

# ÉISTEACH

A QUARTERLY  
JOURNAL OF  
COUNSELLING  
AND THERAPY

## ISSUE

THIS

### About Men

Volume 2 No. 10  
Autumn 1999

#### IN THIS ISSUE

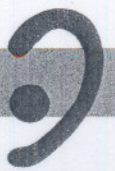
- ▼ Helping Men to Love
- ▼ Portrait of the Artist as a Jung Man
- ▼ Stories of Male Suicide and Other Misadventures in Masochism
- ▼ Working with Men who Sexually Abuse

#### PLUS

- ▼ Book Reviews

ÉISTEACH

Irish Association for Counselling and Therapy



# Editorial

This edition has arisen out of an awareness that men, from a psycho-sociological perspective, seem to be in an inordinately vulnerable position in our society right now.

Statistics demonstrate that men are four times more likely than women to kill themselves in this country. Our prison population is largely male.

Counselling is increasingly being recognised as a significant element in dealing with the problems of suicide, crime, violence, relationship-breakdown.

Therapy, will therefore, need to serve men effectively. Yet men tend to resist therapy..... sometimes conceding only when all else has failed. The contributors to this edition attempt to examine this reluctance in men to seek help.

The issue of intimacy is addressed by Harry Ferguson. Masculinity as a construct is explored from a sociological perspective by Alan O'Neill and from a Jungian perspective by Réamonn O'Donnchadha.

One of the themes which is evident in these articles is that of a 'socially-constructed masculinity'. This concept is significant as it both explains the conditioning influences of being male and it also implies immediate facility for change.

Peadar King describes an innovative gender intervention in single-sex boys' schools. Fergus Hogan writes on the challenge for therapy presented by male suicide figures. Marie Keenan talks about her work with men who sexually abuse.

Perhaps, as society gives more permission and as men become more receptive to change, therapy might become an acceptable vehicle of exploration and support for men.

Many thanks to all the contributors, not forgetting the book reviewers.

Hopefully the contributions will stimulate reactions and comments from you, the reader --- male and female. We welcome correspondence.

It is with regret that we say farewell to Brendan O'Rourke who is leaving the Editorial Board. His hard work and dedication will be missed.

We welcome Anne Dempsey who has joined us recently.

## Sheila Killoran-Gannon

### Editorial Board

Carl Berkeley, Anne Dempsey, Mairead Kavanagh, Patricia Kennedy, Sheila Killoran-Gannon, Réamonn O'Donnchadha, Brendan O'Rourke, John Sharry

### Publishing

Patricia Kelly

Next issue Winter 1999

How Far Have We Come?

The Millennium Issue

# Contents

## Helping Men to Love

Counselling and the Transformation of Intimacy

Harry Ferguson \_\_\_\_\_ page 2

## Exploring Masculinities

A Department of Education and Science  
Intervention in Single Sex Boys' Schools

Peadar King \_\_\_\_\_ page 7

## Portrait of the Artist as a Jung Man

A Sideways Look at Male Psyche  
in Irish Society.

Réamonn O'Donnchadha \_\_\_\_\_ page 14

## Men and Masculinity

Re-Forming Masculinity

Alan O'Neill \_\_\_\_\_ page 19

## "Stories of Male Suicide and Other Misadventures in Masochism"

The Challenge for Therapy

Fergus Hogan \_\_\_\_\_ page 23

## Working with Men who Sexually Abuse

Interview with Marie Keenan

Brendan O'Rourke \_\_\_\_\_ page 30

## Book Reviews

### New Psychotherapy for Men

John Sharry \_\_\_\_\_ page 36

### Changing Fathers

Aidan Herron \_\_\_\_\_ page 36

### Changing Fathers

Anne Marie Herron \_\_\_\_\_ page 37

### Carl Rogers' Helping System

Journey and Substance

Réamonn O'Donnchadha \_\_\_\_\_ page 38

### The Heart and Soul of Change: What Works in Therapy

John Sharry \_\_\_\_\_ page 39

The Editorial Board of 'Éisteach' welcome articles from members and readers on any topic related to counselling and therapy in Ireland. This includes articles on practice, training and research, book reviews, relevant interviews and reports.

Articles should be between 1,000 and 3,000 words and written in a clear accessible style. For further details please contact the office.

# "Stories of Male Suicide and Other Misadventures in Masochism"

## The Challenge for Therapy

by Fergus Hogan



### Introduction

*This paper is concerned with dramatic increase in the number of men's suicide in Ireland. This paper is presented in two parts, the first section offers an analysis from a social constructive perspective as to why so many men might be choosing to kill themselves and also why many of these men are not using the types of therapeutic services which are currently on offer. The second part of the paper takes up this point and offers suggestions for types of therapeutic practice, which may usefully engage these men in preventive, therapeutic and supportive health care and professional services.*

### Thoughts and Dedications:

In order to recognise the immediacy of the challenge involved for therapists and health care professionals in working with men, young men and suicide, I would invite the reader to remember the number of men they have known or worked with who have in the recent past, chosen to kill themselves or who have died from heroic deaths. The type of deaths which I refer to as "misadventures in masochism". For my part I remember three such young men, who I knew personally, and who have died or killed themselves during the past year. This paper is dedicated to Pearse Hogan, my uncle, who chose to take his life and to Ronan Stewart, a friend from school, who died tragically in a building site accident. [Building-site work is one of many examples of the types of dangerous jobs' men are both expected and seduced into doing.] It is also dedicated to Jason Nolan, a young man I knew through work. A teenager, who, like his peer group, lived life excited by the dangers of masochism. Jason died tragically in a lift shaft accident. His 'heroic' death was watched helplessly by his gang of male friends.

At times, for many men, only a thin line separates our understanding of their death as suicide or as a violent, tragic accident. The clearest example of this blurred area is seen in the increasing number of road traffic accidents and specifically in the number of single male drivers who are killed each year. This paper is centrally concerned with an examination of the social factors which influence so many men to lead such dangerous lives and, the fact that many of these same men do not believe they can make use of the types of therapy and supports available.

### The "Heroics" of Male Suicide:

I choose the metaphor "heroics" of Male Suicide to highlight three gender issues involved in the area of suicide. Firstly, there is the dramatic increase in the statistics of male suicide in Ireland. Secondly, I wish to highlight the qualitatively different ways in which men choose to kill themselves. Thirdly, I wish to highlight the fact that so many of these men kill themselves having never contacted health care providers or therapists. The report of the National Task Force on Suicide, 1998, recognises that, "the increase in suicide in recent decades has been primarily a male phenomenon." (D.O.H. 1998, p.19) Recent research in Ireland highlights that men are four times more likely than women to kill themselves. Figures for 1997 published by the Central Statistics Office show that of the 433 people who killed themselves, 355 (82%) were men. More specifically, suicide rates for young men aged between 15 - 24 years has soared by 400% in the past ten years and is now among the highest in the world. In 1997, 87 men aged between 15 - 24 years chose to kill themselves. The Task Force report also highlights the dramatic increase in suicides of older men aged over 65 years.

It is generally accepted that figures for suicides in Ireland may have been under-represented historically. Some of the increase in the currently reported rate of suicide may be, in part, due to the decriminalisation of suicide in the Criminal Law (Suicide) Act 1993, and to rapid changes in religious influence in Ireland. (Bowers 1994, Kelleher 1996) These changes alone cannot account for the dramatic increase in real and relative numbers of men's suicides.

This paper claims that gender difference is the central issue in these dramatic increases in male suicides. I will explore this gender difference in more detail below. A second difference, which is recognised in the issue of suicide, is evident in the types of deaths men are choosing. Men are generally noted as using more physically violent means of death such as hanging, drowning and shootings. While women more often use poisoning (Bowers 1995, p. 6) one of the consequences of these gender differences has been that many women have been talked about having "attempted suicide", while men have in a paradoxical sense "succeeded", in suicide. The implication for us, as therapists, is that we must find new ways of working preventatively with men because of the fact that we often do not get a "second chance" to engage with them. We need to help men to re-connect with satisfying stories of themselves and meaningful experiences of their lives.

The third issue in relation to the reference of "heroic suicide" is that many men are choosing to kill themselves in relative isolation. Research in Cork recognised that only 18% of men between the ages of 15 and 25 years, who had committed suicide had received any psychological treatment in the year before their death. (Kelleher, 1996).

The frightening summary of these points is that, the most dangerous and "at risk" group for suicide are young males between the ages of 15 and 24 years. The next high-risk group are men aged over 65 years, and in the early stages of retirement. While there are now as

many men as women "attempting" suicide in Ireland, men are also choosing more violent ways of killing themselves, and are therefore, succeeding. Men are now four times more likely to kill themselves than women. Research evidence also indicates that roughly 80% of these men have not been in contact with Health care professionals or therapeutic support. The questions raised are why are so many men living and dying like this? And, what supportive, protective, therapeutic responses can we develop?

### The Social Construction of "Invulnerable Masculinity"

The central hypothesis of this paper is that "Socially Constructed" gender differences are a key reason to the dramatic differences highlighted above between men and women suicides.

**"The implication for us, as therapists, is that we must find new ways of working preventatively with men because of the fact that we often do not get a "second chance" to engage with them."**

Theorists put forward the position that many men have been socially constructed and conditioned into believing about themselves that to be a man, "a real" man depends upon a life of living up to, a set of rules which say that men must be, strong both physically and emotionally. Men must be providers, doers and winners. These same rules say that men should look after others and themselves without ever asking for any help, or admitting their vulnerability. (Kimmel 1995, Connell 1995, Ferguson 1997).

While there are many ways of being a man and many types of masculinity, there is a thread of connection which runs through a dominant construction of masculinity, a type of "invulnerable masculinity", which says that men must live lives, performing and conforming to the above types of rules. The direct consequences of this type of invulnerable masculinity is, that many men live more dangerous lives than women. Men die younger than women, through accidental deaths, preventable illnesses and suicides. And the same men find it difficult, and often impossible to talk with others of their isolation, vulnerability, personal needs or feelings of depression.

The American Sociologist Michael Kimmel talks of this type of (invulnerable) masculinity when he recognises that "masculinity" is among the most significant risk factors associated with men's illness. Men's behaviour both adds to risk of death but also prevents them from doing anything about it, because "real men don't get sick" and "real men don't talk about danger and fears. (Kimmel, 1995)

Robert Morrell, writing about masculinity and intimate relationships in a South African context, develops the concept of dangerous masculinity, and recognises an issue, which he terms "inscrutable masculinity". (Morrell 1998, p. 4.) In this he recognises times in the life of many men, when they are "closed and unwilling " to communicate their feelings. This type of insecurity is not founded on men's inability to relate, to be intimate or talk with others in search of advice or support. Rather it is the result of learned patterns of behaviour, which at certain crisis times can even be highlighted for many men. Often when stress and tension are highlighted in men's lives, during high risk times such as unemployment, separation, divorce, death of a loved one, rejection of a lover, being bullied in the work place or at school, times of violence and assault in intimate relationships, occasions of sexual abuse, rather than seeking support men paradoxically cut themselves off from support.

And so, many men, at moments and times of high risk in their lives, isolate themselves. Rather than trying to build bridges of connection with those around them they build walls of isolation, cutting themselves off from others. They try to contain their emotions and hide their vulnerabilities. Many of these crisis points arise when they realise that it is impossible to continue to live lives based on "performing and conforming" to these rules for real men.

An American family therapist, Terence Real recognises that many men are socially constructed in such a way as to try to live their lives out of a 'performance

based esteem'. (Real, 1997) In this regard men's self esteem is based on the traditional role of the work men do outside of the family home, – i.e. their successes in the public domain as providers, sportsmen, politicians and so on. Therefore, in this context, men are constantly performing, competing waiting to be conferred with a type of social recognition of their masculinity. There are then, huge consequences for men when they realise that; they simply can not constantly keep up this type of pressure on themselves. For example many men live their lives and define their sense of self through the paid work that they do. They appear confident in this performance based esteem, until they arrive at the stage of retirement and then many suffer a type of depression which comes with the challenges of re-negotiating the definition of themselves and their role in society, the

family and with themselves. This life stage is one of the high-risk categories for men's suicide. All of us, industry, society, families, therapists must take on the challenge of helping men define themselves as more than the sum of their earning power. Terence Real argues that not only are men socially constructed so that they consider it shameful and unmanly to express vulnerability or to admit to depression, but he believes that we as therapists are constructed by the same processes by which we do not want to hear of men's pain, and we are unpractised in recognising the different manifestations

**"Terence Real argues that not only are men socially constructed so that they consider it shameful and unmanly to express vulnerability or to admit to depression, but he believes that we as therapists are constructed by the same processes by which we do not want to hear of men's pain, and we are unpractised in recognising the different manifestations of male depression."**

of male depression. While women have been termed as overtly depressed, men, Real would argue are covertly depressed, and we, as therapists, and society do not respond to this issue of male pain. Real sums up "one of the ironies about men's depression is that the very forces that help create it keep us from seeing it. Men are not supposed to be vulnerable. Pain is something we are to rise above. He who has been brought down by it will most likely see himself as shameful, and so, too, may his family and friends, even the mental health profession. Yet, I believe it is this secret pain that lies at the heart of many of the difficulties in men's lives. Hidden depression drives several of the problems we

think of as typically male: physical illness, failures in intimacy, self sabotage in careers."(Real, 1997, p. 22) Following this argument then, the challenge for society and us as therapists, is to invite men into conversations, which uncover their hidden or covert depressions and challenge men in their notions of invulnerability and inscrutability. In therapy we are in many ways too well practised in talking with women about their fears, emotions, vulnerabilities. Often, as a consequence, we too quickly diagnose and medicate women. Women are twice as likely as men to be diagnosed as having both major and mild depression, or phobia's. Terrance Real suggests that, when we include however, the categories of diagnosis which we more commonly ascribe to men, such as alcohol and drug abuse, and antisocial behaviour we see that as many men as women are suffering from pain. (Real, 1997, p. 84)

A striking note to bear in mind is that therapy itself has to a large degree been collusive in perpetuating the socially ascribed roles and expectations which construct the myth that women are depressed and men are invulnerable. This has happened because much of therapy has been constructed about models of "talking therapy". Based on the argument of this paper it is clear that men are taught to believe that it is unmanly to first of all turn up and look for help, advice or support and secondly that it is shameful to admit to vulnerabilities in life. At times of crisis, during often very difficult lives, many men specifically try to keep their emotions to themselves and struggle on as best they can, often camouflaging their hidden pain and depression. Such behaviour has direct and often fatal consequences on men's lives. Hidden pain and depression is all too often covered in heroic acts of masochism, fast cars, fast living, dangerous behaviour, alcohol and drug abuse, dare devil antics and showing off to the peer group and so on. Secondly, stress which has been internalised has a very real way of imploding. This is recognisable in the numbers of men who suffer from heart attacks, strokes, ulcers, and so on, all preventable diseases which men suffer and die from

**"Hidden pain and depression is all too often covered in heroic acts of masochism, fast cars, fast living, dangerous behaviour, alcohol and drug abuse, dare devil antics and showing off to the peer group and so on."**

more often than women do. The most dramatic evidence for the need of finding new ways of talking and listening with men about pains in their lives is the staggering increase in the numbers of male suicides. It is simply not good enough that we as a society or as a profession go along with the dominant discourses which accept that men do not turn up for therapy or, when they do that they do not talk intimately or openly about their feelings, pains, struggles, or ultimately their thoughts and plans to kill themselves. We must take on this challenge.

### The Challenge for Therapy:

#### Intimate Talking and Listening with Men

It has been argued in this paper that, based on the understanding of the Social Construction of a type of masculinity, an 'invincible' and 'inscrutable' masculinity, we should not simply expect men to admit their vulnerability or to ask for and accept support. Remember it is this type of masculinity which tells men that they will be weak or sissy if they even ask for directions when they are lost or looking for something in a large shop! How much more unlikely is it that these same men will talk from the heart and soul in therapy? We need to find new ways of engaging and supporting men.

#### Deconstructing the Dominant Stories of Men's Lives.

The first suggestion is addressed to the broad political and social domain, where I believe we need to challenge many of the dominant stories we tell about men, and fathers in families. Many social commentators currently describe the issue of masculinity as being in a state of crisis. Many men are living their lives in a state of crisis, insecurity and uncertainty. Many men simply can not put together a coherent or meaningful story to tell about their lives. (Allen & Laird, 1990, Hogan, 1998,) Unemployment has catastrophic effects on many men. While the Celtic Tiger is roaring in some parts of the country, there are still entire estates and housing complexes where men have

no sense of a future in paid work. A recent study on the psychological impact of unemployment in Ireland found that unemployment causes a higher level of psychological distress among men than women, and higher again among married men than single men. The hypotheses being, that this may be due to the erosion of the male breadwinner role. (Whelan, et al, 1991 p. 41 - 44).

While traditionally many men were not centrally involved in the nurturing role of a family many more men than ever before are currently living on the margins of families and society. (Mckeown et al, 1998) The rise in separations, divorces and single parent families headed by women have forced many men who would not choose so, to live outside of the family home, often in very poor standards of accommodation and isolated from regular contact with their children. It is very seldom that we take time to talk with men about the impact these types of social and family contexts have on their mental health and well-being. Structural and political changes need to happen so that men and fathers are valued and included in families and society. Unmarried, separated, fathers and step-fathers need to be recognised and given legal parental rights as standard. Clear suggestions for this have been thoughtfully articulated in the recent report on fathers included in the final report of 'The Commission on the Family,' 1998.

At a social level we do not have many strong, safe, valuable stories to tell about the role of men and their lives. For example over and over again in the media we see images of fathers being presented as hopeless and foolish, a poor second best to the construct of "natural mother". We need to challenge and change these images which debunk men and fatherhood. (Burgess 1997, Hillman 1996). We need to remember, recognise and honour men, their lives, roles and responsibilities. (Burgess, 1997. Hogan, 1998. Hyde, 1995. O'Connor, 1997). For too long, too many men have listened to the dominant stories that say that men are unable to communicate their feelings, that they should play a secondary role in families as parents, that they should be able to look after their own needs all of the time. And that at times of crisis they should make extra sure not to let their guard slip and allow others engage with them about their vulnerability.

There is however a dual responsibility in this challenge to change our society. While men must change, we too must change in how we talk with men and about men. We must ask them how they are, how they really are. We should not forget to ask men how they feel when they retire, become unemployed or believe they will never do paid work. We should remember to ask fathers how they are when they hear their partner is pregnant or when they are left outside of the anti-natal classes because these classes are organised during work hours. We should remember to ask men how they are when the court system excludes them from the every day joys and pains of their children's lives. We should ask men how they are when they return from a hard days work to the isolation of a bedsit, or when their hard earned wages are devalued in a changing society which no longer values the once important role of the breadwinner.

#### The Dynamics of Direct Work with Men.

On an individual and personal level in therapy with men, our work may need to begin with coaching men how to talk about how they are getting on in their lives. Many men simply are not practised in conversations like this. Many men do not have the words. This type of teaching men a new language for love, relationships, feelings and self-esteem must begin at a very early stage. Evidence shows that in primary schools we give more conversational time to girls than we do to boys. (Bidddulph, 1998). In our homes we must pay attention when we sit with our sons and ask them how their day in school went? We need to be careful that we do not too readily accept their one-word answers of, fine, or OK. Research on gender differences in therapy (O'Brien, 1990. Carr, 1998) highlights the ways in which men use language differently to women. Often men who come to therapy come looking for an answer to something or to get a part of their life fixed. In this regard, many men appreciate the type of 'doing' associated with goal setting and homework between sessions. We must try to accommodate these types of differences when we try to engage men in therapy. One simple suggestion is to ask a man, "how are you doing?" rather than, "how are you feeling?" as a first or early question in therapy. While the question about feelings is almost stereotypical of the dominant notion of

therapy, it is this very stereotype which often scares men away from help and immobilises others when they do not have the repertoire of words to give an answer.

A second suggestion in personal therapy with men is to use therapy to connect men who are isolated, vulnerable, depressed or simply struggling with day to day demands. This paper has argued that at times of crisis many men work extra hard to further distance themselves from the support of others. This can have fatal effects on the lives of too many men. Models of therapeutic practice which connect men rather than further disconnect them in individual therapy have had some very positive results (Madigan & Epston, 1995, Epston & White, 1992) In these therapeutic practices, rather than seeing the men individually all of the time, therapists reintroduce the men to friends and family members from whom they have become disconnected. In other instances men are brought together in what have been termed as 'communities of concern' where the dominant notions that it is unmanly or shameful to talk about the pains and struggles of life are challenged collectively.

Aside from the therapeutic domain many men are also taking on the challenge of these social changes and the confusion of what it means to be a good (enough) man by joining men's groups. (McKeown et al, 1998). Often hard to describe, men's groups offer personal support and critical challenge to the lives we live and the stories we tell about ourselves. Often, for too many, the only form of intimacy they have is with their female partner or wife. Many men as it were place all their emotional eggs in the one basket. They expect to get all of their emotional needs met by their wives. They would never normally turn to other men for support. Men's groups offer an alternative way for men to gain support from each other. Different to therapy, where clients or patients meet privately with an expert therapist, men's groups encourage

and support men to tell stories of their lives together... stories of love and pain... stories where men challenge each other to be responsible in the lives they live with others, women, children and men... stories where men support each other in the day to day pains and joys of life.

In these types of groups, men are neither expected or left to live life on the margins of relationships. Men begin working together to remember and honour the love and support they can give to one another. We need to remember that men are capable of love, intimacy and support, which until recently they might well have been doing, while using different words to tell their stories. Some

times we may need to fine-tune our hearing to listen to the occasions of men's love and support.

#### Uncovering Occasions of Men's Love and Support

Recently I visited a small midland town staying with some friends. During the week we went for a drink, in what was described as an "Old man's pub", because "the drinking was good there". On the night out, the only two women there, were in our small group, and while the pub was small, it was filled with men ranging in age from late teens to mid eighties and nineties. All the men seemed to know each other and had a greeting and a chat as they met each other, always taking a few minutes to "Pass the time of day with each other".

As we sat together our conversation moved on to talk about golf. My friends enjoyed the "slagging" associated with the morning's game. They explained to me that the three pals had spent last winter hunting together and the season before, fishing, and now their new found sport was golf. They were "hooked". When I asked how they had got so involved in the game, John said, "we started after my breakdown, which I had after my marriage break up". Tom continued "we were looking for something to do to take John out, out of himself, and golf just worked".

**"One simple suggestion is to ask a man, "how are you doing?" rather than, "how are you feeling?" as a first or early question in therapy. While the question about feelings is almost stereotypical of the dominant notion of therapy, it is this very stereotype which often scares men away from help and immobilises others when they do not have the repertoire of words to give an answer."**

**"Some times we may need to fine-tune our hearing to listen to the occasions of men's love and support."**



Fergus Hogan, is a social worker and family therapist and lectures in the Department of Applied Social Studies, University College Cork. He is a member of the editorial board of Feedback, the Journal of the Irish Family Therapy Association. He has a specific interest in working in men's groups with marginalised men and young men. He can be contacted at 021-903391.

References

Allen, J. and J. Laird (1990). "Men and Story: Constructing New Narratives in Therapy." *Journal of Feminist Family Therapy* 2(3/4): 75-100.  
 Biddulph, S. (1998). *Manhood, An Action Plan For Changing Men's Lives*. Gloucestershire, Hawthorn Press.  
 Biddulph, S. (1998). *Raising Boys*. London, Thorsons.  
 Bowers, F. (1994). *Suicide in Ireland*. Dublin, Irish Medical Organisation.  
 Bowers, F. (1995). "Death by Suicide in Ireland." *Journal of the Irish Association for Counselling and Therapy* 1(32): 3-7.  
 Burgess, A. (1997). *Fatherhood Reclaimed*. London, Random House.  
 Carr, A. (1998). "Fathers in Family Therapy; Lessons from Research." Special Issue, Feedback, *The Magazine of the Family Therapy Association of Ireland* 8(1): 5 - 10.  
 Commission on the Family, (1996). *Strengthening Families for Life*. Department of Social Welfare. Dublin.  
 Connell, R. W. (1995). *Masculinities*. Cambridge, Polity Press.  
 Epston, D. and M. White (1992). *Experience, Contradiction, Narrative and Imagination; selected papers 1989-1991*. South Australia, Dulwich Centre Publications.  
 Ferguson, H. (1997). *Understanding Men and Masculinities. Men and Intimacy*. St. Catherines Community Centre, Carlow.

Ferguson, H. (1998). "Working with Men and Masculinities." Men in Therapy, Special Issue, Feedback, *The magazine of the Family Therapy Association of Ireland* 8: 33 - 36.  
 Hogan, F. (1998 a). "Soulful Storytelling with Men; An Invitation to Intimacy." Special Issue, Feedback, *The Magazine of the Family Therapy Association of Ireland* 8(1): 17 - 22.  
 Hogan, F. (1998 b). *Languageing men's emotions: the social construction of masculinity and the possibilities for therapy*. Department of Child and Family Psychiatry, Mater Hospital. Dublin: 87.  
 Hyde, T., Ed. (1995). *Fathers and Sons*. Dublin, Wolfhound Press.  
 Kelleher, M. (1996). *Suicide and the Irish*. Cork, Mercier press.  
 Kimmel, M., Ed. (1995). *The Politics of Manhood*. Philadelphia, Temple University Press.  
 Madigan, S. and D. Epston (1995). From "Spy-chiatric Gaze" to *Communities of concern. The Reflecting Team in Action*. S. Friedman. New York, London, The Guilford Press.  
 Morrell, R. (1998). Don't let fear cut you off from people you care about: Boys, men and questions of masculinity in South Africa. *UNESCO workshop on adult education and population issues, Havana, Cuba*.  
 McKeown, K., H. Ferguson, et al. (1998). *Changing Fathers?* Cork, Collins Press.  
 O'Connor, c. (1997). "Men and Intimacy: Fathers and Sons." Men and Intimacy: Proceedings of conference hosted by St. Catherine's Community Services Centre, Carlow and Accord, Carlow.  
 O'Connor, C. (1998). "A Leaf of Poems: On Fathers, Sons and Sacred Spirits." Special Issue, Feedback, *The magazine of the Family Therapy Association of Ireland* 8(1): 23 - 27.  
 O'Brien, M. (1990). *The Place of Men in Gender Sensitive Therapy. Gender and Power in Families*. R. J. Perelberg and A. C. Miller. London and New York, Tavistock/Routledge.  
 Real, T. (1997). *I Don't Want to Talk About It; Overcoming the Secret Legacy of Male Depression*. Dublin, Gill & Macmillan.  
*Report of the National Task Force on Suicide, (1998). Department of Health and Children. Dublin.*  
 Sharry, J. (1998). "Going Fishing: Fathers and Sons Connecting in Therapy." *Irish Social Worker* 16(3): 17-18.  
 Whelan, C. T., D. F. Hannan, et al. (1991). *Unemployment, Poverty and Psychological Distress. The Economic and Social Research Institute. Paper no.150. Dublin.*

**THE IRISH ANALYTICAL PSYCHOLOGY ASSOCIATION**

The Irish professional Jungian organisation affiliated with the International Association for Analytical Psychology, Zurich, Switzerland.

**AUTUMN PROGRAMME OF PUBLIC LECTURES AND CLINICAL SEMINARS**

Public Lectures

- Friday, 1st October: 8 p.m. - "*Perfection is terrible, it cannot have children:*" *A Jungian Reflection on the Life, Work and Suicide of Sylvia Plath* by Christina Mulvey, Reg. Psychologist, I.A.A.P.  
 Saturday, 30th October: 10 a.m. - *Brothers and Sisters* by Henry Abramovitch, Ph.D, I.A.A.P.  
 Friday, 26th November: 8 p.m. - *Transitions* by Moira Duckworth, A.J.A., I.A.A.P.

Clinical Seminars for professional psychotherapists only

- Saturday, 2nd October: 10-12.30. and 2-4.30 - *Working with and through Despair* by Christina Mulvey  
 Saturday, 30th October: 2-4.30 - *Clinical Aspects of Psychological Types* by Henry Abramovitch  
 Saturday, 27th November: 10-12.30 and 2-4.30 - *Client Assessments: the Initial Interview* by Moira Duckworth

- Fees:** (1) Public lectures: £8 for I.A.P.A. Members and £12 for Non-Members  
 (2) Clinical seminars: Full Day - Members £25 and £35 for Non-Members  
 Half Day - " £15 £20 " "

**VENUE:** Milltown Park, Sandford Road, Dublin 6.

*For further information about activities and membership please contact Ruth Kearney, 5 Beechlaw, South Hill Avenue, Blackrock, Co. Dublin.*

The Irish Analytical Psychology Association Limited., Dublin Reg. No.253243, CHY.12217

[www.iol.ie/~fitzgera/iapa/welcome.htm](http://www.iol.ie/~fitzgera/iapa/welcome.htm)