for our on-going growth and development. This study was always

intended, and needs to be, supported by a guide, someone who has walked the path and can act as an independent, neutral reference point.

■ Iśvara Pranidhān – self-acceptance of both our potentials as well as our challenges, there are things we can and should do and things that we cannot affect and so we must accept this to conserve energy and avoid disappointment and frustration. Traditionally this meant accepting the existence and pre-eminence of a higher power, but this may not always be helpful in the modern era and so a simple acknowledgement of the limits of our control is sometimes a more pragmatic way to embrace this valuable concept.

It is vitally important to acknowledge that it is implicit within the teachings of yoga that we are not expected to do this important but challenging work without support, a guide of some sort is essential. The teachings of yoga are the maps and guidebooks and we therefore need a guide to support our journey, pointing us in the right direction while allowing us to progress at a pace that is right for the individual.

This introduces another key aspect of the teaching, that the teaching, tools and techniques of yoga MUST be employed with regard to the needs and capacities of the individual; what helps one person may not help another.

Thanks to scientific research we now have evidence that the breath is a key tool for health, as yogis always knew. Breath is the key to accessing the parasympathetic response (rest, digest and restore) as oppose to the sympathetic response (fight, flight or freeze). ALL the essential functions, circulation, digestion, elimination and respiration work optimally when we are in the parasympathetic state, including healing. Relatively simple, easily learnt techniques can achieve this when taught appropriately, adapted to the individuals needs and challenges by skilful application.

Regulation of the breath is also the key to developing self-regulation. This is stated in the second chapter of a text called *The Hatha Yoga Pradipika* thus, 'When the breath wanders (i.e. is irregular) the mind is unsteady, but when (the breath is) still, so is (the mind) still…'

Another important teaching to emerge from the Indus Valley culture is that of ayurveda, 'ayus' meaning life and health and 'veda' meaning science or knowledge – thus the knowledge for a healthy, fulfilling life. As with many ancient and indigenous teachings ayurveda puts prevention before cure (as does yoga) and so we are encouraged to live healthily to be healthy and diet is considered the primary means to this end.

Ayurveda asks that we eat to nourish ourselves first and foremost, not to entertain or distract ourselves but to be as healthy as we can. This may seem self-evident and yet many people now eat themselves into suffering and disease (type 2 diabetes, for example). It is interesting to note that ayurveda and yoga share a common ethos, prevention is better than cure, that we should self-regulate and that this needs to be a daily life-discipline. Like yoga, ayurveda advocates regular, appropriate exercise and activities, good sleep along with a healthy diet. Both yoga and ayurveda suggest that we eat only until we are satisfied NOT full; space must be left for the digestive system to process that which we have consumed. A text called *the Hatha Yoga Pradipika* states, 'A moderate diet is defined to mean agreeable and sweet (meaning fresh and tasty) food, leaving one fourth of the stomach free...' Chapter 1.58.

Ayurveda gives certain criteria to indicate the parameters of sound health:
■ The individual's constitution is in balance (again, homeostasis);
■ Digestion should be strong and efficient;
■ All tissues of the physical body should be in good condition;
■ All excretory functions should be regular and appropriate; and
■ The mind should be well disposed, contented as should the senses and the spirit.

As with the earlier definition of svastha, this is a wholistic model, encompassing as it does body, mind and spirit telling us that for true health we need to be balanced and functioning well at all levels, including the spirit.

In fact, according to yoga, everything else in the human system should serve the spirit, a higher purpose, the realisation of our highest potential. But whether or not we choose this truly wholistic path yoga has much to offer the average individual in terms of health and wellbeing.

So, this ancient teaching has the means to equip us with the necessary tools and techniques to self-regulate, to provide self-care and self-development. And this is really the final part of the puzzle, we must CHOOSE this, it cannot be imposed from outside like a medication. We must want to change and be ready to change then amazing things can happen!

My final words are those of gratitude and thanks to India and its ancient culture for bringing these gifts to the world, for that is what they are. Gifts to humanity to allow us to be the best we can be, the healthiest, wisest and most fulfilled and, perhaps even self-realised!

Andy??

How do Muslims survive and thrive within secular and prejudicial spaces?

Sabnum Dharamsi

This paper is based on a talk given to the BPS Psychotherapy Section on Wellbeing: some insights into meanings and practices across cultures. The talk focused on two key areas: Epistemological violence; The Authentic Voice as an act of resistance in Islamic counselling training and the Western imaginary.
Keywords: *wellbeing; muslim mental health; decolonising muslim mental health; islamic counselling; islamic counselling training; racism; islamophobia.*

DIFFERENT imaginings help us to realise different relationships with ourselves, and it is from this premise that I'd like to begin exploring wellbeing. Allow me to share with you some words from Islamic heritage by Allama Iqbal:

> *My ancestors were Brahmins. They spent their lives in search of god. I am spending my life in search of man.* (Allama Iqbal[1])

> *Look at the evils of the world around you and protect yourself from them. Our teachers give all the wrong messages to our youth, since they take away the natural flare from the soul. Take it from me that all knowledge is useless until it is connected with your life, because the purpose of knowledge is nothing but to show you the splendours of yourself!* (Allama Iqbal[2])

These quotes speak to an overriding priority – the sacredness and majesty of our own lives whilst realising that we live in a world which threatens to overwhelm that huge spirit. The ship I want to sail in this document, is that wellbeing is many things, functionality and productivity too, as mentioned in the World Health Definition, but let's not miss the profound search for the transcendent-immanent. I translate this transcendent force as the Beyond-us and the felt presence of (God). It blows its breezes of Mercy betwixt and between the boundaries of self. As Kesharvi and Ali (2021, p.20) note 'In Islam, a person's ability to achieve true psycho-spiritual health rests on their actualisation of their primordial purpose.'[3]

That primordial purpose is to know God. I hope to present here what Islamic Counselling Training represents for students and for ourselves; how this representation, implicitly and explicitly, speaks to our wellbeing, particularly in a post 9/11 world. I will speak briefly to some of the challenges that we and they experience as individuals, and as an institution. And in doing so I hope that I will bring to light aspects of the Western imaginary.

We established our model of Islamic Counselling Training in 1997. It used to be a small part of our work; it has since grown to the exclusion of all other work and is significant[4] in what has been called an emerging

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[1]   www.goodreads.com/author/quotes/63191.Muhammad_Iqbal

[2]   https://poets.org/poet/muhammad-allama-iqbal

[3]   Kesharvi, Khan, Ali, Awaad (Ed.) (2021). *Applying Islamic Principles to Clinical Mental Health Care.* Routledge.

[4]   Skinner, R., (December 2019). *British Islamic Medical Association. Vol. 3, No. 1.* www.jbima.com

movement[5], 'An explosion of activity in the domain globally[6]' now includes a Muslim Mental Health Lab in Stanford, researching of classical Islamic texts relating to mental health, and a proliferation of articles and books.

It could be said that we're on a mission – and there's reasons for that. The reasons relate to the meaningfulness of sacred life and the fight against oppression.

Many things can be said in relation to oppression, but in this talk I want to focus on epistemological violence, best described by Gayatri Chakravorty Spivak's essay *Can the subaltern speak?*[7] central to the decolonial canon:

> *The clearest available example of such epistemic violence is the remotely orchestrated, far-flung, and heterogeneous project to constitute the colonial subject as Other.*

Indeed, the decolonial movement, in deconstructing that otherness, has described all psychologies as indigenous, including western psychology, as inevitably contextualised by the culture that created them.

My colleague Abdullah Maynard has written here about the way in which not only Muslims, but Islam itself has been othered and has spoken to the damage that can have to wellbeing. Othering of Islam is epistemological violence. It's why making a distinction between Islamic Counselling and Muslim Mental Health is important to us; Muslim Mental Health means the mental health needs of Muslims, whereas Islamic Counselling and Islamic Psychology speak to models which are based on epistemology and ontology; conceptual understandings and practice rooted in Islam which are embodied and lived. Until recently most of

the literature focused on the former, which has often been a colonising or adaptive approach, because it uses the language and concepts of Western psychology.

Of course, there are overlaps, but the modality of Islamic Counselling articulates Islamic understandings of self, ways of being and relating, understandings regarding the telos of therapy, and understandings of what is therapeutic embodied in practice. I experience this as activism – we've had to fight for this – so Islamic Counselling Training is giving voice to knowledge that many may not have heard, far less worked with experientially.

Islamic Counselling Training embraces our non-otherness; for example, integral to the training of the therapist is that we hold the person of the therapist as central; therapeutically essential but also for their own selves; this relates to the privileging of people over what they produce, based on the sacredness of each life. So we give a lot of attention to the students' terbiyyah, loosely translated as development, but really meaning that journey towards one's higher consciousness, or the divine. 'Living it' – moving away from hypocrisy and being integrated in oneself, is core to Islamic practice. I'm going to unashamedly share a quote – there are many like this - which exemplifies this, from one of our external reports from our award body:

> *Candidates describe an experience of learning that has encouraged their growth as counselling students within the skills frameworks. However, it is the descriptions of personal and internal transformation that were most touching. Candidates have embarked on a relationship with this team, that is inspiring, compassionate and deeply nurturing.*

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[5]   Footnote missing from text

[6]   York Al-Karam, C., (Ed.) (2018). *Islamically Integrated Psychotherapy.* Templeton Press.

[7]   Spivak, G.C. (1988). 'Can the subaltern speak?' In *Marxism and the Interpretation of Culture,* C. Nelson & L. Grossberg (Eds.), Urbana: University of Illinois Press, 1988, 271–313.

Muslims have become a racialised identity, (Sayyid, S. & Vakil A.K., 2021[8]) and students on our Islamic Counselling courses also experience epistemological violence within the therapeutic community; from the frequent profiling of (all) religious people as being pro conversion therapy, to structural barriers to success like an increasing emphasis in qualification criteria to be integrative (broad) rather than the deep dive that is required when teaching Islamic Counselling, (a field whose concepts are not already integrated into everyday parlance like Freudian concepts, for example) and take time to understand, to the relative silence about the securitisation agendas of Prevent and the impact on counsellors and clients of such surveillance on an already hemmed in community. This in the context of the psychologisation of social and political suffering placing responsibility onto the individual (Younis, T., 2021)[9] to the devaluing of Islamic Counselling as a stand-alone model to being like 'CBT' or 'person-centred' or even the devaluing of Islam and believers by 'operationalising' it to achieve psychological outcomes. (How dare we cheapen a whole belief system by subsuming it in this mechanistic way?) How can students on placement even begin to discuss the assumptions at play when the supervisor summarises their discussion of a Muslim client as 'strict' or 'modern' as if that serves to understand who they are?

Our work including this paper, is conceived as a part counter to that violence; for example, it's so tempting when writing for the BPS, to couch what I say in the narratives of academia and psychology; tempting because these are narratives of the establishment, of power, narratives of specialised discourses and concerns embraced by a Eurocentric base, and narratives that invite acceptance and belonging.

But to speak them would also be self-alienating and would represent so many missings, of sharing between Muslims and other. It's crucial to wellbeing to share aloud one's belief, to claim one's authentic self in relation to perhaps the most contested ideology of our time – Islam.

Islamic Counselling's voice – its success – it's engagement with Muslims and its ability to the critically analyse this field, represents a spiritual search to heal from epistemological violence. It says 'you Muslims, you religious people, you have a right to know and to be… your values and longing for healing could be met here. Maybe we can dispel the stigma of being vulnerable, not well, and even of being Muslim.

Hearing one's own voice, hearing it confidently amidst a sea of doubt, was the experience of Moses who says:

> *O my Lord! Open for me my chest. And ease my task for me; And loosen the knot from my tongue, that they understand my speech.* (Surah Ta-Ha; 20, 25–28).

One of my students, a slight Afghan woman, began her every journal with this verse, relating to the prophet who stuttered, who had himself committed murder and yet who because of a voice from his innermost and true self, God's command, intended to speak truth to the king, the most arrogant and

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[8] 'Muslims come from a number of different ethnic and racial backgrounds, yet that does not mean they cannot be a target of racism due to their Muslimness. This is firstly because racism is not merely about skin colour, but is a socio-cultural phenomenon, extending beyond the disparaging and/or targeting of a people based only on a collection of physical attributes. More importantly, racialisation is the process through which a group of people(s) – in this case Muslims – as a group, are ascribed (generalised and stereotypical) characteristics. This criticism relies entirely on a very rigid conception of racism whilst failing to recognise and account for the concept of racialisation, which has long been in academic discourse.' Muslim Council of Britain, S. Sayyid & A.K.Vakil, *Defining Islamophobia: A Contemporary Understanding of How Expressions of Muslimness are Targeted.*

[9] Younis, T. (2021). 'Politicizing Muslim Mental Health', *Journal of Muslim Mental Health, 15*(1). doi: https://doi.org/10.3998/jmmh.143

cruel man, a disbeliever in goodness and God.

There is an agency that is part and parcel of Islamic Counselling Training; for example, we anticipate students' anxieties and desire to succeed, by discussing the compromises they might feel to make under the pressure of an external assessment where the assessors may not understand their modality. Finding ways to communicate what Islamic Counselling is, is also important, but students can contextualise this in the experiential evidence of their own hearts, and the knowledge that the ways of healing expressed in the Qur'an are realisable and translatable to themselves and others.

As a tutor, I often don't get it right; for example, I'd repeatedly made clumsy distinctions in class between traditional Muslims and ourselves. I'd like to share with you about how one of my students responded to this. In her own words:

> *During my training within the Islamic counselling philosophy the premise had been set, that being open is to be authentic. To learn to have courage to interact and speak your truth was encouraged and hence we would learn to be able to hold truth within a still heart. Reference was made to traditional Muslims with a negative connotation.*

I felt the need to highlight the discrepancy I observed, moving away from an open heart and acceptance of all flavours of faith.

I had often experienced prejudice from my own community for being too religious or not religious enough.

But this space within my training 'family' I willed to be different and I was adamant I should be able to just 'Be' as should anyone.

I wondered if behind closed doors if we as a group were somehow looking from above at those 'traditional Muslims' as somewhat backward, how then could we advocate all humans regardless of their views and practice are from the same essence and sacred nature.

So I raised what I saw as the contradictions which were gracefully received due to

what I believe was the inclusive and merciful nature of the essence of Islamic counselling!'

Perhaps something of the flavour of Islamic Counselling Training and its relationship to wellbeing are captured in the words of another student:

> *When we start classes with the Fatiha – the words of Allah – it's like we are located out of ourselves which is a shift away from embodied identities and towards our being. It feels like it mirrors the shahadah in that it negates dependence on all else whilst affirming our need for Him just as la ilaha illAllah negates all else other than Him and then affirms Him. It's like we are both saying His words (moving away from ourselves) but also entering into our true selves (supplicating Him) which helps the shift towards the heart. It's not about us being Muslim as much as it's about Him being Allah. That space is made for us to unabashedly talk about soul in our own experience and in client scenarios – it's so incredible because it's a place away from trying to justify our existence and move towards acknowledging the truths we've had handed to us but not always had safe spaces to explore as Muslims in the west. Because the west has such a fractured relationship with religion it brings a lot of discomfort and shame into conversations about and with other religions and I think those wounds get kind of mirrored on by always being on the defensive or retreating into silos.*

So to my final point about the Western Imaginary. In a continuation of my earlier quotation from Gayatri Spivak says: 'It is well-known that Foucault locates epistemic violence, a complete overhaul of the episteme, in the redefinition of sanity at the end of the European 18th century. But what if that particular redefinition was only a part of the narrative of history in Europe as well as in the colonies? What if the two projects of epistemic overhaul worked as dislocated and unacknowledged parts of a vast two-handed engine?'

I'd like to end by asking the question, what in the Western imaginary has been

dislocated and unacknowledged? I think we cannot even call it Western anymore, but rather a global imaginary that makes it hard to conceive any other way, that makes it hard to stop duplicating the systems of power and privilege, and to take stock of our world.

Charles Taylor says: 'Almost everyone can agree that one of the big differences between us and our ancestors of 500 years ago is that they lived in an 'enchanted' world, and we do not; at the very least, we live in a much less 'enchanted' world. We might think of this as our having 'lost' a number of beliefs and the practices which they made possible. But more, the enchanted world was one in which these forces could cross a porous boundary and shape our lives, psychic and physical. One of the big differences between us and them is that we live with a much firmer sense of the boundary between self and other. We are 'buffered' selves. We have changed.[10]'

In the Qur'an Allah, meaning Oneness, meaning Transcendent and beyond compare or definition, and meaning Immanent, in our hearts, felt and loved beyond the confines of our understanding of religion and the world even, challenges us, 'What, will you believe what your fathers believed'?

Will our ideas of wellbeing continue along, supporting ideas of functioning and productivity at the expense of our enchanted, porous selves?

Will the 'disenchantment' of the modern age described by Charles Taylor, render our experience of the world more confined? As he says, 'we have here what Wittgenstein calls a 'picture', a background to our thinking, within whose terms it is carried on, but which is often largely unformulated, and to which we can frequently, for this reason, imagine no alternative.[11]'

To survive and thrive – we hold on to the imagination of an alternative. People understand Islam as being restrictive, Muslims included, but I see it as an influencer, somewhere to go to understand a way of being a way of knowing and a way of doing, a call to the heart from beyond the confines of a suffocating and noisy world, to remind us of the flare of the soul.

I'd like to end with the sacred: 'Allah is the Light of the heavens and the earth. The example of His light is like a niche within which is a lamp, the lamp is within glass, the glass as if it were a pearly [white] star lit from [the oil of] a blessed olive tree, neither of the east nor of the west, whose oil would almost glow even if untouched by fire. Light upon light. Allah guides to His light whom He wills. And Allah presents examples for the people, and Allah is Knowing of all things.' The Quran, 24:35

Sabnum Dharamsi

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[10]   Taylor, C., *The Immanent Frame*, retrieved from https://tif.ssrc.org/2008/09/02/buffered-and-porous-selves/ on 24 January 2022.

[11]   Taylor, C. (2007). *A Secular Age*. Harvard University Press.

Evolving through Covid

Jo???

THIS PIECE intends to lay out some positive adaptations that I have made to my practice over the Covid period. I simply cannot write this without an initial acknowledgement of the seriousness of the situation with which we were faced, especially serious if you were vulnerable to illness and immune compromised or had loved ones who were ill, suffering or lost their lives.

Death came closer to us all and understandably shook at our foundations leaving us afraid or at least reminding us that we are always afraid of death and always have been. The impact of this fear was justified reaching its tentacles to both adults and children, feeding into our worst fears, bringing them close to our door. It made us all so raw regardless of whether we suffered the illness or lost those we love. We were called upon at a deep level to step up to a mark we did not know or understand or even see and make a journey without a ticket where we did not know the destination. Understandably my in box became overloaded with client need, and if I am honest I just could not cope with that need and had to close down my practice for a while and take care of myself. If I am left with any difficult feelings about Covid pandemic year it is this, I had to put my own oxygen mask on first before I could even think about others.

After a few weeks of rest, I found a solution and reached out through podcasts, online work and written communication. BPS Southwest published a piece that I wrote on survival during the pandemic, and a local magazine in our city published a similar piece with '10 things to do to stay sane during the pandemic.' Although I had to withdraw for a while, my communication with the wider community became stronger. It seemed a natural way forward. A pathway opened up for me.

As a species, our behaviours changed overnight. We had to work together, think of each other, watch out for each other… and amazingly we found that we could do things we formerly could never do… the 'Everyone in' project meant that homeless people suddenly had hotel rooms allocated to them… this was a brilliant solution waiting to happen… somehow it's wrong to think of a silver lining to a pandemic when so many were struggling, but there was definitely a solution here. What we were seeing was human adaptation to risk and danger. The only solution seemed to be to think as a group and look out for one another.

New heroes were born. Those in humble jobs suddenly became essential. The individuals we used to ignore and take for granted became vital to our wellbeing overnight. Working in a supermarket became an essential service, van delivery operatives suddenly found they were appreciated. It was as important for them to deliver for the moral and wellbeing of the nation as it was for medics to be in the NHS. Those bottoms of the pay scale roles suddenly got attention, for example, people working in care homes whom we so easily ignore were the foot soldiers of the pandemic, suddenly valued and warmed in our hearts.

Is it to be the case that the consciousness of humanity lurches forward and evolves on the heels of disaster? The principles of evolution might suggest this. So, I do not write this piece in any valedictory sense but with honouring the brave. I was fortunate that I lost nobody and suffered no financial consequence because of a lockdown. I also was not ill, but I know many who were very poorly and those who were pushed to the brink of terrifying financial ruin. In Devon where I live, the hospitality industry

was brought to its knees and many hostelries closed. People lost loved ones, and certain groups were more vulnerable than others and certain jobs were more susceptible than others. If I had driven a bus for a living, I may not be alive, if I was in a lower income bracket or, working in the NHS, I would have been directly stressed with no possibility of escape. All of this I acknowledge. All I had to do was find new ways of working.

Around the 20 March 2020 I sat in the sunshine at Faro airport with my husband trying to decipher my dream over the last cup of Portuguese coffee before our flight home. We were laughing at the improbability of this dream in which I had seen all the aircraft at an airport parked up wing tip to wing tip quietly in the sunshine. 'Nothing would make every single plane be out of use'... 'no nothing' my husband agreed… sometimes dreams are strange… I wonder what on earth it was trying to tell me. On this occasion we concluded… probably nothing and we cheerfully boarded our flight. But somewhere deep in my psyche something was stirring, a communication was being made that was barely conscious but nonetheless the communication was being made.

I had also dreamed I was in a land where the only useful means of interaction and exchange were made through my mobile phone and my credit card. Again, we pondered – we are such transactional creatures, why ever we would be so highly dependent on credit cards and phones when in fact we are personally interdependent on every aspect of the human race. We laughed again at the imponderable… the indecipherable… we loved the use of our credit cards and of course our phones are increasingly useful but – the only means of interaction?… no… that was not going to happen.

Ten days later we were in lockdown, and I was paying for everything on credit card and talking to all my clients on my phone. I sat staring at my screen before I googled for Zoom which I had never used before and saw my first client through a screen. I was crossing into the unknown – a land I had

previously dismissed. We became creatures we did not know we were – I was an online therapist; my daughter has become a teacher to her children and for the next six months I would talk to my grandchildren and play puppets with them through this medium.

So, without doubt, whilst we clear up the detritus in the aftermath of a global pandemic we faced together, we must honor our loved ones and those we lost, thank our heroes and start to re-order and acknowledge both what was lost and what was found. Here is what I found.

Working online is easier. Some of my colleagues would not agree with me – they do not like working online and feel there is a loss of connection with their client. But I think you can connect just as well if there is a human need – body language becomes more important and tone of voice more acute. Emotion can come across. Think of the client – they don't have to travel, don't have to take time out of work, don't have to park a vehicle and then travel home again. That's half a day out of work. I don't have to rent an office and I can talk to a client wherever I am if it is confidential.

Training is easier. I managed to complete a six-month training with Steve Hayes on his ACT model of psychotherapy. I would never have been able to do that if I had to travel to America. I learned a whole new model of psychotherapy that could help my clients more easily. What's more I can go for a cup of tea when I want to and switch off anything that is not of interest. I cannot see anybody that does not prefer this model of working and learning.

Saved the environment. Fewer people travelling to the office or to the therapy session meant less cars on the road. A chance for nature to breathe and take over. It is unlikely that I will ever travel to a committee meeting again. This costs me less… and I can join more committees with all the time I have saved without creating a travel footprint or polluting the environment through travel.

Shopping online

I used to love going to the shops. In keeping with the evolutionary backdrop to this piece, it was a form of hunting. But my whole shopping habit has changed. I just did all my Christmas shopping in half-an-hour online to be delivered later in December. Infinitely preferable than all that fetching and carrying I used to do, not to mention parking the car when everybody else has the same idea. I may have single handedly caused the collapse of the high street. The high street is actually remarkably inefficient so no wonder stores are closing.

I focused on my garden and the environment

No holidays and all that money invested in my garden. A summer house for entertainment and a reclaimed corner with decking… I got interested in plants and growing and entertaining outdoors and found a whole new me who loved to put on wellies and do weeding. The weeds in my garden have bothered me for years. Now I love them…

My friends and family

I valued my family and friends and their presence. I've made so many meetings that it is overloaded….

Progress on health

We can if we want to

Death came a little closer to us all, we were threatened but none of the events are strangers to us. There have always been pandemics as long as there have been bacteria, death has always snatched us away from our loved ones – we have never truly solved that lack of power. As far as making changes for good are concerned… it seems the evidence from the pandemic appears to indicate that we can make big changes suddenly if we wish to do this.

Jo

How do Muslims survive and thrive within secular prejudicial spaces?

Stephen Maynard

L ET'S consider the diversity and inter-sectionality that is Muslim identity. We could talk from the normal conventions – acknowledging that Muslims are CIS gender, LGBTQ, able-bodied and disabled, of every continent, speaking most languages and differentiated in terms of their socio-economic, and as well as political status or persuasions. But most conversations about Muslim diversity follow lines of:

- Sunni, Shia or maybe Sufi;
- liberal, conservative, or maybe orthodox;
- believing, practising or maybe cultural;
- extremist, fundamentalist – (or maybe good Muslim).

Implicit in these modern conversations about Muslim identities are questions regarding the assimilation of the 'othered' individual or group in relation to dominant political-cultural norms.

The problem here is a faith designed in and of itself to facilitate true fulfilling lives in their entirety, in a variety of cultural contexts, somehow when juxta positioned with current Western thought becomes so threatening, that it must be dismantled and disarmed in ways that alienate the individual from their core belief, for them to function within 'society'. This is the difference between the identifiers we choose for ourselves and those that are placed upon us.

There are also the internalised oppressive titles we or 'our people' place upon us, even though they are not appropriate. But we learn to compromise, identifying in strange, invented ethnicities fitting the requirements of social policies externally imposed; so, Muslims born and bred in Beckenham identify as Asian. 'Of Asia', a continent that accounts for approximately 50 per cent of the world's population, identity?

And what of the individual, the family, the community, and the changing meaning of each, as defined by both the self, and the defining other, (our people) as meaning mutate through time, through both internal and external forces.

How do Muslims survive in secular, (implicitly Judeo Christian), exclusive, liberal, Western fragile spaces – much less thrive?

This question isn't in isolation – it sits next to how do Muslims survive or thrive in the context of their cultural, faith, communal, or national context, as that is impacted and changed by its interactions with the dominant culture of Western democratic consumer capitalism? Can you take the individual psyche out of context out of their family, their nation, out of their history and heritage; if so, what happens?

> *By time surely mankind is at a loss*
> *Except for those who believe*
> *do righteous deeds*
> *And advise each other to Truth and advise*
> *each other to patience*
> The Quran (103; 1–3)

In this multiplicity of competing realities of being, questions of survival or thriving can easily and frequently become disconnected. Questions of, who am I? Who am I being? What am I doing presently or with my life?... Questions of survival and the answers that they evoke may and often negate understandings of thriving. Living in a context of how does an 'othered' individual survive, what must that person do, or lose, to enable this in a hostile environment?

In a secular, prejudicial environment, how much must a person give, how much must they lose, to say I believe in Allah? What are the internal gymnastics that must be performed? What aspects of the person's truth needs to be traded in this environment just to profess this belief? So, Muslims; are we believing, practising, cultural; or Muslim by name?

And this is before key difficult questions. What am I believing, do I dare ask that? What am I practising, why do I do that? What am I saying when I say I am Muslim?

Being Muslim in Britain in 2021 has endless possibilities and endless threats, it is an undefined landscape, some of its borders appear clear, but may not be. In this, clients sometimes wonder why righteousness has not saved them? Why success as defined by the dominant culture or according to their family or community has not insulated them? We make accommodations, some sit heavily on our hearts having implications for wellbeing, autonomy, and identity, disrupting:

- Feelings;
- Core Beliefs ;
- Self-conceptions or self-esteem.

As we accommodate, we may reduce ourselves, separating self-concept from aspirations, emotions or core beliefs flattening our substance to fit prescribed reality. It may seem convenient in a mental health context for clients to make these accommodations when the prime therapeutic mode of operation places emphasis on thinking and behaviour at the cost of feeling and belief. Yet still, year on year NHS data shows that some of the worst outcomes of IAPT are in the Muslim community. So, here's a proposal…

If we psychotherapists can accept the **reality** of spirituality at least for people who profess it, then we can begin to engage in and with the complex reality of psycho-spiritual wellbeing of the individual in the modern world and what this means **for them**.

The proposition is simple but the implications of this are complex and difficult. It may require abandonment, of some of the

securities normally brought into the therapeutic space, about 'the' nature of reality that as professionals we may have learned to rely on. This requires humility, and an openness to learning, not just about our clients, but about our work and ourselves.

With this we can begin to meet people therapeutically and humanly, in the intersectional spaces of their realities, knowing that faith Islam may or may not be the paradigm that holds their essential truth.

There isn't *necessarily* a conflict between the main bodies of Western thought and Islamic thought, nor is one better or worse than the other. They are simply different, despite their overlaps one cannot be assimilated or subsumed into the other. As Western thought has its nuances that colour the way the diverse millions of people whose thinking is codified by it see reality, so too Islamic thought.

These world visions, not only overlap in global geopolitical realities that shape individual life experiences, but in the internal worlds of Muslims living in the western world, or their lives in 'developing nations' 'failed states' 'axes of evil' or whatever other term is generally being employed to identify the 'home' of the 'othered 'individual who then arrives in therapy. To point out some micro-aggressions clients carry in our work. In the context of the above, consider the following case presentation.

> A client was referred to the Lateef Project in the pandemic by his wife for stress. He was one of two brothers, both doctors working in stressful contexts in the pandemic.
>
> The client's stress was related to several factors. His mother was suffering from dementia and although she lived with his brother the client was the main carer staying nights there and taking care of her needs. The stress was compounded by a dynamic between the brothers, the client was an emergency GP but his brother worked in an even more demanding environment.

The client had lived abroad for a period while his brother was caring for their mother. The brother resented the client for the fact that he had been away. During the counselling, the clients wife became ill. He would describe his life like spinning plates and juggling at the same time.

The key issue I want to raise here is the emotional unavailability of the client. From the beginning of the therapeutic relationship, the client had difficulty engaging with counselling. At the beginning of the relationship, he would rationally question the need for counselling. His counsellor would then reflect back his circumstances, he would laugh, and concede the need for support. He would then commit to using the therapeutic time more appropriately in his following sessions. These commitments appeared genuine.

He was avoidant, both in terms of his emotional engagement and in terms of his accessing counselling. For the counselling to happen the counsellor found that he needed to regularly send reminders of the session for the client to attend, he only remembered his sessions when prompted by a text from his counsellor. On one occasion the client carried out half of his sessions (hands-free) whilst driving between the care of his mother and his work.

He would discuss his mother's deteriorating condition as a clinician in counselling, rather than as a son. He began to miss sessions, when there, he was tired and could not concentrate.

He could not understand why counselling had to be weekly. He preferred to report back events of his week rather than reflect on their meaning, their impact on him, or use the time to reflect on himself. The therapeutic work was hard, but when engaged there would be glimpses of his relationship with his brother or of his experience of caring for his mother. When the focus could be brought to his experience he would talk briefly about his mother's deterioration or his struggle in coping with his various responsibilities.

Though he indicated an understanding of his situation, its impact upon him and his needs at a rational level, this pattern of rationally seeing his situation when in counselling, missing sessions and not emotionally engaging became the pattern to the end of the therapeutic relationship.

He acknowledged that it was easier to compartmentalise than it was to address his experience due to his exhaustion. The exhaustion was palpable leaving its impact on the counsellor in each session.

He was aware he was burnt out. He was aware that he had an opportunity to address this and of the sense in doing so. It was more stressful for him to reflect and address his experiences than it was to just carry on, even though he knew that was costing him more in the long term.

A teaching of the Prophet Muhammad may help contextualise this client's devoted care.

> *Happiness is at the foot of your mother.*
> Hadith

But this is not all about 'difference'. As the above discussion indicated individual Muslims here accommodate, Islamic, historic, cultural and British normative conceptions in their attempts to 'be'. An irony this case indicates, is the way that an over reliance on rationality can not only impact on wellbeing but reduce a person's understanding or experience of their own humanity to functionality. In this where is the space for belief in what can't be proven, much less for witnessing decline and death?

Our client did not allow himself the space to feel grief, loss, sadness, anger, or self-compassion but was driven by guilt

and responsibility to try to do the logically inhuman. One may think we were not appropriate in the way we worked to engage him – what of his responsibility? But what happens when a cold rational functionality finds its way into the living of Islam in modernity. Without space for hearts, how can Muslims survive?

In the pandemic, we have worked with over 40 Muslim health professionals including mental health professionals. They have talked about both their personal and professional realities; difficulties that stem from historic trauma, abuse or toxic relationships, intertwined with their experience of racist/Islamophobic and misogynistic/sexualised remarks by superiors, their over-exposure to risk in the pandemic, the bullying and micro-aggressions in the NHS. A common theme expressed, has been an understanding of themselves in work and home life, in terms of their necessary functionality that seemed to be crushing them. Economically secure responsible family members and professionals, fulfilling their responsibilities to family and society. In pain.

In 100 years, Western conceptions of what it is to be human have changed. Wittgenstein in 1918 accepted that there were things we could delimit, things we 'should pass over in silence. Skinner by 1971 gave us a world reduced to codifiable objects.

Muslims identify as people of the middle path. But in modern Britain, with its backdrop of micro-aggressions, proxy wars and where all things Muslim are considered lesser, how do we define thrive?

Knowing that many Muslims are more than their thinking and behaviour. What do we think we are doing as a mental health professional when we know that our standardised cognitive therapeutic interventions are failing this five per cent of the population and we fail to critically evaluate these interventions?

For wellbeing, we need time and interventions that are subtle enough to hold our client's humanity, their precious lives.

Stephen Maynard

A healing of soul and body

Helen Freeman

IN THE traditional Jewish prayer for healing, we pray for a 'Refuah Sh'leymah' – usually translated as a complete healing. The Hebrew root means something closer to 'wholeness', so the implication is that healing implies being made whole once again. That is reflected in the fact that, unlike the English idiom, we pray for 'healing of soul and body', a reflection of the reality that if the soul is troubled and broken, it is nearly impossible for the body to heal and become whole again, no matter how good the medical interventions.

There is a story in the Talmud, the compendium of much Jewish law and lore, about what happened to the broken tablets of the law that Moses destroyed in his anger against the Israelites for worshipping the golden calf. Apparently, they were kept in the ark , together with the second complete ones, to remind the people, that which is broken is as holy as that which is whole.

There is a story attributed to the early Chasidic masters of Eastern Europe, who taught profound messages by the means of tales that were accessible to everybody. They tell how a king once had a beautiful, price-less diamond that somehow sustained a nasty scratch. He was beside himself, and called to all the best jewellers in the kingdom, to see how they might repair his prized jewel. Nobody knew what to do, until the greatest jeweller in the kingdom said that he would not only repair the jewel, he would make it even more beautiful. The king was stunned, but agreed to hand it over to the man, who seemed so confident. The next day, the man returned the jewel to the king, and it was indeed even more beautiful, because he had carved a lovely rose on the diamond, and used the scratch as the stem.

These stories about healing and whole-ness, and how to mend that which is broken, have never seemed more relevant than during the last two years, when we have been struggling as individuals, as a community and as a nation to find meaning and comfort during this global pandemic.

I remember well the sense of disorienta-tion in the first lockdown, nobody quite knew how the virus was spread, there was no sign of the vaccines on the horizon, and there was a massive increase in anxiety. Within my community, we have run a Wellbeing Cafe for those with lived experience of mental health struggles for a few years now. Slightly counter intuitively, some of those who had struggled with anxiety disorders and phobias, felt part of the wider community in a new way. Suddenly there was something tangible to be anxious about, there was a reason to wash one's hands and be cautious about touching rails on buses and handles in the tube trains.

Like all our support groups and learning opportunities, the Wellbeing cafe went on to Zoom and gained new members. I think there were two reasons for this, it was possible to join from anywhere in Britain, or indeed in the world, as long as the time frame was suit-able. Perhaps more importantly, nobody else would know who had found a need to access support because of their increase in anxiety, it was much more private than making the decision to come into the synagogue for the support group. We found that the increase in need for support was across the age range, not least because of the shared experience of uncertainty about the future. This was espe-cially noticeable amongst young adults who had planned for a career and a lifestyle that seemed to be slipping further and further from their grasp. Their grandparents, who have lived through the Second World War,

seemed to have more resilience. In addition, there was a shared perception amongst many senior citizens that they were prepared to take some risks to see their grandchildren, because they were genuinely unsure how much life they had left, and so the risk seemed worthwhile to them.

At the beginning of the pandemic, we didn't know what the future would bring, the synagogue sanctuary was inaccessible for services for some weeks, and so weddings and bar mitzvahs were all postponed for a happier time when people could celebrate with their family and friends. The importance of community as a safe and supportive environment was underlined as never before. The Hebrew word for congregation is 'kehilah kedoshah', it means something like 'a holy gathering', underlining the importance of being able to be together to pray, study and support each other. For us as a Reform congregation, it is permissible to use electronic means to access our religious services. And so, for the High Holydays in 2020 and 2021, everything was live-streamed so that people could sit at home with their prayer books to follow the service, even when they didn't want to be in the synagogue with other people.

For the first Rosh Hashanah, we wrote to people, suggesting making a peaceful and safe corner, perhaps bringing white flowers, traditionally a sign of purity at that time of year, so that they could bring a sense of holiness into their room. Just as the synagogue wears white for the Days of Awe, we suggested that they too might like to wear white as they watched on the livestream. For me as a Jungian trained therapist, used to the alchemical idea of a 'safe vessel', it seemed important to facilitate that being set up for members of the congregation.

To our surprise and delight, when the numbers of those who had watched the Yom Kippur services online was added up, it came to around five thousand, more than the entire congregation! It became evident that people had tuned in from all over the world, attracted by the need for a religious

place that offered prayer, beautiful music and a containing community, albeit a virtual one.

During the pandemic, we heard from members who were isolated in their own homes, advised to self-isolate because of clinical vulnerability. It was a lonely situation, and increased anxiety even amongst those who hadn't suffered from anxiety disorders beforehand.

For a community that saw its core values as prayer, study and caring for the welfare of its members, it was vital to reach out to them. Our decision was to set up a core of volunteers, supervised by our social workers and by me as the rabbi who is a trained therapist. Each person took a list of people to call, aware that their task was to ensure wellbeing, set up shopping and collection of medication if required, use our IT angels to allow access to Zoom for those for whom it was new, and report back to the supervisors if more detailed intervention was required. Crucially, all members had already given permission for their details to be used appropriately by the synagogue, so there was no issue with G.D.P.R. rules.

It has been an enriching and deeply moving experience for the dozens of volunteers, and for the hundreds of people whom they phoned every week or so for nearly two years. Friendships have been made, deep connections made and trust built up and, counter intuitively, some of the wonderful volunteers have made their way back into synagogue services, sometimes after many years of absence. They too have found their community with the other volunteers, they have shared their fears and anxieties during lockdown, and their awareness of feeling blessed at receiving their vaccine doses and boosters. They have become deeply connected with the synagogue community, aware that it is there in times of anxiety and fear, as well as for moments of celebration.

We have all become accustomed to talking about hybrid services and support groups, learning skills with new technology that we never thought we would need to utilise. There are some new moments of

meaning that we have acquired during this pandemic. We have become accustomed in our congregation to holding evening prayers after a funeral on Zoom. The tradition was always to hold the shivah, as it is called, in the mourners' house, there were rituals that comforted them in a time of deep distress. There is traditionally a meal of comfort that is given on the return from the cemetery, and a memorial candle will be lit as well at that time. Friends and family bring food, so that the bereaved don't need to worry about cooking, and they are surrounded in a circle of love and care that can help them through the first difficult days of bereavement. Kaddish, the prayer for the dead, should be said within the safe container of the group, and the ritual process has a hallowed form which helps the bereaved person through their pain. All of this became impossible during the pandemic, it wasn't legal to mix households, and so we established a new ritual of praying together on Zoom. We

found, to our surprise, that there were certain advantages to this completely new form of worship. Family from all over the world could be together by the magic of Zoom. Everybody heard the eulogies clearly, there was no hierarchy in which those at the back of the room were not a complete part of the praying congregation. It is a common experience to be asked whether we can continue having shivah prayers via Zoom, even when the pandemic has passed.

During this anxiety provoking period, community has provided a safe container for all sorts of emotions, the synagogue building itself has been a space of tears and laughter as we began to return in some numbers. We still have to limit numbers, we still have social distancing and mask wearing, but we are beginning to see a way back to healing and holiness within our congregation.

Rabbi Helen Freeman

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Finding meaning and balance during the pandemic

Alzeyne Ghadialy

AM Alzeyne Ghadialy; I studied and trained in Counselling Psychology at the University of Mumbai, India. Since 2012, I have led a fulfilled life in the UK. Over the past 16 years of my professional career, I have helped people from diverse populations and backgrounds turn self-aware, grow, and reach their potential. I assist professionals to identify their work-related passions and achieve their goals. I support unattached single adults by helping them identify their needs in relationships, enabling them to find their life partners and make commitment decisions. I have encouraged children to experience and imbibe core values of love, respect and peace. I have assisted actors in honing their craft through training on psychology-based acting training techniques. I helped companies understand their consumers better. I have also worked with some of the most marginalised people, from children living off the streets, to commercial sex workers, to visually challenged and leprosy-stricken individuals. I use various mediums to achieve all of the above, such as workshops, films, qualitative research, social media, and one-on-one counselling.

As difficult and stressful as the last year and a half has been on everyone, from grieving for the loss of a loved one, to losing one's job, to the pandemic being the trigger to push predisposed individuals further towards pathological illnesses. This pandemic has been particularly challenging for us as professionals, with an added demand for mental health services.

The lockdown forced people to spend time with themselves, and many individuals were very uncomfortable doing this. People were generally high strung, anxious, desperate to have their voices heard and to feel understood. Several clients felt lost, didn't know what to do with their time. However, many others took this time to face their demons, reflecting on their lives and choices.

We also saw demonstrations of personal strength and character from many real-life heroes who stepped up to the challenging times. So many individuals even sacrificed their lives on account of helping others. These selfless acts of service were what I found personally inspiring.

During this period, I focused my attention on self-reflection and asked myself some difficult questions: How can I contribute and utilise my time to make a difference? What do I know and feel confident to address and share with others?

The answer popped up instantly: to pursue my passion project, which was to write a book on the marital decision-making process. I thought that being a marital decision-maker myself and given my background and work experience in psychology and human research would help lend credibility to what I would share in the book. I envisioned this book would provide the readers with a 360-degree understanding of the Marital Decision-Making Process while guiding, inspiring, and motivating singles through their dating journeys. This book would provide insights that would aid individuals in weaning out prospects, help them during their courting phase and eventually support them in selecting suitable life partners with confidence and ease. My passion lies in self-discovery and self-awareness. This book would be a beautiful extension of this passion. It would predominantly address

the self-discovery aspect of the marital decision-making process and be a by-product of my introspective journey while choosing my life partner. This reflective approach has also helped my single clients on their marital decision journeys; hence I wanted to make this information accessible to a wide audience through this book.

I consider myself to be a well-wisher, counsellor, and companion, to my readers and clients. Since the pandemic has slowed things down for many of us, I felt this would be an excellent time to present the readers with some food for thought so that once things begin to open up fully, my readers would be ready to get back into dating and courting, feeling equipped with relevant tools and techniques and with renewed clarity, hope and inspiration.

Since I chose to share my own story in the book, there were apprehensions when I began on how the readers would perceive me or if my story was powerful and inspiring enough. I reminded myself that the driving force behind my work is to push my boundaries, challenge myself, serve others, and as a result, understand myself and human nature better. I motivated myself by reminding myself of my purpose and reminiscing the heroic sacrifices of people around me. Feeling charged, I decided to take my chances and began working on the book. During the lockdown, I undertook an e-research study as part of the book creation process, with over 200 participants stating their choices while making their marital decision.

It was challenging to stay focused on creating this book, despite the added pressures of counselling clients and other responsibilities. I had my husband working from home, which I was not used to but enjoyed. With limited movement outside the house, the temptation to get glued to gadgets and other distractions were high. At the worst peak of the pandemic, we had to deal with our worries about the health of elderly parents and family members. We also had to handle our own emotions, fears and feelings of helplessness regarding the health of all the vulnerable people in the world.

This was a period more than ever before when I realised and paid heed to my need for self-care, which meant having a healthy self-care regime in place and setting clear boundaries for myself. First, I would begin my day with gratitude practice and a short prayer to get the right inspiration to serve others well on the day. Then, I would spend some time in Vipassana meditation. This practice made me value how fleeting our thoughts are and how transient our emotions are if only we observed them rather than judged them. Then, every evening I would spend an hour on a brisk walk in nature. This was my solitary hour when I would not entertain any other distractions. This was my time to self-reflect, absorb my surroundings, and channel my emotions through physical activity.

On days when I felt like indulging in viewing content, I would keep it positive and inspiring. For example, I watched biopics, inspirational stories of strength, or powerful stories of unconditional love. I would not spend more than 10 minutes on keeping myself updated with the news. I kept my social media interactions minimal unless I was encouraging my friends and acquaintances for their achievements.

To declutter my mind, I chose to give away old clothes and material possessions that I did not need, hoping that they would also be useful to others. During summer, I painted my garden fence and indulged in a bit of gardening. It was rewarding to see the outcome of my focused activities. I made some personalised wall art pieces for friends, which helped channel my creative energy and helped spread happiness to people I cared for. I wrote poems on human nature and character (I hope I can publish them in the form of a book soon). I would talk as frequently as I could with my parents and young nephews, and niece living across the world. We would play games, talk and learn together.

I like to keep myself abreast of the latest in our field. So I attended a few workshops during this time on positive psychology and wellbeing. With so much emphasis on the pathological aspects of our profession, I felt drawn to focus on aspects such as resilience, purpose, growth, and potential.

Now, as I engage in the final review of my book before it moves to the peer review stage and then the publication stage. I feel proud of myself for staying committed, disciplined, passionate, and as reflective and candid as I could have been in bringing this book to life while leading a well-balanced and meaningful existence through these unusually trying times.

My motivation to write this article is to inspire all my fraternity members to stay positive and focused on what they do. To remain true to your passions and goals. Let your desire to serve others inspire your journey and practice while looking after yourselves.

We are blessed to belong to a profession that helps us decode human behaviour and make sense of our world, with such vast and varied applications. We must feel grateful to have access to effective training to facilitate this understanding of ourselves and others. This profession also enables one's work to directly promote self-growth while serving others and positively impacting their lives. So let's fill ourselves with positivity, gratitude, and hope for a brighter future as we move forward and collectively tide over these bizarre pandemic times.

Alzeyne Ghadialy
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References
I am sharing a few references to books and theories that have inspired me personally and contributed to my work.

Hosseini, K. (2007). *A thousand splendid suns.* New York: Riverhead Books.

This book personally struck a chord and moved me deeply. The key realisation was that we lead such privileged lives compared to so many women in other parts of the world, where a fundamental human right like freedom is a luxury. Every time I face a challenging situation, I remind myself of the grief and suffering of the protagonists in this book, which helps me cope.

Sher, B. (2006). *What do I do when I want to do everything?* UK: Rodale International Ltd.

This book made me realise that it is okay for my passions and abilities to take me in many different directions. Where pursuing many interests and goals is part of leading a fulfilled life on my terms. My career path and brave professional choices stem from being comfortable with who I am and how I am wired.

Staples, W. (1996). *In search of your true self.* USA: Pelican Publishing Company Inc.

The purpose and meaning of my life are questions I have had on my mind since I was a child. So I was grateful that this book clarified the basics regarding our sense of self. Concepts such as we are responsible for our life; thoughts and emotions are our choices; self-esteem; the power of belief; focus on contribution, etc., set me on the right path.

Maslow, A.H. (1970). *Motivation and personality.* New York: Harper & Row.

As a student, I was fascinated by Maslow's hierarchy of needs, with a particular interest in self-actualisation, living life to one's full potential, and being of service to humanity. We as human beings are driven by our needs and make life choices and decisions based on the needs we choose to prioritise. Our motivations are in accordance with our internal make-up, life experiences and circumstances. So I knew I had to address the aspect of needs from romantic relationships in my book (even though the content

and context in which needs are addressed in my book is very different from the original theory).

Eyre, L. & Eyre, R. (1993). *Teaching your children values*. New York: A Fireside Book

This book served as a valuable resource in helping me understand and decode abstract values such as honesty, courage, peace, love etc. I eventually created a well-received play-based experiential workshop on values, which I facilitated with 11-year-old children at their school. My efforts were directed to help the kids tap into their internal experiences and resources around these values to imbibe them rather than have an impersonal intellectual understanding of them.

Chekhov, M. (1991). *On the technique of acting*. New York: HarperCollins Publishers Inc.

Michael Chekhov's acting training technique has been used as an inspiration by internationally-renowned actors and directors such as Anthony Hopkins, Jack Nicholson, Ingrid Bergman, Clint Eastwood and Johnny Depp. I was part of a team that pioneered Chekhov's acting technique in India in the DVD format. Joanna Merlin, President of the Michael Chekhov Association, New York, USA, endorsed this DVD. Using the body-mind connection, that is, using one's body and imagination as tools to emote truthfully and transform easily into various characters, forms the basis of this technique. This book formed the foundation to understand the technique. My inputs were to help translate the theory into exercises suitable for the visual medium. Workshops are still conducted using the content's of the DVD at many prestigious acting training and educational institutions in India, such as Film and Television Institute of India (FTII), Russian Centre for Science and Culture and Whistling Woods International.

Psychotherapy Section Online Conference – 22 October 2021: Wellbeing: Some insights into meanings and practices across cultures

Audrey West

Audrey West: Owning our Madness: Towards personal, national, and global mental health in the wake of 500 years European colonial distortion of selfhood. An introduction to the work of Professor Frederick W. Hickling

Thank you for inviting me to introduce the work of Jamaican Psychiatrist Professor Frederick Hickling. His practice invited us to **Own our Madness**. He began by addressing Jamaica's journey towards personal, national, and global mental health in the wake of 500 years of European enslavement of Africans and colonial distortion of selfhood.

I acknowledge the suffering in the world, that we have experienced personally and historically. Jamaica continues in its struggles. I thank our higher powers and the ancestors for holding us all throughout the challenges and replenishing us with hope and guidance towards positive change.

Emeritus Professor Frederick Hickling was a bold Jamaican psychiatrist who upended the provenance of madness in Jamaica during his post in the 1970s as chief medical officer at the Bellevue Mental Hospital in Kingston, Jamaica. He piloted the practice of Psychohistoriography whilst examining the personal, social, and colonial historical past that brought mentally distressed Jamaicans to such a draconian institution. Prof Hickling assisted patients out of this oppression through their personal and collective narrative that led to psychodrama, dance, and other creative expression. This included transforming the prison like grounds into a horticultural farm with a central theatre space for cultural therapy. In the early 1980s Professor Hickling was unceremoniously ejected from this ground-breaking intervention towards mental health primarily when he advocated the benefits of marijuana in calming mentally disturbed people.

Professor Hickling soon regained international recognition and acclaim. In later life, his leonine white beard and firm, caring approach symbolised his power. An intelligent, kind, gifted and talented man, he energised everyone he encountered with his healing presence. His practice is still in its early global formation: we remain mad, until we recognise the lies and damage that our colonial and historical past has heaped on us, causing us to respond to the present in destructive ways for self and other.

I must have been mad to agree to undertake a summary of Professor Hickling's work. He academically documented, and peer reviewed every aspect of his extensive and radical career: 'If you haven't written it, you haven't done it' was his mantra. Much of his work is freely available online.

I begin with the personal by introducing myself and my journey away from madness. I left London in 2017 to escape to the country in North Wales. The landscape of sea and mountains reminds me of my Portland Jamaica birthplace that I left in 1962, along with five siblings to join our parents in London. They had given up the hope of returning 'back home' within five years. Slushy snow or grey pavement hid any gold promised in Her Majesty's London streets. The children's lives were at risk in Jamaica. Education was the best opportunity England could offer.

I first encountered the madness of racism at school. Younger brothers of Teddy boys regularly ambushed me and two sisters after school. We didn't understand the names they called us but felt the venom and violence. I was a bookish 6-year-old. These grubby kids took pleasure in stamping my novels into muddy puddles, along with my new winter coat. My older sister chased them around Woolworths. We scrubbed up before we got home.

We settled, receiving warm welcomes from church and family. School was a safe enough place. The teachers were mostly kind. Our headteacher Mr Evans said: 'tell them sticks and stones will break my bones, but names will never harm me.' Home was a mixture of laughter and discipline. I read a lot. From Louise Bennett, our esteemed Jamaican language poet, to books we found in jumble sales. This included my first introduction to Psychology, aged 10. I remain influenced by both.

I heard the Black activist lawyer Darcus Howe refer to UK children of Caribbean migrants in the 60s and 70s as 'Black and at ease'. We were 'Young, gifted and Black', and thought we had a chance to shine. Most of my cohorts were self-motivated and hard working. We knew we had struggles to overcome in this strange land but remained optimistic about change. Margaret Thatcher slowed it down for some of us.

After graduating with a degree in Iberian and Latin American Studies, I considered returning to Jamaica. I worked briefly at the Jamaican High Commission in London but felt too British there. I resigned myself to be nostalgic for 'back home'. I decided to teach French and Spanish and went to Spain to improve my fluency. On arrival in the small town, the Spanish Police harassed me suspecting I was a Madrid whore from the colonies. My lovely teacher colleagues put them straight. That same inference followed me when I attempted to cross from Spain into France on an Inter Rail journey with Spanish friends on my way back to the UK. This time, the treatment was overtly hostile

and racist. I lost my interest in French. I also decided to substitute my Jamaican passport for a British, to make travelling easier, narrowly escaping any Windrush backlash.

During teacher training, I returned to practising visual art. I also worked at a local fringe theatre and read Black women writers. I taught briefly but was restless to be more creative. Following my mother's death in 1984, I returned to Spain to teach and paint. I came back to London six months later at the sudden death of my eldest brother. I then shared my life with community development work, a British Jamaican partner and a baby daughter. Something wasn't working, and I sought therapeutic support. Afterwards, A good friend nudged me into becoming a psychotherapist. I said yes to Psychosynthesis. The combination of the transpersonal, subpersonalities and humanistic therapeutic framing made sense.

I took an MA in Cultural Memory in 2000. This course wove together the tapestry of my life. As I examined post-generational trauma in families of Jewish holocaust survivors, I suddenly recognised the impact of trans generational trauma on descendants of transatlantic enslaved Africans. Subsequently, I experienced visceral evocations of trauma slave memories. At the time, this narrative was silenced in the UK. Some Jamaicans already knew.

In 2008, I discovered Professor Hickling's work whilst pursuing UK recognition and accreditation for the Jamaican language along with other UK Black academics and educational charities. When you are ready to learn, your teacher appears.

I was deeply saddened to learn of Professor Hickling's death on 7 May 2020. I had met him twice. The first time, when he ran a community workshop in 2010 in tandem with my art exhibition and a community organisation in East London. Gentle and powerful, I recognised a person who knew himself therefore had no need to parade ego. I saw him last at his home in Jamaica and asked if he would come to the UK to extend his work with young Black

people. He shook his head saying he was too ill. He shook his head and sighed whenever we mentioned the UK. One of Professor Hickling's obituaries mentions that:

> *While in the United Kingdom, he witnessed how the West Indian and other immigrants were treated and was aggrieved by the lack of social justice. He encountered discrimination himself when some of his early original research papers were rejected for publication. Nevertheless, he was not deterred by these kinds of experiences, which fueled his determination to address the wounds of slavery.*[1]

Professor Hickling remained committed to Jamaica's mental wellbeing to the end of his life. He graduated at the University of the West Indies (UWI) then qualified in medicine at St Thomas Hospital London and later Edinburgh University Scotland. He practiced briefly as a qualified psychiatrist in the UK before returning to pursue this career in Jamaica.

He was also a dramaturge, poet, and musician, applying his polymath skillset as chief medical officer at the Bellevue Mental Hospital in Jamaica, where he operated from the premise of Caribbean psychiatrist Franz Fanon who recognised that:

> *'…mental health cannot be achieved without viewing the relationship of the individual vis-à-vis oppression in repressive socioeconomic and political conditions, insisting that psychotherapeutic forms must include methodologies to challenge the psychopathology of racism in the context of decolonialisation…'*[2]

The thrust of Dr Hickling's work was to interrogate the European-American psychosis that perpetuated the myth of white supremacy amongst contemporary Western civilisation.

His creative mind turned to the work of Karl Jaspars (*General Psychopathology,* (1913) and followed his suggestion that psychopathologists, psychiatrists, and historians work together[3].

Professor Hickling understood the early history of the West Indies as well as world history and the trauma legacy of slavery and colonialism. Consequently, he adapted the historiography practice of Caribbean historian Elsa Goveia (1956)[4]. This method analysed historical documents to determine a given society's outlook, ideology, and beliefs. It also identified dynamics and social forces that compelled change. Expanding on Goveia's method, Hickling invented the technique of Psychohistoriography with patients at Bellevue. Through groupwork they examined individual and collective psychopathology in their historical narrative within Jamaica, including race and class. Patients explored who was mad or bad, and how they ended up in that institution. Professor Hickling gave participants full permission to accept their natural course of madness, based on their historical route. He then encouraged patients to choose a creative expression of the historical charts they had collectively devised. No one saw any mad people when Bellevue residents toured Jamaica with their resulting drama productions.

Most of these patients were Rastafarians, incarcerated in Bellevue mental hospital in the 1960s and 1970s because they challenged the status quo. They used ritual marijuana, held radical social and political views, challenged the language, valued flora and fauna and looked to the Emperor Haile Selassie in Ethiopia for redemption from the onslaught of slavery and colonial history in Jamaica. The police hunted Rastas down and locked

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[1] Tribute to Professor Emeritus Frederick Hickling: Samuel O. Okpaku, M.D., Ph.D. Published Online: 30 June 2020).

[2] Hickling, F.W. (2007). *Psychohistoriography*, p.42.

[3] Hickling, F.W. (2007). *Psychohistoriography*, p.44.

[4] Ibid p.44 (Elsa Goveia (1956).

them up. At Bellevue, their dreadlocks – matted uncombed hair that was a religious commitment – was routinely shaven. Against their religion, they were forced to take powerful psychotropic drugs.

In 1978, soon after he was appointed senior medical officer at Bellevue, Dr Hickling decided to wear his hair in dreadlocks, and identify with the Rastafarians. He even smoked marijuana, a part of their religious ritual. This journey opened the avenue for his discovery of the medicinal properties of marijuana, which had long been blamed for madness in Jamaicans[5].

To step outside the norm was a sign of madness for Bellevue staff and nurses in 1978. Their job, in stiff uniforms, was to create order, not foster creativity, and certainly not to harbour Rastafarian beliefs. As chief medical officer, Hickling recommended staff leave if they could not bear to participate in the changes. With the support of Michael Manley's government, Bellevue progressed from a hostile mental prison to a home for recovering damaged people. Residents built the Bamboo Theatre space in the stark Bellevue grounds and grew thriving horticulture in the neglected land around the buildings. The Bamboo Theatre regularly toured its Cultural Therapy sociodramas around Jamaica. From 1975, Professor Hickling openly held radio discussions with the public that took the stigma out of madness. Gradually, mental illness in Jamaica became de-institutionalised. Under Professor Hickling's leadership, people experiencing acute mental distress were admitted to regular hospital wards alongside patients with physical illnesses, where they recovered more rapidly. Despite this progress, some right ring politicians and the media found flaws. In 1980 Professor Hickling presented a lecture at a Faculty of Medicine, Clinical Patholog-

ical Conference at UWI about the medicinal efficacy of marijuana. Many of his colleagues shunned him as a result.

Challenges to his radical approaches increased until in 1985 right wing Prime Minister Edward Seaga summarily withdrew Professor Hickling's post at Bellevue, destroying the Cultural Therapy programme. He bounced back to establish his own practice, taking these obstacles in his giant strides. His book *Owning Our Madness* 2016 describes the journey out of incarceration in lunatic asylums in Jamaica, to living in a post-colonial environment where individuals and the country recognise the wounds and openly work together to heal them. He venerates the Rastafarian community for expressing the madness that was imposed on enslaved African people and their descendants over a period of 400 years. His recognition of their insight that was interpreted as madness rescued them from ignominy, enabling their presence on the world stage. We know so many Jamaican Rastas who tunefully encouraged humanity to remember its horrible history and proceed to the future with peace and love. Much healing and repair of the damage of racism remains to be addressed in the UK. We could practice more of Hickling's Psychohistoriography in Cultural Therapy.

Dr Hickling expressed himself supremely in all arenas. He received a several national and international awards and led joint psychotherapeutic work internationally. His energy, artistry, and ground-breaking practice of Psychohistoriography live on, especially in lives changed by this approach. Rest in peace, dear 'Freddie' as known to all your friends.

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[5]   Hickling, F W. (2016). *Owning our Madness,* p.155–157.

Post–traumatic stress disorder from progressive sensitisation to very low frequency noise

Hazel Guest

The concept of progressive sensitisation to very low frequency noise (VLFN) is introduced and defined. A case is described and therapy discussed. Psychotherapy is placed in an interdisciplinary context. A new explanation is offered for the preponderance of elderly women among those suffering from LFN.
Keywords: *progressive sensitisation; very low frequency noise (VLFN); post-traumatic stress disorder (PTSD).*

Introduction

THE PITCH of a sound is measured in Hertz, cycles per second. Low frequency noise (LFN) is usually defined as any sound with a frequency below 200 Hertz. Very low frequency noise (VLFN) is at the lower end of this range where the brain *cannot habituate* to the sound, that is, cannot get used to it. Ear-defenders and earplugs have no effect. All of which make these frequencies particularly distressing. This is why they have been used by some governments as a form of torture.

Sound is the brain's interpretation of vibrations and consequently the experience varies from person to person. Variation is especially noticeable at the very low end of the scale where what is loud for one person may be inaudible to another. What one person can habituate to, another cannot. Laws concerning noise are designed to protect the 'normal' person, leaving unprotected those whose hearing is better than usual at the lower end of the scale. (Chinelis, 2021; Leventhal, 2004)

Frequencies below 20 Hertz are described as 'infrasound' and there is a widespread belief that humans cannot hear them. This is incorrect. Whether or not someone can hear a particular infrasound frequency will depend, not only upon the quality of that person's hearing, but also upon the loudness of the sound. This has a direct bearing on sensitisation, in which exposure to a very low frequency just below one's normal audibility limit, can lower that limit.

A case of trauma from VLFN

The client in this section is myself. To avoid repetitions of the pronouns I/me the role of client will be referred to in the third person as H. My role as therapist will be referred to in the normal way as myself.

In 1998 two machines for heating and ventilation were installed at the pub next door to the block of flats where H lived in the one she had bought for her retirement 11 years previously. Due to their location and to the designs of the two buildings, three flats experienced internal resonance which sounded like a very deep rumble while the only part of the pub which was affected was the room in which they stored their beer and wine. These three flats were one above the other. H lived in the middle one which therefore was the worst. The fabric of the building was in vibration, so the sounds were coming from the walls, floors and ceilings, and it was like living inside an organ pipe.

Naturally they reported the matter to the local Environmental Health Officer (EHO) who measured 12 and 16 Hertz inside her flat. However just before the EHO's next two visits the machines were turned off, and they

had a rule of no more than three visits so she never came again.

To give the reader some idea of what is involved here: on a standard piano middle C is at 262 Hertz, the lowest note, an A, is at 27.5 Hertz, and for every octave descended the frequency is halved (Harkleroad, 2006). This means that the sounds H and her neighbours experienced involved a rumble which was more than an octave below the lowest note on a piano, and below the lowest note on any cathedral organ.

On one occasion the resonance was so loud that H was temporarily deafened and was referred to the audiology department of the local hospital. Her doctor prescribed medication so she could sleep at nights. Eventually she took to living on her private balcony on the other side of the building from the pub, with a table there during the day and a camp bed at night. However this could not be maintained during the winter.

The occupants of the flat above moved out. Because of the resonance they could neither sell nor sublet it. First H and her neighbour below became aware of the 16 Hertz resonance which was turned off at night. Then as they had become sensitised to that frequency they became aware of the 12 Hertz sound which ran 24 hours a day and never stopped. As time went on eventually H's brain became so sensitised that she could hear the background resonant rumble in almost every building she entered. She was free only when outdoors. This is what I am calling *progressive sensitisation*. It is a phenomenon currently unrecognised by acousticians and audiologists.

She survived by fighting, complaining first to the local council, then to the government ombudsman, but without an EHO's report these approaches got nowhere. Finally she complained to the EHO's own professional body. The fact that these efforts kept her going accords with Marshall's Scale of Responses (Guest, 2019) in that it lifted her out of -3: Retreat into -2: Attack. After three years she went down into -4: Self-Abasement on coming to the conclusion that the only solution was suicide. She

did not actually wish to end her life but could see no other option.

Fortunately at that point the pub changed hands and the new proprietor discovered the machines which did indeed operate at 12 and 16 revolutions per second and had been installed without any acoustic insulation. They were removed.

By that time her heart had developed irregularities when lying on her left side (the bed vibrated). Referral to a heart specialist confirmed that this symptom was consistent with trauma by very low frequency vibration.

Progressive sensitisation

Frequencies below 20 Hertz are called 'infrasound' and it is commonly thought that humans cannot hear frequencies in that range. However this is incorrect.

The lower limit of a person's hearing depends on the frequency and also the loudness, as well as varying from person to person. Moreover this limit can be lowered by exposure to a sound near to that limit. This is because the brain is designed to learn from experience.

Progressive sensitisation occurs when the limit is lowered, first by one sound, then by another, and so on, in a progressive manner.

I reported H's experience to the LFN research unit at Salford University. At that time the phenomenon was unknown. After carrying out tests they confirmed that sensitisation can occur and subsequently published this fact. 'Sensitisation' to low frequency sound appears to occur over time.' (Moorhouse et al., 2005/2011). 'There is clear evidence that the brain is able to adapt to stimuli... enhanced susceptibility is therefore a potential factor in long-term low frequency noise annoyance.' (Leventhal, 2004)

However for obvious ethical reasons research into the progressive form of sensitisation that H experienced, cannot be carried out by testing volunteers. The only way in which such research can be performed is if the experience occurs as a result of circumstances, as in this case or, for example, to the victims of torture.

Client's symptoms of PTSD

Although her hearing and heart returned to normal eventually, H was left with an intense fear of again becoming sensitised to the deep levels of VLFN. This fear is triggered when she senses resonance inside her flat from the latest heating and ventilation system next door, now a restaurant, in spite of the frequencies appearing to be in a higher range than previously. Sometimes she can ignore it, which suggests that the frequency may be around the threshold which divides the tones to which her brain can become habituated from those it cannot.

She has complained to the current proprietor and also to the local Environmental Health Department, only to be told it does not constitute a Statutory Nuisance. Past trauma and individual differences are not taken into account since the law is based on a concept of what is normal (Leventhal, 2004). Nor does the law allow for the fact that elderly people tend to lose hearing at the higher frequencies (Chinelis, 2021; Leventhal, 2004), making the lower tones more noticeable. This comes across to her as rejection.

She had discovered that not everyone could hear what she could hear. This made her feel isolated because most people would not believe how loud it was to her.

Unlike the couple in the flat above, H could not afford to move into rented accommodation, so she had felt trapped. Now in her 90s she is too old and frail to live on her balcony or to consider the upheaval of moving, which makes her feel trapped yet again.

Client's therapy

There are several coping strategies which can be used (Leventhall et al., 2008). Practising relaxation techniques (Williams & Penman, 2011) has been helpful. The fact that the current machine is not on all the time, means that there are periods when she can relax and recover her calm composure without fear.

She can also play music to drown her awareness of the nuisance, although this is not possible if it is still present when she is in bed trying to sleep.

It also helps to wear her hearing aids all the time even when not watching TV or talking with a visitor, because they are designed to enhance any higher frequencies that are present. Elderly people (of whom women are more numerous) are particularly vulnerable, explaining the high number of elderly women complainants (Chinelis, 2021). This is probably because the elderly tend to lose the ability to hear higher frequencies, and without their hearing aids hear nothing but the middle and low tones. Using a hearing aid adds some higher frequencies and thereby tends to dilute the problem.

Moreover higher frequencies are known to have a tendency to dominate the lower ones. This is reflected in the fact that musically the melody is usually in the higher notes and not the bass. However the lowest note of any chord influences its emotional impact – which may have relevance to the experience of LFN.

However, none of these measures were helpful until after her first breakthrough. *Associated emotional traumas have to be released before coping strategies can be effective.*

The breakthrough occurred when recalling her reaction to a telephone conversation with her brother during the traumatic period. With the preconceived notion that brothers support their sisters when in trouble, in desperation she complained to him about the noise. His response was: 'Well, you will just have to get used to it.' Once again she had been dismissed and misunderstood and the severity of the trauma denied, this time by the one person who should have been her champion. From that moment she felt she did not have a brother at all.

On exploring this relationship a moment of emotional release occurred when H realised that on an occasion when he had needed help she had failed to give it to him. This was when family pressures persuaded him to move house, giving up his job, his role as union representative, his work as a local councillor, with the friends and

respect these gave him, in fact almost everything that made his life worth living. H now realised she should have seen what was happening and done something to support him. Having realised her own failure she was able to understand and forgive him for his.

The fact that her condition has been diagnosed and given a name – Post-Traumatic Stress Disorder – has also helped because it gives recognition to her distress and its cause. If a condition is given an official label then that means it is recognised, countering the previous experience of rejection, abandonment and of not being believed.

These were turning points. From then on H was able to use the practical coping measures listed above to relieve some of the stress associated with her experience of the current resonance.

Stress and the brain

The obvious assumption to make is that whenever H hears the hum from the current machinery she becomes stressed. But it appears to be the other way round. Whenever she is under stress – whatever the cause – her brain makes the connection between stress and past trauma and old fears are reactivated.

The evidence is that those occasions when she returns to a fear that her audibility threshold will be lowered seem to occur when there are other unconnected stresses in her life, even if these are only minor. When there are no other stresses she can usually ignore the hum – except when it is particularly loud.

This suggests that stress is a generator of her fears and not simply their effect. Stress generates the fear, which then cause more stress, which generates more fear… and a vicious circle is created.

Dealing with LFN complaints

At the end of the 20th century complaints of LFN were a relatively new phenomenon. Many Environmental Health Officers were untrained in this specialist area. For example, many were investigating complaints of LFN using A-weighted meters (Guest, 2003) which are specifically designed to reduce or ignore low frequencies and therefore are inappropriate when investigating LFN or VLFN.

Since then the presence of machinery in residential areas has increased in spite of the fact that most dwellings are not designed with protection against resonance, and yet A-weighted meters are still being used (Chinelis, 2021).

Also the laws governing noise are designed to protect only those people who come into the category of 'normal'. Thus many are left unprotected by the law.

Acousticians and audiologists have initiated programmes designed to deal with the consequences of trauma from LFN, by teaming up with psychotherapists including specialists in CBT (Baguley et al., 2016; Leventhall et al., 2008; Moorhouse et al., 2011). But these programmes do not specifically cater for VLFN, and not for trauma from the progressive form of sensitisation.

Conclusion

Any mental health professional who wishes to work in this area needs to be aware of the technical, legal and physiological problems involved.

More research is needed into:

- the treatment of PTSD resulting from exposure to LFN and VLFN;
- the relationship between unrelated stress factors and the onset of PTSD symptoms;
- the role played in PTSD by associated emotional traumas;
- possible trauma to the brain from LFN and VLFN;
- progressive sensitisation.

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A cultural evolutionary approach to understanding the development of Individualism in the Western world

Steve Heigham

I HAVE TAKEN my starting point the recent criticisms that have been levelled at Western psychology as being limited and biased, because most of the research had been done using Western undergraduates as participants, from populations that are WEIRD – Western, educated, industrialised, rich and democratic. Though this is not seen as negating all the findings of this previous research as such, it is a call for us in the west to reinspect our current methodologies and their generalisability.

Interestingly, this is something that researchers in Cultural evolution have been more familiar with for quite a long time, so I have based this article on the recent work of authors such as Jo Henrich, Jared Diamond and Steven Pinker, who have published work over a number of years about cultural evolution, and explored the ways in which we in the West tend to differ from other cultural groups around the world. In this article I will try to summarise key points from this literature to show how certain values and traits have evolved over time, that have led us to accelerate our economic development, develop individualistic models of motivation and 'within-person' psychological treatment for mental health issues.

I predict that the discipline of Cultural Evolutionary studies is unfamiliar to many readers, so I will begin by explaining a few of the essential concepts in Cultural evolutionary studies, though this will be, necessarily, rather brief. It may help to think of our evolution as a species as going through three main phases: Physiological adaptations to our new environment in the savannah, then Social adaptation as we became dependent on living in bands to survive and then flourish in this environment with so many predators and scarce resources, and finally Cultural adaptations as we learned to change our environment to better facilitate our survival and expansion. To quote Kim Sterelny: 'Humans became behaviourally modern when they could reliably transmit accumulated informational capital to the next generation, and transmit it with sufficient precision for innovations to be preserved and accumulated. In turn, the reliable accumulation of culture has depended on the construction of learning environments, not just intrinsic cognitive mechanisms' (2011). Since the establishment of civilisation 10,000 years ago, Social norms within groups increasingly determined people's behaviour in ever lager, highly dense population groups (Diamond 1997). This is conceptualised as gene-culture co-evolution, one of the principal epigenetic factors that led to our further development of language and complex technology. Shared 'Social norms' of behaviour became an important part of this accumulated cultural knowledge, and they are usually learnt early and affect the way we conduct relationships throughout life.

In our cultural co-evolution, the strength of adherence to the specific social norms within groups clans, tribes, city states, etc., have tended to make them more successful. In a sense, we mostly only know about those groups which have been successful, because failure has led to annihilation or integration into more successful groups. Indeed, it can be said that much of recorded history is

a narrative of competition between groups in terms of migrations and warfare (Turchin 2016), and that strongly cohesive groups almost always tend to be more successful and outcompete weaker groups. Thus we can see that social norms of behaviour have increasingly acted as a selection pressure on survival and overall fitness, and furthermore, at an individual level, more peaceable personality traits have been increasingly preferred for mate selection, prestige, success, and status within communities/groups, as they directly affect cohesiveness of the group (Henrich 2017). Internalisation of norms of behaviour has been complex, but often a sense of supernatural observation by omnipotent gods, as well as an increasing awareness of community and familial disapproval have been important. Later, in settled groups after the advent of agriculture, strong leadership and bureaucracy emerged as important mechanisms to reinforce social norms, particularly over matters of justice, marriage, property ownership and heredity, exchange and trade relationships, and people's contribution to communal co-operative endeavours.

The rise of Western cultural groups
In Europe, after the fall of the Roman Empire, the Western tribes began a different and separate trajectory from other parts of the world. In traditional history, this era has been called the Dark Ages, and even though historians tend to see this as a long fallow period where society seemed to move backwards technologically, monotheistic religious belief was spreading slowly, and by about a thousand years ago, the populations were mostly Christian. As the social norms of christianity became more powerful, particular church policies led to the breakup of the tribal structures and tight kinship networks that had previously been in place (Henrich, 2020).

The huge effects of the Christian church was because it placed particularly severe limits on extended kinship obligations, and imposed strict prohibitions on cousin marriages, and these widened progressively over time (Henrich, 2020). Cousin marriages

is something that many other cultures still allow, though this is changing more recently. Though it seems an unimportant matter to us now, a 1000 years later, legally limiting the field of potential partners for marriage, and changing their familial obligations, had a profound effect on the structure of society, and the psychological profile of individuals. It greatly affected parents' strategic intentions in the arrangement of marriages, the location and obligations of couples after marriage, the settlements of dowry rights, and the overall pattern of inheritance of wealth and property. This brought a great emphasis on living in independent, nuclear, monogamous family households, whose behaviour was closely monitored by church attendance and gossip. This impacted on the psychological development of these populations: greater cognitive control of the emotions and social behaviour, increasing a sense of personal responsibility, self-discipline and self sacrifice (Foucault, 1971; Pinker, 2011).

This led to the start of a culture of individualism through a focus on encouraging a greater willingness to co-operate, trade, move location and inter-marry with strangers, and take part in more distant and complex financial dealings through the money economy. This is an important point, in that openness to interacting so much, and so closely, with non-kin is a big break from the millions of years of mostly kin based cooperation and decision making in humans. It is also quite different from other animal species where threat from other members of the same species is a major source of fear and violent reaction, for example, Chimps. These changes, coupled with the rise of urbanisation led to, amongst other effects, the formation of guilds and other associations, which conferred many rights and privileges to tradesmen, and supported greater specialisation of skills and emphasized individual achievement (Henrich, 2020). Overall, it also led to an increasing emphasis on freedom to choose, which was later reflected in the splitting off of protestant congregations from the catholic church.

Those countries that embraced Protestantism moved more quickly towards greater social mobility, in terms of increased rates of literacy, book publishing, guilds of skilled trades and university learning, as well as pursuing personal ethics of moral behaviour. Thus, these mostly Northern and Western nations in Europe were then predisposed to emphasise economic development as an over riding value, which led on, 200 years ago, to the era of meteoric economic rise through industrialisation. Thus, this phase was initiated to a large degree by the more individualistic interpretation of morality and self improvement that had been developing in Western Europe, supported by the establishment of overseas trade and agricultural plantations (the slave trade). This transition period has been described by traditional historians as driven by 'the Protestant ethic', but by taking a more cultural evolutionary approach, it becomes obvious that this is part of a longer phase of evolution.

The effects of industrialisation
The Industrial revolution further led to increasing emphasis on individual achievement in the increasingly competitive world of economic production, with individuals in these societies needing to have greater responsiveness to external pressures in the workplace and in the home, and less dependence on tradition and extended family. This phase was also driven by the many technological innovations that arose during this period. What was remarkable here was that these were taken up in a much more widespread and business like way in the west than in other parts of the world, like China, where some of the innovations originated, but were not economically exploited. This seems to support the notion that it was mostly due to the western social norms of hard work and aspiration, and a growing scientific approach to problem solving – for instance predominance of rationality in the enlightenment (Pinker, 2018)

This phase brought in social norms of working in external workplaces, selling through impersonal markets, investing through complex financial capital arrangements and voting for centralised democratic governments (Henrich, 2020). This tended to produce societies where people are judged more on their 'functional' adequacy – having a job, controlling children through discipline and sending them to school, keeping a tidy house, paying your bills, etc., increasingly developing a more 'individual' model of motivation of behaviour. This in turn led to a focus on freedom of choice, competition, aspiration and personal determination to fulfill one's potential, and social norms based more on' selling' oneself in relationships and the economy through personal attributes, specialised abilities and dispositional virtues. In the more recent, neo-liberal phase of global capitalist economic organisation, this trend has increasingly gravitated towards 'post-modernist' values of increasing individualism: self as project, consumption as personal statement, truth being relative to perception, etc. (Dunn & Castro, 2012).

This trend has been greatly swelled by the advertising industry and media in the last 30 years. In this output, there is often an over-focus on celebrity culture, which, in it's most basic form, is imitation of the most prestigious individuals, which has been a social learning norm in cultural evolution for a lot longer than the modern era. However, in a modern consumerist society, it increasingly reinforces the impression that anyone can achieve what they dream of through money, and be noticed as standing out from the crowd through maximising exposure. Even more recently, the social media 'attention economy' has amplified this power of the projected self. Some authors refer to this as hyper-individualism.

Effects on social relations and mental health
This brief summary has, I hope, shown a plausible explanation for why we in the west have increasingly developed 'within person' models of motivation, personality and relating, and shown how we have devel-

oped such an emphasis on freedom and choice in all relationships – economic, familial, community, religious. In the West, our models of care and relating are overall less embedded in community, family, and religious obligations, and are more 'instrumental', and economically based.

Thus models of mental health and disorder have followed a similar model, firstly through creating a situation where society was less obliged to care for the more vulnerable, and later through the establishment of asylums as urbanisation spread rapidly, leading to a more medicalised model of mental health care. This approach has been supplemented by the many breakthroughs in the development of our medical sciences in the 20th century, leading to the establishment of diagnostic and classificatory systems based on observation of within-person symptoms, with little regard for the social, religious and familial environments of the patient. The development of individualised talking therapies, and pharmaceutrical treatments, are particularly well aligned with this' self model' of individuals choosing lifestyles and relationships in an independent and fragmented social environment.

Interestingly, Western psychological models of personality structure, which, over time, have tended to coalesce towards adopting The big five factors, are increasingly being shown as not being present in the same way in many cultures. They have also been seen to have very different correlations between the factors, illustrating different values in different cultures, and

different models of how individuals relate to their families, communities and society in general (Henrich, 2020).

So far, this summary has also tended to emphasise homogeneity of development in the Western world. In fact, working class culture has tended to retain more collectivist values (though this is more recently changing), as have populations from the many ethnic minority cultures that have settled in the UK. This has had repercussions on mental health treatment: less motivation towards, and perseverance within psychological therapies for members of these sub-cultures, and emerging preferences for different types of mental health interventions.

Conclusion

This article was conceived of as part of a Psychotherapy section conference about different cultural approaches to mental health and wellbeing. The point, therefore, of providing a cultural evolutionary narrative of Western psychological thinking is so that the reader may contemplate ways in which clients from other classes and cultures may differ in their conceptualisation of themselves in relation to their families, their careers, their sense of purpose and their mental health and wellbeing. My hope is that this narrative may prompt a wider perspective on how we may provide mental health interventions that are more class and culturally sensitive and so become more holistic.

Steve Heigham

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There are places I remember...

Martin Pollecoff

LORAINE Coyle, aged 28, without expression, and in a soft voice said 'I never want to bring a child into a world like this' And then she began to cry, not deep choking tears but a soft whimper.

'After five f**king years my fiancée does not want me. I have spend a year hiding from Covid. My work life is empty and dumb but I am terrified of loosing that stupid job. I can't afford a home and the one I have is freezing, the boiler's broke and the landlords away'. And here she glares at me, raises her arms above her head and makes inverted comma signs with her fingers around the word 'away'.

There is Brexit and Party-Gate. Conservative. Labour. Greens. I don't trust any of them. They are liars and racists. We are killing our planet and what have we got to look forward to? I am drinking every night, I am exhausted but I can't sleep and now, that little shit Eric has run off.'

Loraine is a straw woman, a fiction, someone I invented, but also a character based on several clients I have seen in the past 18 months all of whom considered that we were living, not in the best of times, but surely, in the worst of times. And what they all had in common was a lack of trust in the institutions that they had relied upon all their lives the ones that hold society together.

Lord Moran, who was Churchill's Doctor and a hero of the first world war wrote book entitled, *The Anatomy of Courage*, which, had he wrote it today, would have been *Resilience* for it concentrated on how men survived years of warfare rather than looking at heroism. Moran was interested in the long-haul of courage rather than that 100-yard dash that wins medals.

His concept was simple one. Courage/Resilience was like an individual bank account. Obviously, some people had more than others in their account but all were subject to withdrawals and deposits, however, after a while, even the wealthiest account can be drained and it's owner drift into deficit, depression and fear.

In terms of mental health we seldom see a client with a single issue rather there are layers and layers of complex problems and fears, some from their personal life but more and more from the worlds' larger problems.

On the 18 January 2022 the Edelman foundation[1] launched their Global report on Trust. Founded in 1999 in the aftermath of the Seattle riots, the foundation concentrates on issues of civil unrest and the role Charities/NGO's can play in coherence.

The latest report shows a new low level of distrust between the public the media and government and surprisingly business is the sole trusted institution. This contrasts to their May 2020 where government was the sole trusted institution – Government was, after all, the only one big enough to manage a crisis the size of the pandemic. But worldwide, government have been seen to fail that test.

Today government and media are seen as divisive and locked into a cycle of distrust. In contrast Charities/NGO's and Businesses are seen as the ones who could make a difference.

In Western Europe Social media is at a crisis point as it is in the US. Traditional media is at a crisis point in parts of Asia in Japan and Korea and the US. Fake news is the problem. Long established sources of news information are now partisan and tainted by fraudulent statements.

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[1]   www.edelman.com/trust/2022-trust-barometer

People want government to lead on social issues but they do not trust government to deliver the results. Institutions have failed in the two biggest challenges of our time the pandemic and climate change.

We face many social problems but to the individual they all amount to one issue – trust – or who has my back? Because, if nobody has your back then all these problems become your problem, only you are not the one with her hands on the levers of power and that impotence increases the rage.

Increasingly when working on my own mental heath and when working with clients, am using two simple old fashioned techniques. The first is the Serenity Prayer which those of you familiar with AA or 12 step will know, at least, you will know the shortened version.

God grant us the serenity to accept the things we cannot change, The courage to change the things we can,. and the wisdom to know the difference.

Even if you have no belief in a higher power you can see the wisdom of following this course.

And the second is gratitude. The mind has one purpose and one purpose only – your survival and the survival of the people, ideas or things you identify with. That's why, instead of celebrating the good, we are fascinated by things that go wrong. That's why news is full of bad things, we love conspiracies and we don't really care about things that work. The mind needs to know everything that can go wrong so that we can survive it.

The antidote to all this anxiety is gratitude. I know it sounds uncool but it really is a process that produces miracles in terms of digging yourself out of dystopian depression.

Start small – reasons to be cheerful-small things that make your life better. When I do this I free-associate and come up with lots of things from my life that I love. It's like the Beatles song, 'In my life'.

I come up with fond images from my childhood in Birmingham, like riding the Number 11 bus, Swanhurst Park, Hall Green, the Lakey Lane Loop, Needless Alley, where my dad had his office, the Botanical Gardens, (home of a lonely Sun Bear) Canon Hill, Moseley's Stoneliegh Dog Shop, (with its enigmatic sign, 'Dog Stripping'), and not forgetting, Andre Drucker's 'Gigi' coffee bar.

Then I will move onto artists and musicians, writers, and filmmakers who have inspired me, – that's a large list and then finally the people, and animals, dogs, cats, horses who I have loved and love me. And then there are those many individuals whom I have never met, but who have inspired my life.

I am grateful for all of them. How lucky am I? However complex the problems we face, giving up trying to control that which we cannot control, and fanning the sparks of gratitude will cut through the fear and top up your tank of courage.

Even for Lorraine Coyle and that little sh*t Eric.

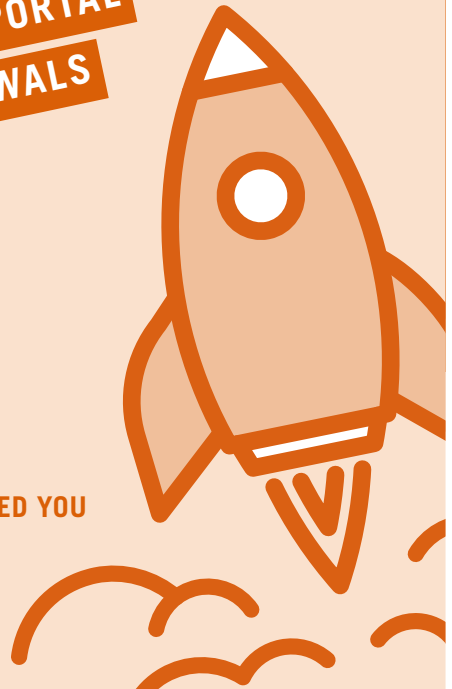**Martin Pollecoff**
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