Editorial

Greetings to All!

We are happy to share with you yet another edition of Wisdom Newsletter which has successfully completed its 2nd anniversary on June 19th along with our AGM.

During this pandemic IAPS has been connecting with its' esteemed members and mental health professionals with various workshops like POSH training held on July 10th and Case Report Writing on September 4th 2021, which was one of its kind experiential learning.

This edition brings you various interesting articles from Dr Niraimathi, FENIVI Research Solutions, Chennai; Dr Sally Schofield, University of Barcelona and Mr Prasad Naveen, Pavithram, Coimbatore; member Ms Suryarekha in member's column and Ms Sayee Bhuvaneswari in the emerging researcher column.

We are introducing Ms Sadhana J and Ms Zebalda Restia in the Know Your Supervisors column.

The WISDOM team is thankful to Element H Psychological Support Services for taking up an advertisement in this edition.

Our signature programmes, In Supervision and Supervision Circle, which are exclusive for our members, were held in the month of July and August, respectively.

We have given the answers for the puzzle introduced in the previous edition and a new puzzle for this edition. Hope its fun to learn.

We would love to hear from you.

Please send your feedback to iapswisdom@gmail.com

Upcoming Events

Our next RISEUP training will be held in Bengaluru from 24th - 26th September 2021.

IAPS is coming up with a mega international event, **"Asian Mental Health Symposium"**, to be held on **26th and 27th of Feb 2022**. This is in collaboration with Australian Counselling Association (ACA), where we will have delegates from various countries taking part.

Editorial Team:

Editor

Dr Veenavani Nallepalli

Associate editors

Ms Sayee Bhuvaneswari
Ms Uma Balachandran

Review Committee

Dr T Santhanam

Founder's Note

Dr Vasuki Mathivanan

Dear Readers,

The recent worldwide pandemic added to an existing RIM mental health landscape in many ways. Mental-health-related issues are on the upswing across the globe even as daily existences have changed considerably and the economic consequences of the pandemic are already being felt.

The past 17 months have brought many challenges for people across all sectors in different dimensions and magnitude.

For essential workers, going to work places fearful of being the carrier and causing harm to family members; for health care workers, providing care in difficult circumstances; for students, online learning from home with minimum guidance from teachers, less contact with friends, and anxiety about their future; for elderly people, total restriction of movement; for employees, a challenged living as companies layoff staff to save their businesses, or indeed shut down completely; for the vast number of people living in unhygienic environmental settings with extremely poor protection from COVID-19; for people with mental health conditions, experiencing greater anxiety and fear than before; and for those who lost loved ones, managing grief with limited support, sometimes without being able to say goodbye, can be the deepest pain one experiences.

As a mental-health professional, the need to have a holistic approach to the current situation by up skilling oneself is the most important requisite to get a sense of direction to one's practice.

IAPS provides a pathway through the "Buddy-system Network", to help members recognise the strengths and resilience of each other, ensure "Self-care" is given equal importance as that of the client's wellbeing, support emotional responses, foster discussion of challenges in a closed and safe space through "In Supervision" and "Supervision Circle"—activities exclusively conducted for members of IAPS.

We need to be mindful that buddying is not an alternative to supervision but is an addition. We at IAPS continue to explore all possible ways to promote Professional Supervision in mental health practice.

Group Art Psychotherapy and Countertransference with People Affected by Parkinson's Disease

Dr Sally Schofield

MA Art Psychotherapy University of Barcelona
PhD thesis "Group Art Therapy for people with Parkinson's, a qualitative study" University of Manchester

As a new therapist in a place where Art Therapy was little known, I often questioned the use of what I was doing. Without the safety blanket of the training (during which I started with the population) I sought individual supervision, and due to the demand from the centre the art therapy group for people with Parkinson's disease continued.

However, I was becoming less and less convinced that I was providing a good service. After the sessions I would feel useless, uncreative and feel I was not able to do anything. Bewilderingly, the feedback from the centre continued to be very positive and the patients apparently loved it.

Group members were affected quite severely by the condition and dependency was a big issue. With the help of my supervisor I realised that my feelings had their roots in a process of projective identification in the group, of difficult unconscious feelings present in their daily lives, which combined with my own difficult feelings of helplessness when faced with people with a chronic illness. The same group went on for 14 years. If I had not recognised the initial countertransference issues, the group would probably have ended in its first year.

Once aware of this first stumbling block, I began to recognise other elements in the countertransference. During the session I move about a lot. Before the session I make sure all the materials are on display and then I spend a significant amount of time asking exactly what each person would like to work with and I pass it to them.

I am aware, in my countertransference, of a desire to actively help and encourage. Throughout the session I am very active, which is in complete contrast to the more still-group-leader I am in short-term groups with other client populations. However, when I stop moving I sometimes feel drowsy. According to M. Blake Cohen (cited in Brown, D.G., 1977, p.481) "sleepiness in the analyst is very frequently an unconscious expression of resentment at the emotional barrenness of the patient's communication, perhaps springing from a feeling of helplessness on part of the analyst".

A common symptom in Parkinson's disease is apathy (largely due to a lack of dopamine, which gives us our drive to do things). In my view, the therapist introjects an amount of apathy, however I believe the 'helplessness' is a powerful countertransference reaction to the situation (one which the therapist cannot change) of the people affected.

When faced with the progression and longevity of the condition, I imagine the emotional response to be too overwhelming to be consciously digestible, so it may be dissociated sometimes leaving what appears to be an emotional void, similar yet very different to the "emotional barrenness" described by M. Blake Cohen (ibid.).

This, when colluding with the therapist's own unconscious existential fears, can make the countertransference very intense.

Over time, in sessions with patients with more pronounced limitations, my sleepiness occurred less.

It may have been because I built up my defenses, but perhaps also because I began to prepare a research project on the work I had been doing with people with Parkinson's disease. Could it be that this new incentive helped combat the feeling of hopelessness?

I could not take away the illness but I contributed to building knowledge, awareness and resources for these clients. I completed my PhD thesis "Group art therapy for people with Parkinson's, a qualitative study" in 2018.

To read the complete article, please **click the link below:**
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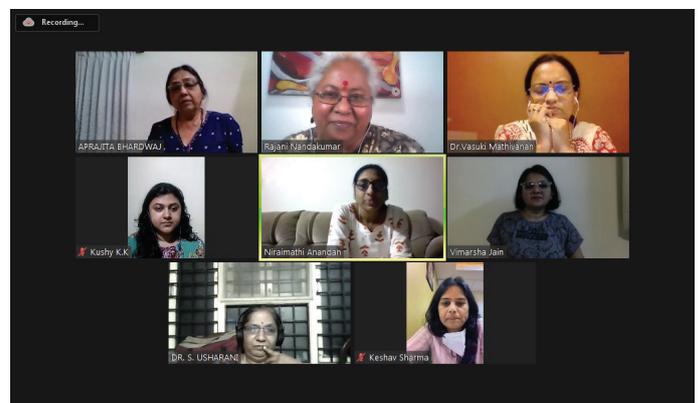
Research Committee meeting

Academic Committee meeting

Supervision Circle meet.

Know your Supervisors

Ms Sadhana (PM 012)

I am a practising Mental Health Professional for the past ten years in Chennai. I possess a Master's degree in Psychology from Madras University.

Being a Partner Counsellor with Employee Assistance Program service provider for the corporates in and around Chennai, I am also an External Committee Member for POSH ICC for few Corporates in Chennai.

I am trained in Remedial Teaching and Learning Disabilities, Grief Therapy, CBT, Mindfulness Practice, Life Coach and POSH & Foundation course in Transactional Analysis.

I am certified as a Professional Supervisor using the RISEUP model that has been accredited by Australian Counselling Association.

Apart from knowing the documentation and ethical practices of counselling, the RISEUP model helps us understand the importance of administration and business aspects of counselling supervision.

This RISEUP model is providing me great support to improve my knowledge professionally and also personally.

Dr Zebalda Restia Dkhar (PM-013)

I am a Counselling Psychologist practising in Shillong, Meghalaya. I started as a professional in this field practising in a hospital set-up. For the past ten years I have been serving as a School Counsellor. It was during this decade that I truly discovered that my passion was working with young people, youth and families in therapy sessions, trainings and workshops.

I have also recently co-founded an organisation called RoUTES Shillong with a view to bringing about psychological well-being in the general community.

The RISEUP Model has benefitted me in structuring my practice as a counsellor and a supervisor. It especially highlights the importance of ensuring self-care for therapists which is an essential component for effective counselling. Having gone through the training, it has also made me realise that training is necessary to give proper guidance to fellow counsellors and has empowered me with a drive to do just that.

3rd AGM of IAPS

3rd AGM of IAPS was held on 19 June 2021. The virtual event went well with active participation by members. It also had various sub-committee heads presenting their committee contribution along with yearly report presentation. We covered a lot of information and made few key announcements such as introduction of member recognition programme and upcoming South East Asia Symposium.

2nd Anniversary of WISDOM


Mr Ozan Bahçivan,Turkey Dr Hans Gussmann,Germany
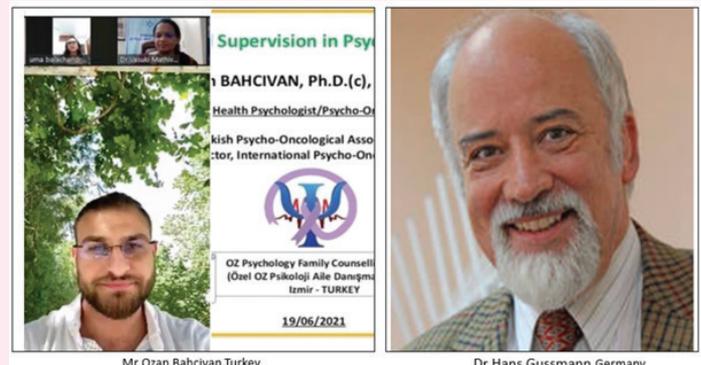
Our 2nd Anniversary celebration of WISDOM, following the AGM, had guest speakers from Germany and Turkey. Dr Hans Gussmann gave a humorous recall of the initial days of mental health profession in his country and also talked about the tremendous progress in the mental health practices globally. Mr Ozan Bahçivan spoke about his experience in oncology in Turkey and that supervision is starting to gain importance in his country. Both appreciated IAPS' contribution to the industry. The well begun AGM ended well with fun.

POSH Training

IAPS conducted training on POSH (Prevention of Sexual Harassment) at work place in the month of July (10th July 2021). The training covered varied topics starting from the POSH Act 2013, Protocols and Processes, formation of committees and its functioning and so on. The training was facilitated by eminent POSH Trainer Dr J. Vasanthakumari.

Case Report Writing
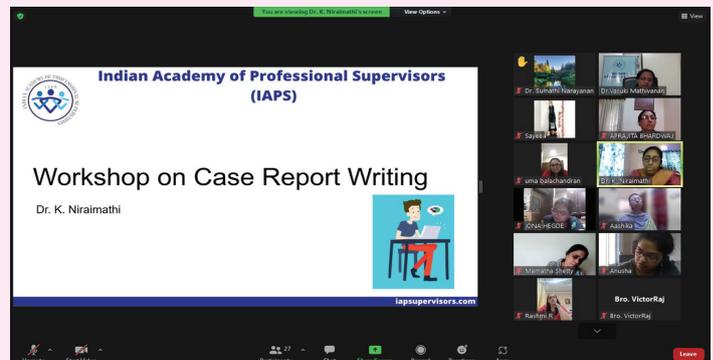
IAPS conducted workshop on Case Report Writing facilitated by Dr K. Niraimathi on Sept. 4th, 2021. Workshop was very resourceful for counsellors as well as researchers. It covered the detailed processes, standards and design techniques of case study writing, use of case studies in counselling practice along with templates used for case reports .

Research in Professional Supervision

Dr K. Niraimathi Anand
Research Consultant

In psychological counselling, professional supervision refers to when a supervisor educates, mentors and guides a supervisee to ensure maximum safety of their clients. Professional supervision has been perceived positively across managers, supervisors and professionals (Ducat & Kumar, 2015), and is essential in good workplace practices, as well as personal development of a professional (Hughes, 2010). Regardless of different professions, the aims, process, methodology, and what makes supervision effective are reported to be similar (Spence et al., 2001). Although research into professional supervision has emerged (Milne et al., 2010; White & Winstanley, 2010), a structured approach to evaluating state of research is missing in terms of perspectives and its effectiveness (Ducat & Kumar, 2015). Quality of methodology in professional supervision research has come under criticism throughout the years as findings appear to be inconclusive or have alternative plausible explanations that hinder the derivation of a solid conclusion (Ellis et al., 1996; Freitas, 2003). Even more so, professional supervision requires systematic assessment as there are gaping gaps in research regarding the same (Falender & Shafranske, 2016).

Professional supervision is a complex process requiring comprehension to ensure best practice for the sake of all the individuals involved (practitioner, service delivery manager, clinical supervisor, peers, clients and other service users, the profession itself). Findings of professional supervision research will be used in the development of materials and new guidance for others in the field of supervision (Farook & Illing, 2019). In fact, research regarding professional supervision targets focus on the following (McAlpine, 2015):

- awareness of supervisory policies
- understanding of co-supervisor views on supervision
- clarifying expectations with students early on
- providing constructive and proper feedback
- making availability clear
- providing proper guidance and knowledge for students to look to supervisors

Areas of supervision research include the effect of supervision on client outcomes, effect of supervision on the supervisor-supervisee interaction, effect of supervision on supervisee competence, mediating and moderating factors of supervision influence on supervisee competence, and characteristics of supervisor and supervisee (Bernard & Goodyear, 2014). At the moment, research in the field of supervision is similar to that of psychotherapy research in the years 1950–1960, during which issues of effectiveness and measurement prevailed (Milne & Watkins, 2014). Even more so, supervision research has been criticised for over-reliance on self-report measures, small sample sizes, ex post facto designs, insufficient amount of supervision measures, lack of longitudinal data, and less consideration to outcomes of clients (Milne & Watkins, 2014; Watkins et al., 2021) resolution sessions and exploration of personal and professional values. In addition to undergoing adequate training, counsellors have to continuously engage with ethical codes and adapt them to their work settings as well as cultural contexts, throughout their professional journeys. Thus, effective training on ethics with the use of innovative methodologies guided by cultural context is crucial in developing holistic and nuanced ethical competencies amongst counsellors.

Future studies may focus on the dynamics between supervisor, supervisee, and clients over a longer period of time. Including a larger sample size will also increase the external validity. It is also important to understand the behaviours and characteristics of expert supervisors, as well as infer factors that influence the dynamics of supervision (Pott, 2018). Based on a systematic review by Kühne et al. (2019), supervisees were found to use cognitive-behaviour therapy (CBT) as their active intervention, motivational interviewing, dialectal behavioural therapy, or problem solving treatment. A limited number of studies in the systematic review explained the type of supervision manual applied for training.

Research on professional supervision can focus on treatment integrity, therapeutic relationship and associated competencies, unwanted side effects, and patient signs. Furthermore, emphasis can also be given to the supervisory expectations and supervisory relationship (Edward Watkins, 2017; Knox, 2013). Reviews on professional supervision also show that proof for supervision is moreover proof based on association, and the result of a correlation cross-sectional, or ex post facto study. Also, evidence building the impact of supervision is weak, with models of supervision also having a poor empirical base. Issues that were faced by research into professional supervision in 1990 still prevail in modern day (Watkins, 2020).

As most research includes a sample of professionals, it is often difficult to have an in-depth understanding of the relationship between each supervision-supervisee pair. Due to this, important details may be left out. Thus, case studies in professional supervision can provide an elaborate and in-depth perspective. Case studies also allow for continuous analysis over a period of time and provide a comprehensive understanding. Models regarding professional supervision can also facilitate understanding of the overall process. At present, there is a humanistic process model, a cyclical structure, as well as one developed on the formative, normative and restorative aspects of the supervisor-supervisee relationship. Development of more models based on research across cultures and relationship dynamics can give an overall and tailored understanding.

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Krishna consciousness to self-consciousness for Counsellors-Best Practices from the Bhagavad Gita

Ms Sayee Bhuvaneswari

Entrepreneur, Life coach, Counsellor and PhD Research Scholar (Psychology-Economics) Research Topic: Study of Values and Ethics in Bhagavad Gita and its relevance to Socio-Economic Factors

Introduction

We spend all our life searching for answers to different questions at various stages of life. Of all, the important question is what is the life's purpose, is it to live or to merely exist? The purpose of life is invented out of mi(y)s(t)ery, confusion and conflict! The easier way is to find out yourself by looking within into the depth of your thought, but at times, if we find it difficult to look within, we start to look out for psychologists for help! When did this really start? Was it with Wilhelm Wundt? Or did it come into sophisticated practice during Freud, Maslow or Carl Jung's times? The interesting point to note here is that the forefather of any great psychologists here in the world is none other than Lord Krishna! In the land of Kurukshetra, while everyone is anxiously waiting to fight the battle, Krishna makes it an excellent therapy session to educate and help the warrior Prince Arjuna who is despondent about fighting against his own family. This unique dialogue between them is presented in just 700 verses in the form of the Bhagavad Gita and it deals with all aspect of life.

The Gita is not a book of commandments but a book of choices. Arjuna, a man of action, turns to Sri Krishna in a crisis of confusion about how to act; he reports classical symptoms of anxiety such as clouded thoughts, trembling, sweating and fear. He turns to Krishna for guidance willing to surrender, but Sri Krishna focusses on presenting the highest wisdom and then leaves it to Arjuna to decide—an element of freedom to choose that is important for decision which the modern therapies rely on. There is enough research done on psychotherapy insights from the Bhagavad Gita, let us look at what we can learn from the great therapist Krishna about counselling skills which may not be the classical way.

The learnings from the Gita to follow in Counselling Practice

1. Focussing on client's perspective and working towards the goals of therapy which included helping Arjuna to get rid of "guilt" of fighting against family, making to opt for the right choice between Karma yog (action) and Gnana yog (knowledge), exploring the behaviour in total to enable the client to see the right perspective of the issue and thereby motivate him to act on a resolution.

2. Do the unexpected: When Arjuna kept crying about killing his men, Krishna did the unexpected by telling him that you can never kill your elders, guru or the cousins which got the attention of the client completely. Krishna then explains the concept of atman (real self/ Soul) and its connection to body, thereby trying to clarify on his guilt.

3. Use Humour: It may sound unprofessional to use humour when you see a grieving client, but it is left to the therapist's propensity to use humour within the boundary. Krishna leverages humour beautifully through stories and metaphors to kindle curiosity in the client (Arjuna), leading to resolution.

4. Listen for themes: Every person we see will always have a theme of their issues connected to one strong anchor. Krishna tries to get to the bottom of the problem by listening to those themes of Arjuna's unstated problems around "family", "duty", "honour", "belonging" and "duty consciousness". Krishna educates him about nishkama karma in Sankhya yog as "Do your duty, but do not concern yourself with the result" which is one of the core teachings of Gita.

5. Sharing self: Often we tread so cautiously about sharing self with our clients, having in mind of endless encounters we heard/felt about counter transferences. But Krishna, being the Lord, had no inhibitions and he did share the complete self through Vishwaroop Dharshan making the client go to a deep hypnotic state to get him to clearly see the choice and the need to action.

The Learnings from the Gita to avoid in Counselling Practice

1) Avoid counselling sessions for relatives-Krishna was a friend/Relative to Arjuna

2) Always follow time limit and not to overload the client in single session-Because it was Krishna, he had no consideration of therapy time, and he did in just one single session

3) Please ensure that the counselling environment is conducive-Krishna did the therapy in war field which was more depressing than the depression

4) Help the client to solve the problem by himself and not to cross the boundaries-God is beyond boundaries but we should never be!

Conclusion

Prakṛiti svām avaṣṭabhya visṛijāmi punaḥ
bhūta-grāmam ima kṛitsnam avaśha prakṛiter vaśhāt

Curving back within myself, I create again and again

As stated in BG chapter 9, verse 8, we all look into self to create ourselves again and again, manifesting clarity and composure of mind for a better self and a beautiful mind. And as psychologists it is of utmost importance for us to learn more about how this works for helping others and for healing the self too!

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Choice Theory Reality Therapy (CTRT)

Ms Suryarekha

"It is almost impossible for anyone, even the most ineffective among us, to continue to choose misery after becoming aware that it is a choice".
William Glasser

This in essence encapsulates CTRT and makes it a potent form of therapy despite its seeming simplicity. William Glasser, a renowned psychiatrist himself, strongly believed that we choose what we have including mental illness! Glasser attempts to make us aware of our choices in this theory and this informed choice becomes the therapy. "We almost always have choices, and the better the choice, the more we will be in control of our lives".

The theory rests on the premise of internal locus of control. Since all behaviour is purposeful, the purpose lies in fulfilling the universal basic needs namely survival, love and belonging, power, freedom and fun. The client becomes aware that all his problems are because of unhappy relationships whether with himself or others.

When we are governed by external control there is bound to be conflict whereas actions that are internally controlled will lead to joy and creativity. However, our complex needs are in a constant state of flux, and we are forever adjusting our perception of reality to accommodate our changing needs as well as adjusting to the perception of this same reality by our significant others.

As Glasser put it, "If everyone could learn that what is right for me does not make it right for anyone else, the world would be a much happier place". Hence the fine art of negotiating these differences needs to be cultivated.

This form of therapy is engaging not only for counsellors, therapists, educationists, managers but even the lay person. It is so neatly structured that it can be taught and practised with delightful ease. It is a problem-solving technique used in the present focussing on the three Rs namely realism, responsibility and right and wrong

It is based on our reality, our unique and individual perception of this reality and the consequent behaviour we choose that makes up the sum of our lives. Self-evaluation is another gem that helps the client and the counsellor to gauge the progress in therapy.

For example, to help the client ask herself if the present behaviour is helping or hindering, is the most efficient way to replace ineffective behaviours. This simple yet profound formula helps the process of therapy by making the client self-aware and the navigator of his own life.

Perhaps the jewel in the crown of CTRT is the Structured Reality Therapy which views marriage as a partnership that needs to be rescued from the bane of external control. It is a tightly structured therapy in which the couple has to answer five questions and work on saving the marriage with the help of the "solving circle" or "marriage circle". The counsellor plays a strictly neutral role and adheres to this structure, never deviating from it. It works because the focus is more on saving the marriage than catering to the individual differences. The couple, therefore, need to work on their marriage with effective behaviour.

I have personally found this a very effective tool in couple counselling. In India CTRT training programmes are conducted by Farida DSilva Dias, Sr Faculty and CP of William Glasser Institute and Director, Centre for Reality Therapy India, based in Goa.

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Answer to last edition
MIND BENDER

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What are Mandalas?
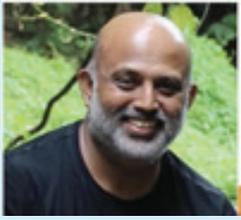
Mr. Prasad Naveen, Pavithram

Mandalas are a visual representation of our consciousness at a certain point in time. When we draw a Mandala on paper, we draw the lines in sync with our breath.

Breath is life/ prana as we know, so in effect the mandala on paper, becomes a representation of ourselves, our essence, our being, on paper. It is like a meditation and we can witness it.

Mandala also represent the cosmic principle. The Yantra is a mandala that depicts the divine structural representation of a vibration/ essence.

For example, if a Mandala is a dance, then a Yantra is like a Bharatanatyam dance which is structured and follows certain principles and is not just free flowing.

Yantras are visual representation of a vibration, frequency or an essence. Mantras are the auditory representation, vibration, frequency or an essence.

The word mandala is derived from the root "MANDA", which means essence, energy (in both, material and subtle form) or aura, LA is the container or the vessel of it.

"MANDALA" therefore is the "container" that holds the essence or aura by visually depicting our consciousness.
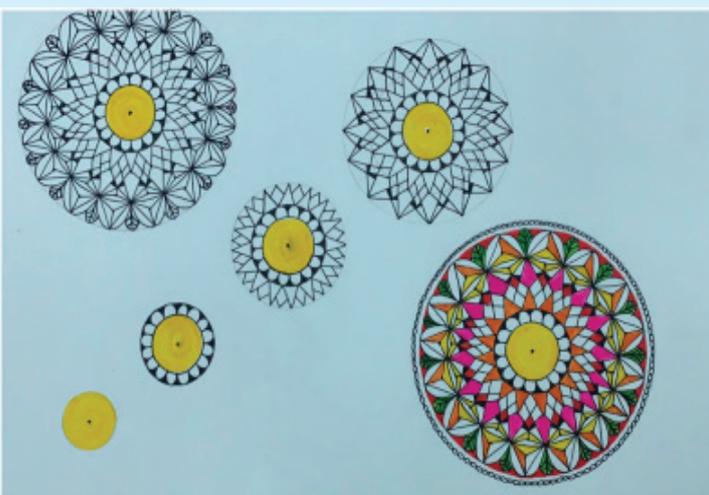
To know more about the process of self-development leveraging mandalas, **click the link below**

https://bit.ly/3ySAC3J

MIND BENDER

ACROSS
1) Sigmund Freud's (14)
2) regularly repeated behaviour (5)
3) complex reaction involving experiential, behavioural and physiological elements (7)
4) empty _____ syndrome (4)
5) a state of mental or emotional strain (6)

Down
6) tentative insight that is not yet verified or tested (10)
7) overactive, highly excitable behaviour (5)
8) purging of emotional tensions (9)
9) person who shrinks from social contacts (9)
10) German school of thought (7)

FORTHCOMING EVENTS:

1: RISEUP Training in Bengaluru
24th-26th September, 2021

2: Asian Mental Health Symposium
26th and 27th of Feb 2022.

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