

INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

Metaphors for Life

A PERSPECTIVE ON HOW WE SUPPORT OLDER CLIENTS

THE DOUBTS AND QUESTIONS OF OBSESSIVE COMPULSIVE DISORDER

DATING ACROSS DIVIDES DURING THE PANDEMIC

CONNECTION AS AN ANTIDOTE TO MUCH THAT AILS US

Ed Chen, RCC:
Helping others participate fully and build better lives

The Rules OF ENGAGEMENT

MANAGING THE TOUGH STUFF IN ADULT FRIENDSHIPS



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INSIGHTS

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The Insights team wishes to thank the writers who contributed to this edition of our magazine:

Joel Durkovic, Kelsey Grimm, Deirdre McLaughlin, Ana Claudia Naoufal, Arthur Rowshan, Su Russell, Linette Schut

BCACC is dedicated to enhancing mental health all across British Columbia. We are committed to providing safe, effective counselling therapy to all and to building the profession through accountable, well-resourced, and supported counsellors.

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In the spirit of reconciliation, BCACC acknowledges and respects the Indigenous people upon whose traditional territories we work and live throughout the province.

Insights is published on behalf of the BCACC by
Page One Publishing
580 Ardersier Road
Victoria, BC V8Z 1C7
Tel: 250-595-7243
pageonepublishing.ca



Contributing Agency: Getty Images, Shutterstock

Insights is published three times a year. To submit article proposals, contact the editor, Carolyn Camilleri, at ccamilleri@pageonepublishing.ca.

Find more information about submitting article proposals at bc-counsellors.org/media/insights-magazine or by contacting Marci Zoretich or Elana Hlott, BCACC editorial advisors, at communications@bc-counsellors.org.

Printed in Canada by Mitchell Press.

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A message about Truth and Reconciliation from BCACC Executive Director, Michael Radano



Confronting past and present practices has surfaced many facts — Truths — that the general Canadian population was not aware of, but that Indigenous Peoples have always known. It is incumbent upon all of us to become aware of the findings and recommendations from the *Truth and Reconciliation Commission Report*, which offers 94 calls to action.

Specific to British Columbia, the Minister of Health conducted a review of Indigenous-specific racism in the provincial health care system which resulted in the report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*. This report is being considered by the rest of Canada.

The reports, while powerful in their own rights, were made even more gut-wrenching with the May 2021 confirmation of the remains and unmarked graves of 215 children in Kamloops. This number continues to grow with new confirmations across multiple sites of former residential schools.

September 30, 2021, marked the first National Day for Truth and Reconciliation, which was proposed by the Truth and Reconciliation Commission as one of its 94 calls to action. This day honours the survivors of the residential school system, their families, and communities.

The staff of BCACC used that day to reflect on what actions it can undertake to



RELATED WORKSHOPS FOR MEMBERS

BCACC has launched a series of workshops focused on working with minority and racialized clients in the counselling space.



Mobilizing Cultural Safety and Humility in Professional Practice with Len Pierre

Len Pierre is a Coast Salish consultant, public speaker, educator, and cultural practitioner from Katzie First Nation. In this session, we will develop a shared and collective understanding of racism in Canada and how to create culturally safe environments,

practices, approaches, and policies in our work to mitigate harm.

In a time of Truth and Reconciliation, Len believes that the need to bridge the Indigenous and non-Indigenous realities has never been greater. With a focus on recentring Indigenous knowledge and values, he provides educational lectures, workshops, and consultation services to any willing service provider.



Working with Cultural Diversity in the Therapeutic Setting, a two-part workshop with Dr. Myrna Lashley

Dr. Myrna Lashley is an internationally recognized clinical, teaching, and research authority in cultural psychology. She serves as an expert psychological consultant to institutions, including the juvenile justice system. This two-part workshop will provide

participants with a foundational understanding of the influence of race, culture, class, ethnicity, immigration, sexual orientation, and gender in the assessment and treatment processes of psychotherapeutic interventions.

BCACC members can find more details on these workshops, including how to access them in the eConnect Learning Portal, by logging in at <https://members.bc-counsellors.org/>

PHOTO OF MYRNA LASHLEY REPUBLISHED WITH THE EXPRESS PERMISSION OF: OTTAWA CITIZEN, A DIVISION OF POSTMEDIA NETWORK INC.

make a meaningful difference and called on its membership to do the same. Part of this reflection has led BCACC to witness actions and commitments by others in the health sector and, more specifically, in the mental health area, which are very encouraging and can also serve as a call to action for BCACC. The chief executive officers of the British Columbia College of Nurses and Midwives, the College of Pharmacists of British Columbia, the College of Dental Surgeons of British Columbia, and the College of Physicians and Surgeons of British Columbia have issued an apology statement in response to the In Plain Sight report. Eleven other health profession colleges signed a statement of apology for Indigenous racism in BC health care. The American Psychological Association (APA) passed three resolutions acknowledging and apologizing for APA's role in promoting and perpetuating racism and racial discrimination in the United States.

As the leading association of clinical counsellors in British Columbia with a membership of more than 5,500 mental health professionals, we have a responsibility to rise to the calls to action within the *Truth and Reconciliation Commission Report*.

To begin this process, **we respectfully and humbly apologize to Indigenous Peoples — First Nations, Métis, and Inuit — communities and members of BCACC who have experienced and suffered from racism while engaging with our organization or with our self-regulated health professionals.**

BCACC ACTIONS

Action that BCACC is taking in the immediate is facilitating workshops for its membership to enhance their ability to provide cultural safety for Indigenous Peoples (see 4).

We are in the early stages of putting a program in place to increase Indigenous and other under-represented groups amongst our membership.

BCACC also recently engaged with the First Nations Health Authority

(FNHA) to increase the number of Registered Clinical Counsellors (RCCs) providing services to FNHA as there is a lack of available providers.

This is just the beginning, and much more work needs to be done.



As a member of BCACC, as a First Nations person, as a granddaughter of a Kamloops Residential School survivor, it feels good to be a part of an organization taking action and committed to Indigenous reconciliation. Not just for me personally, but also for my family, community, and all the Nations BCACC is committed to supporting.

— SHAWNA BIRON, RCC



The BCACC has been a strong foundation for me to stand on as an Indigenous woman to grow and develop into a competent and confident RCC. Knowing that the BCACC supports and acknowledges the work we all need to do for Indigenous reconciliation makes me proud to be a member of this organization. It comes from a place of integrity and respect the people in the BCACC office provide daily.

— LAURA RHODES, RCC

RESOURCES

1 Truth and Reconciliation offers 94 'calls to action': <https://www.cbc.ca/news/politics/truth-and-reconciliation-94-calls-to-action-1.3362258>

2 In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>

3 Remains of 215 children found buried at former B.C. residential school, First Nation says: <https://www.cbc.ca/news/canada/british-columbia/tk-eml%C3%BAps-te-secw%C3%A9pemc-215-children-former-kamloops-indian-residential-school-1.6043778>

4 Leaders overseeing thousands of B.C. health-care professionals apologize for systemic anti-Indigenous racism: <https://www.cbc.ca/news/canada/british-columbia/indigenous-racism-health-care-bc-apology-1.6023587>

[canada/british-columbia/indigenous-racism-health-care-bc-apology-1.6023587](https://www.cbc.ca/news/canada/british-columbia/indigenous-racism-health-care-bc-apology-1.6023587)

5 BC health regulators sign statement of apology for Indigenous racism in BC health care: <https://cotbc.org/2021/09/bc-health-regulators-sign-statement-of-apology-for-indigenous-racism-in-bc-health-care/>

6 APA's commitment to addressing systemic racism: <https://www.apa.org/about/apa/addressing-racism>



PERSPECTIVE ON OUR PROFESSION

HOW FAR DO OUR RESPONSIBILITIES EXTEND?

BY LINETTE SCHUT, RCC

The Canadian public's understanding of and appreciation for the importance of mental health services has grown significantly in recent years. Our services as RCCs are increasing in demand. Yet, the concept and practice of counselling psychology is still in its adolescent years, and as Borgen and Neault point out, a key part of adolescence is "identity formation."¹ While our services are being recognized as crucial, we are still

working out — within ourselves and within the broader cultural milieu — just what those services entail and how we can best serve the many people who need us.

As practising RCCs, we have a few different options for how we can do our good work, but by and large, we fall into two categories: we can work for the government or government-funded non-profits and agencies and provide funded services free of charge, or we can open a private practice and run our own small businesses. Often, our story is this:

we begin our career working for an agency, almost as a sort of paid internship, where we get paid less than we would running our own private practice. In exchange, we get the structure and experience necessary (or that we think is necessary) to strike out on our own. Once we've built up our confidence and experience (and perhaps some private practice clients on the side), we can have our ideal situation — a thriving private practice, where we can call our own shots and provide services in our uniquely beautiful way.



A *Globe and Mail* article from 2015 lays out the facts very clearly: family physicians are overrun with mental health patient visits, most often patients who are unable to afford private therapy. Though they try to refer patients to publicly funded counselling programs, the waitlists can run from six months to two years.

But here's the rub: there is a disconnect between what we as RCCs view as our ideal way to practice and what the public needs. A *Globe and Mail* article from 2015 lays out the facts very clearly: family physicians are overrun with mental health patient visits, most often patients who are unable to afford private therapy. Though they try to refer patients to publicly funded counselling programs, the waitlists can run from six months to two years.²

In 2017, the Mental Health Commission of Canada put together findings on "Options for improving access to counselling, psychotherapy and psychological services for mental health problems and illnesses." They lay out clear numbers: up to two-thirds of adults and three-quarters of children and youth are not accessing the mental health supports they need to help them address their mental health concerns, in large part, because they can't afford it.³

As RCCs, we work within a *Code of Ethical Conduct* that includes four principles:

1. Respect for the Dignity of all Persons and Peoples;
2. Responsible Caring;
3. Integrity in Relationships; and
4. Responsibility to Society.⁴

This code is open to some interpretation, yet it is clear that we have a responsibility to all people and to our society to serve as mental health practitioners in the best way we are able.

It's not our responsibility to change the entire system, but I believe it is our responsibility to examine how we practice and how we can influence the identity

formation of our profession. If we continue to see public services as training ground for our own practices one day, we may be part of the problem of making services difficult to come by for those who most need them.

Instead, I encourage us to rethink our views of both agency work and private practice. As government continues to put more money into mental health services, let's speak up for how we would like to see this money used. Let's use our spheres of influence to create partnerships with government-funded bodies and non-profits to help unify our country's and our province's approach to mental health service. Let's build a sustainable number of pro-bono clients into our private practice and develop sliding scale fees. Excellent mental health services need to be available to all who need them, not just those with extensive extended health benefits and those who can afford to pay out of pocket.

Linette Schut, MEd, RCC, has experience working in private practice and for government-funded agencies. She currently works as a Child and Youth Mental Health Clinician for MCFD in Duncan, BC.

REFERENCES

- 1 Borgen, W. A., & Neault, R. A. (2019). Applications and careers for counsellors and counselling psychologists. In M. E. Norris (Ed.), *The Canadian Handbook for Careers in Psychological Science*. Kingston, ON: eCampus Ontario. Licensed under CC BY NC 4.0. Retrieved from <https://ecampusontario.pressbooks.pub/psychologycareers/chapter/applications-and-careers-for-counsellors-and-counselling-psychologists/>
- 2 Anderssen, E. (2015). The case for publicly funded therapy. *The Globe and Mail*, Friday, May 22, 2015.
- 3 Mental Health Commission of Canada. (2017). Options for improving access to counselling, psychotherapy and psychological services for mental health problems and illnesses. Ottawa, ON. Retrieved from <http://www.mentalhealthcommission.ca>
- 4 British Columbia Association of Clinical Counsellors (2014). *Code of Ethical Conduct*. Victoria, BC. Retrieved from <https://bc-counsellors.org/wp-content/uploads/2015/09/BCACC-Code-of-Ethical-Conduct-2014.pdf>



TO BELONG AS

Finding connection to and acceptance by a community that values our unique worth and true self is an antidote to much that ails us as human beings.

BY ANA CLAUDIA NAOUFAL, RCC

Loneliness has been proven to impact our overall health and life span at a higher rate than toxic substances such as cigarettes and alcohol. Why is this? Because one of the greatest human needs is connection. Amongst the world of drug and alcohol recovery, there is a saying: “Connection is the antidote to addiction.”

Some of the main reasons people suffer from substance use issues are loneliness and isolation, a feeling of non-belonging and worthlessness. On the flip side, one reason 12-step programs such as Alcoholics Anonymous work for many people is that they provide a community to relate to, receive support from, and eventually contribute to, which gives individuals a sense of meaning, purpose, and belonging. Meaning, purpose, and belonging are key contributors to a person’s

motivation to show up for their life, find a sense of self-worth, joy, and overall well-being — physical, emotional, mental, and spiritual.

BEING HUMAN

Human beings are social creatures by nature. It is in their relationship to others that they thrive, learn about themselves and life, and quite often find a reason to live. When people live in a vacuum, they begin to feel hopeless, and the struggle to get through another day looks more difficult and not worthwhile. Most people are wounded children inside as they have experienced generations of abuse and trauma. Finding worth within oneself is often not enough of a motivator for the pursuit of happiness and a full lived life. Healing through therapy, as well as feeling loved and accepted by a community, gives us a

fuel for living that is impossible to find on our own.

For most of human history, people have survived in tribes, villages, communities, large families, clans, etc. Relying on one another has not only ensured our physical survival, but it has also given us a sense of belonging, as every individual in a group plays a role that contributes to the survival and evolution of its people. Through these communities, people have felt a sense of taking root in their human experience. The land, the culture, the traditions, the spiritual practices helped them to understand their human experience and ensure their overall sustenance and that of their community.

Being human is like being given a job without a job description. None of us know what we are doing here, what the purpose of this temporary body we inhabit is, and how to navigate through



ONE OF THE GREATEST HUMAN NEEDS IS CONNECTION. AMONGST THE WORLD OF DRUG AND ALCOHOL RECOVERY, THERE IS A SAYING: "CONNECTION IS THE ANTIDOTE TO ADDICTION."



WE ARE

this lifetime in a way that ensures a life well lived. We have always depended on our family and community to understand how to “be human.” Imagine your consciousness being born now into the body you are in at this moment — look at your arms, your hands, your legs, and notice how your experience of life is from within this vessel. You know this vessel will temporarily carry you through life. As you grow up, you learn the many ways you can use it to experience your life in connection to all other life that surrounds you.

THE “WHY” OF EXISTENCE

As human beings, we are always attempting to answer the “why” of existence. Quite often, that “why” is answered through each community’s set of long-standing traditions, beliefs, rituals, artistic expressions, gender roles, etc. Basically, we understand ourselves and life through the guidance and reflection of the other humans around us. Each member plays a role that serves the community and facilitates life, and this collaboration

provides enough meaning and purpose to live out our lives regardless of the pain and challenges it may present.

In a more individualistic time in human history, where most of what was once sacred has been lost, where rituals, rights of passages, stories, songs, and traditions have been discarded, we too have found ourselves lost in the world. We are bombarded by millions of messages that contradict each other, with advertisements, television shows, political agendas, uneducated opinions, social media, etc. All attempt to mimic the guidance that community once did but to no avail; instead, it segregates us and confuses us.

Individualism also demands of us independence that is impossible to sustain as we are left filling all the roles that once an entire community shared. Trying to be everything for ourselves is an impossible endeavour. The inability to do so contributes to anxiety, depression, addiction, and despair. We live for ourselves. This sense of independence and self-expression is a necessary part of our evolution but is

making us sick without a community to hold space for our humanity.

Collectivism has its shadow side as does anything in this life. Women have been oppressed, raped, and discriminated against for millennia in the name of a community’s beliefs or survival. Pressure to behave according to tradition has left so many people unexpressed and hidden as to not upset the community by being different or “the black sheep.” Superstitions and religious rigidity have caused more harm than good to the human spirit and the human experience in most old-world traditional collective societies. Veering outside the norms and expectations of the family and culture leaves many isolated and rejected. That fear keeps many people in line and in obedience of that which goes against their true selves.

Individualism, on the other hand, allows more openly for the authentic expression of the individual. Whether it may be what they choose to do with their life, or their sexual orientation, or who they choose to marry or not marry, etc., there is a greater sense of

freedom of choice. In a more Western, individualistic society, the guidelines of behaviour and expectation are much more flexible and less judgmental. I grew up in La Paz, Bolivia, and I remember wanting so badly to move to a city where I could be myself fully, where no one would bat an eye because just like me, everyone else was free to be. What I didn't realize, however, was the suffocating loneliness that accompanies that degree of freedom.

Addiction (to everything: drugs, alcohol, food, porn, social media, sex, relationships, work, etc.), depression, anxiety, suicide, and loneliness are rampant in individualist societies. This is because the more we remove ourselves from the uniformity that traditional communities demand, the harder it becomes to find belonging as well as meaning and purpose as a human being born into a world in which the "why" of our existence has not yet been understood. Existence is too big of an experience to fully understand, but without each other, it is nearly impossible to navigate.

CREATING SPACE TO HEAL

I have found that regardless of a client's presenting issue, the root of the problem often is a desire to express and live authentically while being accepted and finding love and belonging amongst family and friends. For so long, collectivist communities have taught us that being ourselves was unacceptable and a source of shame. Now as we begin to break out of our chains and take the risk to embrace the full expression of our personality and spirit, we continue to carry the fear of judgment and non-belonging because deep down, we know it is crucial to our well-being.

I have created healing circles of men and women who come together either for a number of weeks or once a month, where they can hold space for each other to safely and without judgment express their truth, their struggle, their vulnerability and increase their sense of acceptance and



THE ROOT OF THE PROBLEM OFTEN IS A DESIRE TO EXPRESS AND LIVE AUTHENTICALLY WHILE BEING ACCEPTED AND FINDING LOVE AND BELONGING AMONGST FAMILY AND FRIENDS.

belonging. They show up just as they are at that moment. Healing circles are an Indigenous tradition that, as a healer, I have been blessed to learn how to run through an elder and mentor. It has changed the lives of many women who have been searching for their freedom of expression while simultaneously searching for a place to share themselves freely. Nothing is more healing than being witnessed, held, and accepted unconditionally by a community.

Many of my clients struggle with finding their independence while living with the traditional customs of their culture. This is a tightrope to walk for both me as a therapist and them as the client as these worlds often collide. The suggestion I quite often give them is one that attempts to respect both the individual and the community

simultaneously. It is important they continue to express themselves freely in the spaces and places that feel safe and, in doing so, begin to heal generations of fear and trauma, hopefully arriving at a place in which they can continue to meet the needs of the community (such as, success, marriage, etc.) but in a way that feels more in alignment with themselves.

For my more Western clients who either feel lonely or are surrounded by people they feel aren't quite like them, I tell them that we must take off the mask we tend to hide behind if we are to find our real tribe. If what we present to the world is the mask of conformity, then those who identify with the mask will surround us. However, as we learn to grow the courage it takes to show up in the world as we truly are, then those who recognize themselves in us will find us. We will then belong in a community in which we feel at home, can be our authentic selves, and feel loved and supported without dimming our light, playing small, or suffocating under the expectations of a society that demands conformity.

To belong as we are, to be valued for what we uniquely bring, to feel loved and accepted in the hearts and eyes of another without betraying the truth of who we are — that is true freedom and the highest form of belonging and well-being we can hope to find. ■

Ana Claudia Naoufal, MA, RCC, is a Vancouver-based holistic therapist who integrates a variety of therapeutic approaches in her work and uses mindfulness, spiritual principles, and nature therapy in her practice. She believes human beings are more than just the mind — they are body, mind, and soul — therefore, true healing can only be found in the treatment and integration of all these parts, as well as in the reconnection with our community and nature.



THE RULES OF ENGAGEMENT

A DISCUSSION WITH KELSEY GRIMM, RCC, ON THE UNWRITTEN RULES OF ADULT FRIENDSHIP AND HOW SHE HELPS HER CLIENTS MANAGE THE TOUGH STUFF

Kelsey Grimm, RCC, founded her practice, Healing Spaces, five years ago, and it has blossomed into a team of counsellors offering trauma-informed, non-pathologizing, heart-centred therapy in both in-person and virtual sessions.

“We specialize in supporting individuals, adults, kiddos, and couples overcome that which is blocking them from living their ideal lives,” she says.


Often, the relationships people have with their friends become part of that block.

“Sadly, we see clients struggling in their friendships daily,” says Grimm. “Whether clients are confused by having a

friend ‘break up’ with them, feel their friends don’t get them, feel they have to wear an invisible mask when they are around their friends, or somehow don’t feel they have any trusted friends in their lives. Clients struggle in friend relationships.”

And let’s be honest, friendships can be confusing.

“Navigating friendships has never been more complicated than in the last few years of negotiating safety, how to have a ‘distanced’ friendship, all the while not being able to do the things we usually do with our friends,” she says. “Now, we have opened up the vaccinated/unvaccinated complexities, and more than ever, we see our clients struggling in their friendships.”



The blurry lines and 'rules of engagement' of adult friendships can be very complicated. We don't have any guidelines on how to manage difficulties that might arise...

WHY FRIENDSHIPS CAN BE SO HARD AND CONFUSING

When friendships are good, they are beautiful for so many reasons. We may say our friend is “like a sister” or “like family.” We may say our mom is “our best friend” or we “married our best friend.” But when things go wrong in a friendship, part of the problem is that friendships are different than family relationships — a horse of a different colour, says Grimm.

“Each family seems to have a foundation of expectations and values unspoken and woven into their interactions,” she says. “That doesn’t mean that families aren’t without confusion and conflict but oftentimes, familial relationships come with different complexities. If we reflect on Bowenian theory for a moment — family systems theory and intergenerational trauma — we can see the challenges that can arise. If I were to extend a thread between friendship difficulties and familial difficulties,

it would be that we are all human, bumping up against other humans and there are bound to be challenges. That said, no family is the same and we can’t know the reality of someone’s relationship with a family member just because they are connected by name.”

In families, the determination to reach a compromise, repair damage, or come to terms with a relationship is encouraged and even necessary for well-being. The value of taking these steps is widely accepted and supported. But when a friend relationship goes sideways, it’s treated differently even though it can be just as painful.

“The blurry lines and ‘rules of engagement’ of adult friendships can be very complicated,” says Grimm. “We don’t have any guidelines on how to manage difficulties that might arise, what to do if we want a friendship to change, or what to do if a friend suddenly changes their behaviour.”

Contrast adult friendships with intimate partner relationships.

“While every intimate partner relationship is different, societally and collectively, we have a sense of the behaviours that are mostly acceptable and mostly unacceptable,” she says. “If we are in a generally healthy, loving intimate relationship, we have a loose set of guidelines. We also generally know we have the ability to talk about difficulties when they arise, even though this is not always easy to do.”

Society hasn’t outlined such a template, even loosely, for acceptable behaviour within friendships or even how to have difficult conversations.

The wide-reaching definition of the term “friend” undoubtedly amplifies the confusion. A friend can describe a colleague you share coffee with, a parent on your child’s soccer team, someone you have known since childhood but haven’t seen in over a decade, the person you call when something wild happens in your day, or anything in between.

“Because the word ‘friend’ covers

such a wide range of relationships, it makes it challenging to talk about changes that take place as the friendship develops,” says Grimm. “Typically, when we are dating someone and considering if the relationship is becoming more serious, we have ‘the talk.’ You know the one, where we acknowledge that we actually like each other and want to talk about being ‘exclusive.’ We don’t do this in friendships. In friendships, we ebb into a certain type of relationship without any conversation. We flow into a rhythm and a pattern with a friend, and casually, the relationship unfolds and the edges become more defined. We anticipate when we will see our friend next and what we might do together. We have fun remembering the good times we shared. We look forward to the future gatherings and creating more memories.”

In the same way, a friendship can shift from being emotionally close to distant without acknowledgement of this change.

“We tend to accept a friendship’s ebb and flow through life, and a conversation or consent isn’t required for a friendship to change,” says Grimm. “If we no longer want to have first coffee with the same person or choose to stand beside a different parent at the soccer game or have a big life moment without telling our ‘bestie,’ we make these changes freely.”

While the reason for the change may be completely valid, we may neglect an unwritten expectation from our friend that we will continue to act as we have before.

“While past does not always predict future, there is a certain level of expectation and predictability created from the way we interact with our

friends,” she says, offering an example: “For X amount of time, our best friend Taylor shared big news with us. Suddenly, we hear through the grapevine that Taylor got a new job, and we wonder why they didn’t call us to let us know. We might wonder what we did wrong. We might reflect upon past conversations, the way a joke we made landed a bit flat. We might look for a pattern of change, searching for clues to understand this unexpected behaviour. We might wonder about the last time we saw each other in a meaningful way, and whether they seemed engaged in the conversation or if they were a bit distant or dismissive.”

That wondering, unaddressed, can lead to confusion and hurt.

“I very much believe in freedom of choice and that friendships have a ‘season or a reason,’” says Grimm. “However, when our close friend does not call to share their big news — when they usually call us — it can cause a lot of confusion. We awkwardly move through our feelings trying to understand the changes in behaviour of a friend or former friend on our own. We wonder what we should say when we call them — or even if we should call or text them. We piece together the information we have and may create a self-deprecating story. Often there are hurt feelings, misunderstandings, and confusion.”

What started as a misunderstanding may lead to the end of a friendship, an experience that can be more

significant than the end of an intimate relationships — something Grimm recently discussed with a close friend.

“Both my friend and I have experienced greater heartache in friendships ending compared to intimate partner relationships ending,” she says, adding that the heartache may be connected to our attachment to the other person or



While past does not always predict future, there is a certain level of expectation and predictability created from the way we interact with our friends.

to the relationship. “With intimate partner relationships, we have a clearer understanding of ‘in’ or ‘out’ and even when ‘it’s complicated,’ we can at least relax into the fact that we know ‘it’s complicated.’”

Friendships can have many more moving pieces in terms of attachment and expectations, she adds, many of which are unspoken, as well as other complexities.

“These might include how we interpret the loss of friendship, whether

we have struggled in friendships before, if we struggle with self-esteem and confidence in friendships, and if we interpret the loss of friendship as a result of something we perceive to be inherently 'wrong' with us," says Grimm. "Even though we know friendships can change, we are confused when we see it starting to happen in *our* friendship with *our* close friend. We are hurt and unsettled, and we don't know what to do. The bottom line is we miss our friend and want them back."

WHEN FRIENDSHIPS HIT A ROUGH PATCH

When her clients talk about friendships that have become difficult, Grimm presents a few options:

- 1) They can have a conversation with their friend that results in positive change.
- 2) They can decide not to talk about it and try move through it on their own.
- 3) They can pretend as if everything is okay and try to tolerate the behaviour.
- 4) They can decide the friendship is over.

Some people say they don't want friendships that are too much "work" and choose the easiest option to avoid having a conversation that may be difficult but may result in a positive change.

"Instead, we allow and excuse behaviour that doesn't feel okay to us. We ghost our friends if we feel they are too much work or there are conflicts we don't want to deal with. We lose friends instead of being willing to ride through the tough stuff together and have long-lasting relationships," says Grimm.

How do we talk about the tough

stuff in a friendship? Grimm offers these guidelines:

■ **Step one:** Ask permission to speak.

"This can be helpful because it prepares the other person to know you want to talk about something important. If they give you permission, it ensures they are willing to engage in a meaningful conversation."

■ **Step two:** Find a neutral, agreed-upon location and time to meet.

"This can be helpful because if we are in a space that is comfortable only to us, they may feel attacked and less secure. If we are in their space, we might feel less comfortable. If both parties agree to the location, we have a more even playing field with less power dynamics at play. It may sound subtle, but it can be important."

■ **Step three:** State the difficulty using 'I' language, ensure space for them to share, practise good listening skills, and mutually agree upon a resolution forward.

"We want to be mindful whenever we bring up conflict with another that the other person might feel attacked and go on the defense. We can do our best to mitigate a defensive response if we are gentle, mindful of our language. We also want to ensure equal space to hear their side as well. Going in with curiosity instead of stating facts can also be helpful. Using language such as 'I am confused' or 'Help me understand' can be great openers."

■ **Step four:** Ensure a check-in about the conversation after an appropriate time.

"A conversation like this might need some space to breathe. After having the conversation, you and your friend might have other thoughts and feelings that arise. Ensuring we circle back to the hard conversation means we truly

care about the friendship, the other person, and we want to move forward together in a mutually agreeable way."

■ **Step five:** Revisit the previously agreed-upon resolution again if necessary.

"If a new foundation has been agreed upon and it is breached for whatever reason or behaviours start slipping, we can gently remind our friend about the previous conversation and what was agreed to or discussed."

Even though we know friendships can change, we are confused when we see it starting to happen in *our* friendship with *our* close friend.



SETTING BOUNDARIES IN FRIENDSHIPS

Sometimes, the client wants to make the changes in a friendship.

"When we have friendships where we are honoured, respected, supported, and in alignment with the other person in terms of what the friendship is, we might have a keeper on our hands," she says. "But when we consider the many people we have in our lives, we might start to prune the people we spend time with if we feel more drained and hurt than filled up by our interactions

with them. Oftentimes, we have a hunch something isn't working for us in a friendship, but we talk ourselves out of any action by either making concessions for our friend's behaviour or creating reasons not to have a conversation with them."

This may mean boundaries are needed, and Grimm lists signs:

- 1) Thinking about this friend creates tension in your body.
- 2) You wouldn't tolerate that behaviour from anyone else in your life.
- 3) You feel like your friend is "taking" something from you, either material or energy.
- 4) Seeing a text from this friend causes tension in your body.
- 5) You justify or apologize for their behaviour to others or to yourself.

Setting boundaries with friends may also require having a tough conversation.

"Sometimes the friend has no idea they are doing something that isn't working for the relationship and, in bringing it up, you are inherently shifting the way they understand the friendship," says Grimm.

She encourages clients wanting to set boundaries to start by practising differently.

"By that I mean, the next time the friend crosses a boundary, talk to them in real time about that specific boundary cross. It can be more impactful if we bring to another's attention how their behaviour impacts us as it is happening in real time," says Grimm. "It makes it real, and it doesn't give us the chance to unleash five years of upset at once. Instead, we move slowly and change the behaviour of another by changing our own behaviour."



While ending a friendship is difficult and painful, Grimm reminds us that it is the quality of our friendships that is important, not the number of friendships.

It isn't easy to do this.

"It is like you and your friend have done the tango together for your entire friendship and now, mid-dance, you are trying to get them to do the salsa," says Grimm. "It might take some time to adjust, and it might be a bit awkward at first, but stick with it and hopefully, you will be in step together in the salsa over time."

Sometimes, a client may decide to end a friendship. Whether there is a right way to do it may depend on the reasons for ending it.

"There might be a way that feels easier, safer, or appropriate," says Grimm. "Additionally, depending on the type of friendship, if the friendship seems to fizzle naturally, a big conversation might not make sense."

All that said, Grimm encourages clients to treat others with dignity and respect.

"Whether they let a friendship fizzle, choose to have an honest

conversation, or something in between, I encourage them to consider how they would want to be treated in this specific situation with this specific person and see if they can enact a similar approach."

While ending a friendship is difficult and painful, Grimm reminds us that it is the quality of our friendships that is important, not the number of friendships. And having friendships where we treat others as we want to be treated — with respect and kindness — and get the same back is foundational to our well-being and to living our best lives.

Kelsey Grimm, RCC, is the founder of Healing Spaces, a collaborative practice, and Kelsey the Counsellor, which offers virtual courses, education, and information to clients as an adjunct to counselling. She is passionate about supporting people to overcome that which prevents us from living our best life.

Often, out of necessity, much of our earlier life has been lived in the everyday mode where appearances, possessions, and prestige were our primary concerns. As we get older, there can be an increasing sense of wonder and appreciation of the simple fact that we exist in the world.





METAPHORS FOR LIFE

WITH A FENCE, CHANT, AND ART AS METAPHOR, AN RCC REFLECTS ON LIFE AND AGING AND OFFERS A PERSPECTIVE ON HOW WE THINK OF THE STAGES OF LIFE AND HOW WE SUPPORT OLDER CLIENTS.

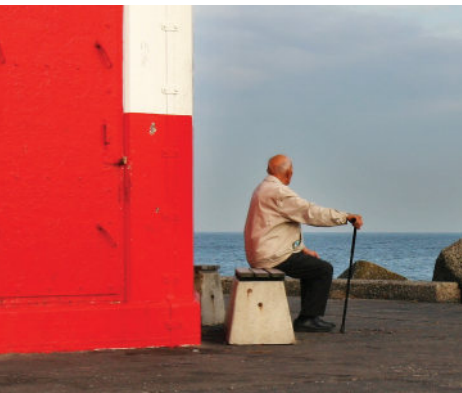
BY SU RUSSELL, RCC

On the first warm sunny day of spring, my partner and I completed a project we had anticipated for some time. The idea was to create a fence made from bamboo discarded at the roadside by our neighbour.

Not long before, I had experienced the death of a close friend. As an older person, I was keenly aware that with the death of someone close to me, I had been confronted with my own personal issues around aging and my imminent demise. I became aware that my thoughts around negotiating this time in life dovetailed in a surprising way with the tasks my partner and I had faced in conceptualising and manifesting the bamboo fence.

THE FENCE

Previously, the back corner of our yard had been filled with blackberry bushes grown much wilder than we wished. They were taking over our garden, and we had spent hours cutting the canes and digging out many of the roots. The thinning out of the blackberry had left us with a rather blank, unattractive space and a view of the compost pile. We had envisioned the idea of a bamboo fence as a blind to conceal the garden refuse, but the details of its construction were mostly undecided. We needed to respond to the



As we transition to older age, the challenges, unlike those presented to us earlier in life, come primarily from day-to-day, often unavoidable, events. There is an ever-increasing possibility of life-changing disruptions over which we have no control.

wealth of possibility the bamboo might offer us. We believed that once we began the building, we would discover what ideas the materials would provide and, most likely, demand of us.

The bamboo was lovely — one- to one-and-a-half-inch thick pieces, some 20 feet long, some beautiful ebony-black bamboo and some a bright green. We began by selecting thick, straight, strong support posts. We knew, from past experience living near the ocean that the especially powerful gusts of the spring and winter winds have the potential to destroy a fence. It would have to be strong and resilient.

We began by sinking and securing thick bamboo posts deeply in the soil. Then we carefully sorted and selected lateral pieces; the fence would be composed largely of the bulk and beauty of these. We decided how they would be applied to the upright support posts, and, after some thought for effect, we planned to place the lateral pieces two inches apart. We drilled small holes and fastened these pieces to the upright supports with a nail, slipped like a peg through the holes. We applied about six to eight of the crossbars.

When we stepped back and observed the fence from a distance, we realized that the cross pieces were not effective enough in creating the visual barrier that we desired. It appeared that more crossbars would be needed, and so, we proceeded to add a bar between each of those already attached. This project was going to take a great deal more time and material than planned!

As we progressed, we discovered that the nails weren't secure, some falling out as the fence was moved around from the building activities. Backing up a little, we removed many of the nails and used small screws, drilling them into the empty nail holes. The completed section was now much more stable. We trimmed and

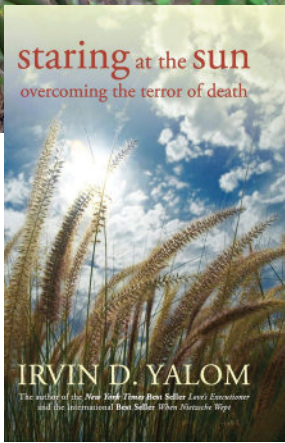
drilled, adding piece after piece after piece. Every now and then, we would walk a good distance away and observe how the fence was progressing visually. Was it balanced and an adequate height for the purpose? Were the proportions pleasing? Was it an attractive design?

To complete the task, we decided on a final touch, a necessary component, we felt, for a functional and attractive project. We began to add smaller, softer, and more flexible pieces of bamboo culled from our garden. With leaves remaining on the stalks, we wove these through the center section of the fence to break up the visual field. We added one here, one there, to fill the space. Frequently, we needed to wander away from the fence, taking time to absorb the effects of our work and allowing some distance to gain perspective on the work we were doing. Finally, the fence was completed; we were very pleased with the result.

Now, we sit often and admire our fence. We are pleased that the discarded bamboo was put to good use. We notice the fence's beauty, how its appearance changes with the light, and how the small leaves left on the woven cross branches catch the breeze. We appreciate how the fence's profile changes as the light of the day shifts.

THE CONTEXT

Earlier in our lives, the challenges we face need to be approached with logic and pragmatism. Usually, they involve decisions around establishing financial security, family and relationships, and, if fortunate enough, an education leading to a career. Working through these decisions is about holding the future in mind. We make choices that require consideration of the overall effect on the life we have yet to live. These require planning, not only for our own future, but also for the people we care about and for whom we



In Irving Yalom's book *Staring at the Sun: Overcoming the Terror of Death*, he speaks of a paradox, expressed by the German philosopher Heidegger, who proposed that there are two modes of experiencing existence. The first, the "everyday mode" is where one is absorbed by their surroundings and "how things are" in the world. The ontological mode, however, is more interested "in the miracle of being itself" and "marvel[s] that things are."

may be responsible. They frequently focus on long-term strategies and on practically oriented goals. We spend the bulk of our lives maintaining a focus on many of the necessary tasks to achieve these goals and to guarantee a stable, secure environment. These are the upright supports, those things which will provide the basis on which we hang our hopes.

As we transition to older age, the challenges, unlike those presented to us earlier in life, come primarily from day-to-day, often unavoidable, events. There is an ever-increasing possibility of life-changing disruptions over which we have no control. Our health is more

fragile and may become compromised, we may lose a spouse. Finances dwindle. Due to loss, our support systems often crumble.

In Irving Yalom's book *Staring at the Sun: Overcoming the Terror of Death*,¹ he speaks of a paradox, expressed by the German philosopher Heidegger, who proposed that there are two modes of experiencing existence. The first, the "everyday mode" is where one is absorbed by their surroundings and "how things are" in the world. The ontological mode, however, is more interested "in the miracle of being itself" and "marvel[s] that things are."

Often, out of necessity, much of

our earlier life has been lived in the everyday mode where appearances, possessions, and prestige were our primary concerns. As we get older, there can be an increasing sense of wonder and appreciation of the simple fact that we exist in the world. The mere miracle of our surroundings can provide us with a sense of gratitude that things are as they are. We are moved to "construct an authentic life of engagement, connectivity, meaning, and self-fulfillment." These priorities seem to take precedence over the more pragmatic concerns of the past. The importance of integrating greater peace, beauty, and harmony into our lives parallels the softer, more graceful branches we carefully wove in as the finishing touches to our fence.

As soon as we had begun building the fence, we realized we were going to have to alter many preconceived plans due to unexpected situations.

The purpose of a chant is to focus, moment to moment, on a question and to express, and re-express, absolute dedication to the subject of focus.



We began with two upright posts; we needed three. The nails had slipped out too easily; we adapted by using screws. The crossbars were not dense enough; we doubled them up. We realized that the fence was higher than we needed, making it look awkward; we reduced the height by removing a few of the upper crossbars. On completing the fence, we moved across the garden to observe the completed project.

SINGING CHANT

In spiritual chant, there is a process of phrasing a call, then replying to that call. Another call, or question, goes out; the answer varies, redefining, again, the call's request. This process is repeated many times. The purpose of a chant is to focus, moment to moment, on a question and to express, and re-express, absolute dedication to the subject of focus.

In building the fence, we had to stay completely present to the process, to each call, and to use imagination and the resources available to us to respond in a way which would maintain the integrity and beauty of the fence. Each call and response brought challenges. Some responses failed altogether; others brought us closer to what we desired. All the chosen variations and adaptations were focused on improving the final outcome.

In the singing of chant, the objective of the repetition of the call and response is to bring the participant closer and closer to the essence of the message and to spirit. As elders, we need to define our call with greater and greater clarity.

The challenges now facing us, as it was with building the fence, can be approached with a spontaneity which was not as readily available to us in

the “business of living” when we were younger. Now older, we frequently have the leisure to draw on time, the benefits of an accumulation of life experience, wisdom, and a measure of self-esteem. In the relative quiet of older age, we have the opportunity to be proactive in voicing our call and responding with curiosity and excitement. Our response may creatively and imaginatively refine the process of maintaining a focus on the essence of our being.

ART MAKING

Before becoming a therapist, I worked as an artist. For 20 years I have had a quote by the fiber artist Marcia Karlin posted on my bulletin board: “For me, creating a work of art is a process of discovery, rather than the execution of a preconceived idea.” As therapists, we need to support older clients in creating a work of art, a life of “being.” We need

to support them with the adjustment of the tone, perhaps the intensity, of their approach to life as it is now. Sometimes, the client may need to change the shape or the size of their challenges. If the texture of a challenge is too rough, perhaps they need to enhance it by adding softer elements or to smooth out the surface of it. Most important, they need encouragement to stand back often and observe the overall creative project — the process — to see that all the components work well together, interact with harmony, and create the effect that they most desire.



Our clients' personal resources are often the result of challenges they have faced, resulting in skills they have cultivated throughout their lifetime. We, as therapists, need to take what they have cultivated and illuminate how they might make a lifetime of experience work for them in the present. At times, we may need to support them in reframing new challenges so they are able to optimize their outcomes. Frequently, many earlier opportunities may have been bypassed for lack of time or other duties.

What are our clients inspired to respond to at this time in their lives?

How can they respond in ways which are authentic, creative and personally meaningful? Older clients have earned the privilege from personal experience to formulate their call and to listen very carefully to their own heartfelt response. Just like the fence we chose to make, clients need to be encouraged to fully engage in and appreciate the process of living the life they have woven. They can enjoy each step they take in discovering how to re-imagine, adapt, and alter their lives as older members of family, neighbourhood, and global communities.

As therapists, we need to support older clients in creating a work of art, a life of “being.” We need to support them with the adjustment of the tone, perhaps the intensity, of their approach to life as it is now.

Aging is a progression which brings us — often reluctantly but steadily — to the last challenge, the challenge of dying itself; yet there is an urgent need to emphasise the importance of staying in the present moment. Coupled with the realization that the chance to correct missteps may be less and less possible, clients frequently experience the awareness that time is running short.

When making our fence, we realized that having a preconceived plan was counterproductive; we were working with materials that were variable and unpredictable. We had to reframe, revise, and frequently revisit the notion

of what we wanted to create on an ongoing basis, holding only the idea that we were building a fence which would evolve as a reflection of our choices.

Getting older can be a process of discovery, of finding joy and meaning in the now simpler acts of day-to-day living. It need not focus on creating a preconceived notion of a peaceful death. Clients deserve to be supported in believing that their sole, or soul, purpose is in living a fine and graceful life now. They need to be encouraged to take action, modify, rearrange, and thus create their present-day and on-going experience of a full and rewarding life.

In building our fence, we found the creative response to the challenges enormously satisfying and, in the end, it resulted in a thing of elegance and purpose. The fence has become a functional and eye-catching addition to the garden. With time, the external influences of wind, rain, and the flexibility and greying of the bamboo will take their toll on the fence, not unlike the challenges we encounter as we age. But the fence is pleasing to the eye and accomplishes what we need and want for the present. Creating an integrous personal narrative as we age can be equally as gratifying and satisfying. ■

Su Russell, RCC, is a mother, grandmother, artist, and counsellor with a private practice in Victoria, BC. Her client work focuses on elderly women and the process of aging.

REFERENCE

1 Yalom, Irvin D. (2008) *Staring at the Sun: Overcoming the Terror of Death*. London. U.K. Piatkus Books. pg. 33-34.

DATING ACROSS DIVIDES

BY DEIRDRE MCLAUGHLIN, RCC

In thinking about the topic of sex, dating, and the pandemic, I questioned whether it had to be about COVID and vaccine passports, imagining the many ways it could go south for me. Vaccination status and dating seems fairly open and shut to me: either your potential date is vaccinated or not, either you are vaccinated or not, and either it's a deal-breaker or not.

Sifting through word associations, I tried to come up with a joke. "So a vaccinated person and an unvaccinated person walk into a bar," or something about having a passport and going nowhere. But in the words of Jeff Ross during the Comedy Central roast of Charlie Sheen, it all felt "too soon, too soon; too real, too real." Simply put, no one's really laughing about COVID or vaccine passports right now, and as counsellors, we may well be supporting clients on all sides of the debate.

WHERE WE'VE COME FROM

Pandemic dating has already made for interesting research, with some academics investigating how dating apps have evolved to address the needs of those looking for love or sex. During the global lockdown, apps such as Tinder, Bumble, Grindr, HER, Match, Hinge, and OKCupid expanded their offerings. Some designed or unlocked features to facilitate online dating, while others hosted virtual meetups



and activities. Many posted articles designed to help users gain success in online endeavours, offering instructions, for example, on how to dress, set the environment, and use better lighting for virtual dates.¹

In the past year and a half, research shows that many people had less sex, even as some expanded their sexual repertoires.² In an online survey of over 1,500 adults who were asked about the pandemic's impact on their intimate lives, about one in five reported making a new addition to their sex life. The more common additions included "trying new sexual positions, sexting, sending nude photos, sharing sexual fantasies, watching pornography, searching for sex-related information online, having cybersex, filming oneself masturbating, and acting on sexual fantasies."³ While those who made additions were three times more likely to report that their sex lives had improved since the pandemic began, not all additions are created equal: partnered activities were linked to greater sexual satisfaction, whereas solo activities were not.

This leads to another issue that arose in the pandemic: who has access to partnered sexual activity, and who does not? Lehmiller, et al. state that sexual minorities, racial minorities, and younger adults have "significantly elevated rates of living alone."⁴ During lockdown, these groups were more vulnerable to stress and loneliness — mental health issues with well-established links to sexual behaviour. For example, sex is often pursued to relieve stress, whereas loneliness has been linked to sexual risk-taking.⁵ During the height of the pandemic's first wave, Quebec's National Director of Public Health, Horacio Arrucia, urged people to pursue monogamy



**IN THE "CONSTANTLY
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OF THE AIDS EPIDEMIC,
AN EMPHASIS ON LIVING
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**SEXUAL MINORITIES,
RACIAL MINORITIES, AND
YOUNGER ADULTS HAVE
"SIGNIFICANTLY ELEVATED
RATES OF LIVING ALONE."**

to halt the virus.⁶ While on paper that makes sense, in practice, it neither meets everyone's reality nor preference.

Pandemic or not, a "tacit assumption of monogamy"⁷ permeates much of sex-ed literature, thinly concealing a hetero/normative bias. There are many for whom open relationships and casual sexual practices have deep cultural roots, fostering and maintaining a sense of connection and normalcy. For example, Thorneycroft and Nicholas outline how casual sex creates social solidarity that's "key to queer sexual cultures."⁸ That said, survivors of the HIV/AIDS epidemic are no strangers to navigating sexual safety in the face of a life-threatening virus. Sexual expression, which on one hand represents liberation for a community who has historically faced oppression, also "signalled deep loss from AIDS-related illnesses and deaths."⁹ Hard-won lessons borne of that tragedy hold particular resonance for this time.

WHERE WE ARE

Even as I researched and wrote this article, I was mindful of the impossibility of pleasing everyone who might read it. Across the globe — and particularly in the region of BC where I live — the issue of vaccinations and passports is divided. There's fear and uncertainty, as the debate touches on people's deeply held values. In many ways, we are limited these days: in movement, connection, and choice. And while limitation may be new for some, there are others for whom it's familiar.

I find myself drawn to the writings of not only queer theorists, but also of disability advocates and theorists. Thorneycroft and Nicholas offer the concepts of queer and crip time as a way to (re)frame the pandemic. Let me define these. J. Jack Halberstam explains queer time as emerging from the HIV/AIDS epidemic. While a generation was cut down in its

prime, some gay men abandoned the expectation of longevity and future, instead "making community in relation to risk, disease, infection, and death."¹⁰ Bleak as that may sound, there were unexpected gifts in this approach. In the "constantly diminishing future" of the AIDS epidemic, an emphasis on living each moment to the fullest emerged.¹¹ As counsellors, this already runs deep through the work we do. In this shifting time of uncertainty, present moment awareness is a refuge.

Crip time, on the other hand, arose from disability theory to address how "disabled/chronically ill and neurodivergent people experience time (and space) differently than able-bodied folk."¹² Ellen Samuels outlines some of the gifts and challenges of a disruption to normative life. For example, crip time has a nonlinear path of "backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt

endings.” There are times of “late nights and unconscious days,” out of sync with normative time. None of this will sound unfamiliar to the experiences of many during the pandemic. And yet, crip time also offers something “more beautiful and forgiving” — the opportunity to slow down, the directive to be still, the humility of limitation.¹³

Many are now experiencing “a time akin to crip/queer time, with normative life trajectories on hold.”¹⁴ Folks who could formerly socialize with ease have found their opportunities to gather curtailed — not just for weeks or months but going on years now. Whereas intentionality with dating was somewhat optional pre-pandemic, it’s now a necessity. Planning meetups, conversing about vaccination status, and determining shared values have become part of the screening process with potential partners. In this context, “normative (individualist) ethics are upended”¹⁵ in favour of a more collective approach.

Queer and crip theories offer the potential to reconceptualize responsibility and ethics as they pertain to sex during COVID, as we evaluate individual decisions in relation to the whole. Still, if we focus only on mitigating risk, we might forget about pleasure. Rather than attending solely to individual well-being, what if instead we found “a (queer) sexual ethics focused on pleasure, and a (crip) responsibility... focused on considering the other?”¹⁶ It’s something to ponder: when a virus has the power to shut down the whole world, it illuminates the ways in which we really are all one.

There are plenty of articles on how to minimize risk in pandemic dating: virtual connections, getting vaccinated, social distancing. Staying two metres apart helps contain the transmission

of COVID. What happens, however, when the span becomes ideological — when it moves, as it can, towards “cultural, relational, and psychological processes involved in distancing?”¹⁷ The vaccine conversation grows increasingly polarized, with ever-deepening factions and divides. For example, an Angus Reid Institute poll (2021) revealed that over three-quarters of Canadians who have gotten both shots have “no sympathy” for unvaccinated individuals who contract COVID-19.¹⁸



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A survey conducted by the dating app Hinge found that **65%** of respondents who have had a virtual COVID date plan to continue doing so post-pandemic.

Need it be noted that there are many reasons for choosing to be vaccinated or not, several of which complexify an overly simplistic debate? From folks whose adverse reaction to the first shot precludes a second dose, to those grappling with the tension “between public health ethics and individual liberty,”¹⁹ there are a number of British Columbians who are ineligible for a vaccine passport.

In a joint letter to provincial health officer Dr. Bonnie Henry and Health Minister Adrian Dix by a group of 25 organizations that advocate for civil liberties, just treatment for drug users, and undocumented and disabled British Columbians, the authors note that sweeping vaccine passports policies “can have the effect of forcing people into isolation, cutting off their lines of resources, and making their lives even more dangerous.”²⁰ Meanwhile, in another part of town, the health-care system is stretched to its limit. A year ago, neighbours gathered to bang pots and pans for front-line staff; this year, folks are protesting vaccination passports outside of hospitals.²¹

A THRESHOLD OF CHOICE


And I know you got to fight your adrenaline

Just to be a gentleman

*And I know I got to fight my amygdala
Just to keep hearing ya*

~ ANI DIFRANCO ²²

In a time of limited options, we do have some choices: how we frame the pandemic and how we feel about each other in the process. Priscilla Wald examines the concept of the “outbreak narrative” — a somewhat predictable storyline that “begins with the identification of an emerging infection, includes discussion of the global networks throughout which it travels, and chronicles the epidemiological work that ends with its containment.”²³ Existing in every public health crisis from the bubonic plague to COVID-19, the outbreak narrative disseminates information, influences how cultures understand infection, and affects transmission and survival rates. Constructed by facts and ideologies alike, it does not exist in a vacuum — it both shapes and is shaped by the



THE WORD CONTAGION MEANS LITERALLY 'TO TOUCH TOGETHER.' ONE OF ITS EARLIEST USES IN THE FOURTEENTH CENTURY, IT REFERRED NOT TO MEDICINE AND DISEASE, BUT TO THE CIRCULATION OF BELIEFS AND ATTITUDES.

culture around it. As individuals and as a collective, we contribute to that narrative.

Interestingly, “the word contagion means literally ‘to touch together.’”²⁴ One of its earliest uses in the fourteenth century, it referred not to medicine and disease, but to the circulation of beliefs and attitudes. Presently, we’re in a moment of heightened awareness that we implicate others with our choices. Tangibly and otherwise, we touch one another: with fluids, viruses, and ideas. What if pandemic dating became a way “to open up new sexual cultures,”²⁵ while also expanding our sense of responsibility towards each other? As we shape this outbreak narrative, what if we created a contagion of care?

When I speak of social responsibility, I don’t just mean the choice to get vaccinated or not. Vaccine passports both allow and inhibit freedoms, include and exclude, implicate and

exonerate. In the dating realm, the vaccination issue may well be a deal breaker, whatever your status. As a sexual health educator, I encourage folks to have deal breakers. Befriend them: they speak to well-considered values and boundaries. Nevertheless, self-care does not preclude respect and concern for others. One need not cancel out the other.

WHERE WE’RE GOING

What does the research say about the future of dating? For starters, video meetups are here to stay. A survey conducted by the dating app Hinge found that 65 per cent of respondents who have had a virtual COVID date plan to continue doing so post-pandemic.²⁶ As Anna Iovine writes, they allow “you to vibe check a match without having to leave your house.”²⁷ Folks are taking a more intentional approach to dating, too. Ghosting

(cutting off contact with someone without explanation) has decreased,²⁸ and many are taking longer to move a match offline.²⁹

The increase in virtual dating necessitates a sex-ed talk that many people never got — that of online safety. Similar to in-person intimacy, it involves discussion about pleasures and preferences, navigating boundaries and consent, and dialogue about prophylactics and STIs. Further to this, online safety incorporates an explicit agreement to not record screens or share nudes with others — also known as nonconsensual pornography (NCP). Still, even a verbal or written contract is no guarantee that NCP won’t happen. Other ways to protect oneself online include posing in ways that obscure identifying physical or environmental features and using apps like Signal or Confide to encrypt messages and prevent screenshots.³⁰

For many, the COVID conversation is about determining shared values. Getting to know someone online is a great way to find out about their practices and precautions before meeting up in person. Approaching this dialogue with open-ended questions and a sense of curiosity are ways to foster respect. Therapist Nicole M. Richardson notes that asking the question why “almost always forces the other person to defend themselves.”³¹ In other words, we rarely change people’s minds by being combative. If you find you’re not on the same page with someone regarding COVID safety, it’s okay to mark it as a deal-breaker and move on.

Pandemic dating utilizes many of the same tools as normative times: negotiating boundaries, navigating pleasure, and — ideally — treating prospective partners with care. What’s changed is our perception of the impact of our choices: there’s an immediacy to their repercussions which was less apparent pre-COVID. The stakes are higher. We can’t afford to have unexamined values; nor can we pretend that our actions are inconsequential. In a polarizing time, caring for one another becomes an act of intention — a decision for the collective regardless of one’s choice. Aligned or divided, we’re constantly touching together. Vaccinated or not, there is no us and them. ■

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FURTHER EXPLORATION

Though I could go on about ways to engage with technology, ideas for online play parties, or incorporating toys into erotic adventures, it would take me beyond the word limit for this article. Instead, I’ll point you towards some of my favourite places for further exploration.

► BC-based **Sexpositive Shop** (sexpositiveshop.ca) offers education and products to help “all of society benefit from a good and healthy erotic life.”

► Ontario’s **Come As You Are** (comeasyouare.com) is a worker-owned co-operative with a “fundamentally anti-capitalist and feminist approach to sexual pleasure, health, and education.”

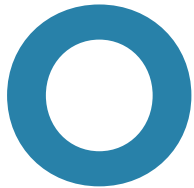
► **Spectrum Boutique** is a US-based sex toy shop; what I really love about them, though, is their journal. Intelligent and thoughtful articles range in topic from BDSM and sex education, to non-monogamy and online safety (spectrumboutique.com/journal). It’s a wonderful resource for clients, as well.

REFERENCES

- 1 Dietzel, C., Myles, D., & Duguay, S. (2021, May 12). Relationships during a pandemic: How dating apps have adapted to COVID-19. *Dalhousie News*. Retrieved September 13, 2021, from <https://www.dal.ca/news/2021/05/12/relationships-during-a-pandemic-how-dating-apps-have-adapted-to.html>
- 2 Lehmiller, J. J., Garcia, J. R., Gesselman, A. N., & Mark, K. P. (2020). Less sex, but more sexual diversity: Changes in sexual behavior during the COVID-19 coronavirus pandemic. *Leisure Sciences*, 43(1-2), 295-304. <https://doi.org/10.1080/01490400.2020.1774016>
- 3 Lehmiller, et al (2020).
- 4 Lehmiller, et al (2020).
- 5 Lehmiller, et al (2020).
- 6 Dietzel, et al. (2021).
- 7 Lupton, D., & Willis, K. (2021). In *The COVID-19 Crisis: Social Perspectives*. essay, Routledge. Chapter 9: Queer and crip temporalities during COVID-19: Sexual practices, risk and responsibility by Ryan Thorneycroft and Lucy Nicholas, pp. 103-114.
- 8 Thorneycroft and Nicholas (2021).
- 9 Thawer, R. (2021, February 15). Fear & Fluidity Part 2: Bodily Fluids. *Spectrum Journal*. Retrieved September 13, 2021, from <https://spectrumboutique.com/journal/article/fear-fluidity-part-ii-gender-fluidity/>
- 10 Halberstam, J. (2005). *In a queer time and place: Transgender Bodies, subcultural lives*. New York University Press.
- 11 Halberstam (2005).
- 12 Terminology. *Terminology | Critical Disability Studies Collective*. (n.d.). Retrieved September 30, 2021, from <https://cdsc.umn.edu/cds/terms>
- 13 Samuels, E. (n.d.). Six ways of looking at Crip Time. *Disability Studies Quarterly*. Retrieved September 13, 2021, from <https://dsq-sds.org/article/view/5824/4684>
- 14 Thorneycroft and Nicholas (2021).
- 15 Thorneycroft and Nicholas (2021).
- 16 Thorneycroft and Nicholas (2021).
- 17 Goodley, D. (2014). *Disability studies: Theorising Disablism and ableism*. Routledge.
- 18 Unvaccinated? Meet the unsympathetic: Most inoculated Canadians indifferent to whether the non-jabbed get sick. Angus Reid Institute. (2021, September 21). Retrieved October 5, 2021, from <https://angusreid.org/unvaccinated-covid-sympathy/>
- 19 Leamon, S. Social cohesion, bodily autonomy, and the political debate over mandatory vaccinations. *The Georgia Straight*. (2021, August 20). Retrieved October 5, 2021, from <https://www.straight.com/covid-19-pandemic/sarah-leamon-social-cohesion-bodily-autonomy-and-political-debate-over-mandatory-vaccinations>
- 20 Labbé, S. (2021, September 4). Groups fear passports will exclude thousands of vaccinated people who are marginalized. *Times Colonist*. Retrieved September 30, 2021, from <https://www.timescolonist.com/news/b-c/groups-fear-passports-will-exclude-thousands-of-vaccinated-people-who-are-marginalized-1.24355729>
- 21 Khan, A. & D’Andrea, A. (2021, September 13). Covid-19 hospital protests ‘a morale blow’ to Canada’s exhausted health-care workers. *Global News*. Retrieved October 8, 2021, from <https://globalnews.ca/news/8186324/hospital-protests-morale-blow-hcw/>
- 22 DiFranco, A. (2021). Do or Die [Recorded by A. DiFranco]. On *Revolutionary Love*. Durham, NC: Righteous Babe Records.
- 23 Wald, P. (2008). *Contagious cultures, carriers, and the outbreak narrative*. Duke University Press.
- 24 Wald (2008).
- 25 Thorneycroft and Nicholas (2021).
- 26 Saner, E. Guardian News and Media. (2021, August 24). Do dress up, don’t get drunk: How to have a great virtual date. *The Guardian*. Retrieved September 13, 2021, from <https://www.theguardian.com/lifeandstyle/2021/aug/24/dress-up-dont-get-drunk-how-to-have-great-virtual-date>
- 27, 28 Iovine, A. (2021, June 28). The top dating trends of 2021, so far. *Mashable*. Retrieved October 4, 2021, from <https://mashable.com/article/best-of-dating-top-trends-2021>
- 28 Iovine (2021).
- 29 Dating Guide — Slow Dating: What You Need To Know. *The BeeHive*. (2021). Retrieved September 13, 2021, from <https://thebeehive.bumble.com/datingguide-slow-dating>
- 30 Smith, B. (n.d.). Keep your private nude photos safe online. *Spectrum Journal*. Retrieved September 13, 2021, from <https://spectrumboutique.com/journal/article/sending-naked-photos-heres-how-to-keep-your-pandemic-nudes-safe/>
- 31 Moss, G. The COVID conversation: How to talk testing and safety with your date. *Bumble Buzz*. (n.d.). Retrieved September 13, 2021, from <https://bumble.com/en/the-buzz/talk-covid-testing-safety-bumble-date>

INSECURITY IN SEARCH OF CERTAINTY

BY ARTHUR ROWSHAN, RCC



bsessive compulsive disorder (OCD) is characterized by excessive doubting.¹ Most obsessive thoughts begin as a strategy for problem solving; however, this coping mechanism is taken to the extreme. What starts as a successful way to make decisions soon becomes a torment. These clients cannot stop having doubts and questions to which they cannot find convincing answers. The more they search for a definite answer to soothe their doubts, the more anxious they become.

Four main individual characteristics trigger compulsive thoughts and actions: the excessive need to obtain reassuring answers to intrusive doubts; a tendency to believe in rigid ideological or religious principles; an excessive reliance on extreme rationality; and an excessive focus on the prevention of disease or harm.²

PATHOLOGIC DOUBT

“Will I be able to do the right thing? Do I really love my partner? Did I say something silly at my friend’s party?” are few examples of pathologic doubting. At times, doubts can become bizarre. I recall a client who started with a doubt about his sexual orientation and end up doubting whether he was in love with palm trees. Pathological doubts can become incapacitating

because they create a never-ending spiral of questions and answers. Doubts become pathological when individuals attempt to seek rational, definite, and reassuring answers to questions or dilemmas that are unreasonable, unfeasible, or unresolvable. This class of doubts is a perversion of reasoning based on the assumption that one must be absolutely certain before taking any action.

Paradoxically, this excessive reliance on reason leads to unreasonable conclusions. The French philosopher Blaise Pascal wrote, “The last proceeding of reason is to recognize that there is an infinity of things which are beyond it.”

This kind of rumination makes OCD among the most challenging cases for counsellors. These individuals create a mental trap where they torment themselves until complete mental exhaustion.⁴ Logical answers to doubts create further need for more convincing answers, which, in turn, generate more doubts.

Healthy self-doubt can be useful for quality thinking, but when taken to the extreme become a source of distress. The more the individuals search for reassuring answers to their doubts, the more insecure they feel until they get entangled into the web of a severe disorder.⁵



Most people do not pay attention to the correctness of their doubts or questions; rather, they focus on searching for the best reasonable answer. In doing so, they end up building an endless game, in which every answer, instead of dissipating the doubt, will feed new ones. Emmanuel Kant said that before we can evaluate if an answer is rigorous, we ought to judge if the question is correct in the first place. Searching for a precise answer to a wrong question is a futile

endeavour. An OCD client's emotional distress does not come from the lack of convincing answers but from the erroneous questions they ask themselves.

VARIANTS OF PATHOLOGICAL DOUBTS

The anxious feelings of these clients escalate in the following fashion.⁶ Their first attempted solution consists of searching for rational explanations for their doubts, emotions, or physiological sensations. However, reason and

Most people do not pay attention to the correctness of their doubts or questions; rather, they focus on searching for the best reasonable answer. In doing so, they end up building an endless game, in which every answer, instead of dissipating the doubt, will feed new ones.

rationality cannot offer an exhaustive elucidation of many of our experiences. Tagore pointed out that “A mind all logic is like a knife all blade. It makes the hand bleed that uses it.”

When this strategy fails, these clients try to distract themselves and banish the doubts relying on their willpower. However, they realize that the more they try to fight or distract themselves, the more they feed their doubts. Trying not to think is thinking even more.

action, OCD clients become snarled-up in their intricate investigation. A stock trader was unable to make a decision because he had fallen in a never-ending evaluation of the pros and cons of an investment. His doubts caused decision paralysis.

When the above pseudo-solutions fail, OCD clients try to put themselves to the test. Once intellectual reasoning cannot dissipate their anxiety, they decide to perform an experiment as

did not go away because, by forcing himself to control sexual sensations that should appear spontaneously, he ended up altering his perceptions and, as the result, absurd doubts haunted him: “Am I in love with that tree?”

OCD clients tend to enact three main attempted solutions to cope with their anxiety.⁷ First, they try to avoid anything that could trigger their anxiety. If they cannot avoid a situation, then they request reassurance and help from people around them. When none is available or possible, they perform rituals as a way to control anxiety-laden situations. However, these three attempted solutions not only do not alleviate their anxiety, but rather perpetuate their obsessive-compulsive thoughts and behaviours, which, in turn, further increase their anxiety and fear.

HOW TO HELP OCD CLIENTS

As we have seen, the main cause of suffering for OCD clients is the vicious cycle of their search for absolute certitude. They look for correct answers to unreasonable questions. They never question the premises of their search; rather, they focus on discovering the ultimate answer that could relieve their anxiety. The therapeutic intervention should aim at breaking this endless loop.

Moreover, counsellors must avoid falling into the trap of giving further reassurance or even a more convincing answer to their clients' doubts. In doing so, clinicians become an accomplice of the problem and run the risk of exacerbating the disorder. If clinicians' reassurances fail, and most of the time they will, OCD clients become more anxious since they might come to believe their condition is hopeless because not even their counsellor was able to dissipate their doubts.

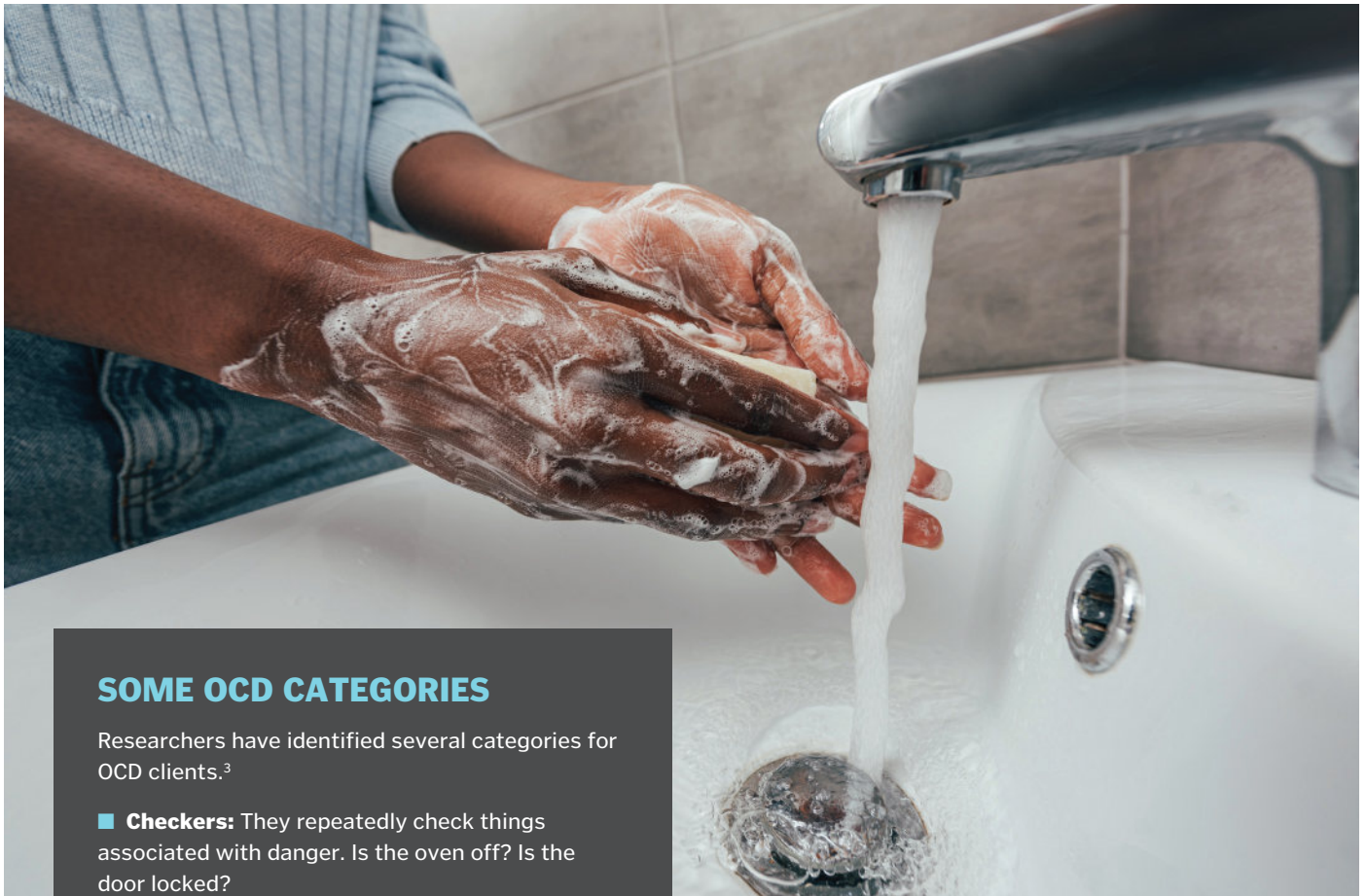


A stock trader was unable to make a decision because he had fallen in a never-ending evaluation of the pros and cons of an investment. His doubts caused decision paralysis.

As mentioned before, they search for an answer to doubts that are unanswerable. Questions such as “Will I be happy?” or “Will my daughter find a suitable partner?” are examples of wrong questions that will ultimately generate erroneous answers.

Another failed attempted solution enacted by these clients is excessive analysis before making a decision. In their pursuit of the best course of

an attempt to reach the sought-after certitude. They become a “Doubting Thomas” and seek certainty through direct personal experience. For example, in the case of the young client who started doubting his sexual orientation, he decided to test his reactions to erotic stimuli. He exposed himself to erotic images of women to prove to himself that he was heterosexual. However, the doubt



SOME OCD CATEGORIES

Researchers have identified several categories for OCD clients.³

- **Checkers:** They repeatedly check things associated with danger. Is the oven off? Is the door locked?
- **Washers:** They are afraid of contamination and cannot avoid excessive cleaning or hand washing. COVID-19 has made this group more prominent.
- **Hoarders:** Those who compulsively stockpile things they do not need because they fear something ominous will happen if they throw things away.
- **Doubters and sinners:** They become entangled with persistent doubt that if they fail to perform a task correctly, something terrible will happen, or they will be punished for thinking or uttering religious blasphemy. A variant of this category are those clients who are anxious from the fear of committing a heinous act in a fit of madness, such as murdering their partner or a family member.
- **Repeaters:** Those who have an uncontrollable tendency to keep repeating a phrase or a series of numbers as a way to prevent a fearful thought from coming true.
- **Counters and arrangers:** They become agitated if their surroundings are not in absolute order and symmetry.

Instead, we can guide our clients to realize that the way out of their struggle is not by searching for the most convincing answer but by doubting the doubt itself and questioning the validity of the questions they pose to themselves.⁸ Embarking on a search for a decisive and convincing answer is fruitless when the questions are incorrect.

SUGGESTED STRATEGIES

Winning the battle with doubts is not easy. However, with patience and persistence, clients can get great relief from constant doubting. Here is a strategy to help clients calm their doubts. We can talk to clients about it as follows:

Most people try to block their doubts, but this starts a never-ending vicious cycle. Once a doubt lands in your mind, you cannot banish it so easily. You should know by now that trying not to think is impossible because not thinking is thinking! Trying to force a doubt out of your mind makes it stronger. It would be like watering a poisonous plant. Not only it does not calm you down, but rather it becomes a potent fertilizer to your anxiety. Instead of trying to stop or

If we pay excessive conscious attention to spontaneous actions such as walking, falling asleep, or having an orgasm, we impair their proper functioning.



repel the recurring doubts, you ought to focus on the answers. You have little or no control over these doubts that assault you in form of intrusive questions. However, you do have control over your own answers to these questions.

To eliminate useless doubts or dilemmas, stop giving them a reply. Be astute and ignore the doubt. Say to yourself, "This silly doubt is not worth my attention. Stupid questions do not deserve intelligent answers."

You cannot stop the questions and doubts flooding into your mind. You tried in vain to block the doubts, but you failed. So, keep in mind that every time you try to give an answer to these kinds of questions, you encourage them to come back. More answers on your part beget more doubts. If you want to stop the assault of recurring doubts, begin to avoid answering them. This way, you can stop feeding the vicious cycle of these obsessive doubts.

Be patient! You have been struggling with recurring questions for a long time, and it takes some time to dry out the

poisonous plant of stupid doubts. Be persistent.

As you must have noticed, the above communication style is repetitive. This repetitiveness of the main message — ignore the doubts and block your answers — is in harmony with the key characteristic of OCD, namely, the repetitiveness of their thoughts and actions.

THE CENTIPEDE'S DILEMMA

Philosophers such as Karl Popper and psychologist Paul Watzlawick considered the centipede dilemma an appropriate psychological tale that warns us of the paradoxical effect of excessive thinking. If we pay excessive conscious attention to spontaneous actions such as walking, falling asleep, or having an orgasm, we impair their proper functioning. To help our clients to avoid overanalyzing a situation, we can tell them following anecdote:

A centipede was happy walking along on a tree branch. A spider that was cheeky and a mischief-maker

asked the centipede, "How do you walk so elegantly with so many legs?" The centipede had never paid attention to how he moved all his legs in harmony. The centipede paused to ponder, and in doing so, found it could no longer move its legs and fell off the tree!

We can instruct our clients to think of this story every day, first thing in the morning then late at night, to help them learn to avoid the negative effects of overthinking and excessive control over matters that should occur spontaneously.

Clinicians can focus their interventions on the attempted solutions, which perpetuate the disorder. For the avoidance behaviour, we could reframe this unhelpful coping mechanism in the following way: "Correct me if I'm wrong, but based on what you have explained about your problem, the more you avoid the fearful situation, the more frightening it becomes."

For their excessive reliance on their support network, we could ask them

to reflect on the following fact: “Every time you ask for help, you confirm to yourself that you are not capable of facing the situation on your own. Excessive reliance on others makes you feel more insecure.”

Lastly, to help them to avoid their rituals, we can prescribe a counter-ritual. For example, we could instruct them to avoid their rituals but if they cannot avoid doing it, then they must repeat it exactly five times. Here is an example:

From now to the next time we meet, each time you put one of your rituals into action, you must do it five times, not one less, not one more. You can avoid doing it, but if you do it once, you must do it five times, not one less and not one more. Exactly five times. You can choose not to do it, but if you do one, you will do five.

In the case of clients who repeat a formula or phrase in their mind, we could tell them that instead of fighting the obsessive repetitions, they could try an experiment: repeat the word or phrase five times backwards. For example, if the phrase is “red car,” ask them to repeat to themselves “racer.” If it is a number such as “twelve,” repeat it five times but backward: “evlewt.”

To help our clients to break the question-and-answer loop, we could tell them:

You know, there are no smart answers to silly questions. But if these questions come to you, you can't avoid them. On the contrary, if you seek to avoid them, more of them will come to mind. If you try not to think about them, you will think more, because thinking about not thinking is already thinking! You cannot block questions and doubts; they will come to your mind inevitably. However, you can block the answers, and if

We can guide our clients to realize that the way out of their struggle is not by searching for the most convincing answer but by doubting the doubt itself and questioning the validity of the questions they pose to themselves.

you manage to block the answer, you will gradually inhibit these intrusive questions.

You must think that every time you try to answer a silly question with an intelligent answer, you make the question intelligent and reaffirm its usefulness. You legitimize it. In this way, you feed the chain of doubts.

Therefore, each time an answer is given to a question, you open the door to new questions, and you will again be in the middle of the endless game that you already know well. Everything will get worse. In this way, every time you answer a stupid question with an intelligent answer, you feed the chain. So block your answers to them.

For those clients who cannot avoid answering their own intrusive questions and doubts we can ask them to do the following:

If you cannot avoid answering your doubts, you can answer them in writing. You write out the loop of question and answer, question and answer, until you run out and want to focus on something else. Do so only in writing because if you argue with it mentally, you will only make it worse.

It isn't easy for clients to address OCD, but with persistence and good counselling, their suffering can be relieved. ■

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REFERENCES

- 1 Nardone, G., & Salvini, A. (Eds.). (2019). *International dictionary of psychotherapy*. Routledge.
- 2 Nardone G, Portelli C. Ossessioni compulsioni manie. *Capirle e sconfiggerele in tempi brevi*. Milano: Ponte delle Grazie, 2013.
- 3 Pietrabissa, G., Manzoni, G. M., Gibson, P., Boardman, D., Gori, A., & Castelnovo, G. (2016). Brief strategic therapy for obsessive-compulsive disorder: a clinical and research protocol of a one-group observational study. *BMJ open*, 6(3), e009118.
- 4 Nardone, G. (2012). *Psicosoluciones: Cómo resolver rápidamente problemas humanos imposibles*. Herder Editorial.
- 5 Pietrabissa, G., et al.
- 6 Nardone, G. De Santis, G. (2011): “Cogito ergo soffro: quando pensare troppo fa male.” Milano, Ponte alle Grazie.
- 7 Nardone G, Portelli C. *Knowing through changing: the evolution of brief strategic therapy*. Glasgow: Crown House Publishing, 2005
- 8 Nardone, G. (2013): “Psicotrappole, ovvero le sofferenze che ci costruiamo da soli: imparare a riconoscerle e a combatterle.” Milano, Ponte alle Grazie.

GIVING BACK WHAT HE WAS GIVEN:

HELPING OTHERS PARTICIPATE FULLY AND BUILD BETTER LIVES



Ed Chen M.Ed., RCC, CCC, is the director of training at the DBT Centre of the Fraser Valley and co-founder of Lifted Counselling and Consulting Inc.

Asking Ed Chen what drew him to Dialectical Behavior Therapy (DBT) reveals something foundational about his values. One of the assumptions of DBT is that therapists and clients are equals.

“DBT assumes that we are people first. It is that understanding of the human condition that drew me to the modality,” he says.

Backing up a step, the reason Chen chose counselling as a career reflects who he is as a person and what he has experienced.

“As a first-generation immigrant and the son of immigrants, stress and struggles were everyday occurrences in my family and life,” he says. “I have witnessed what difficult life transitions can do to people’s well-being socially, psychologically, and physically.”

However, he says he is one of the fortunate ones.

“I was able to build a life worth living with the guidance, lessons, and support from my family, friends, and community.”

Chen entered the helping profession with the hope to give back what he was given — and he is doing exactly that. He is the director of training at the DBT Centre of the Fraser Valley

and co-founder of Lifted Counselling and Consulting Inc. He has extensive experience in delivering DBT to high-risk youths and families experiencing concerns such as suicidality, self-harm, impulsivity, depression, anxiety, trauma, and addictions. He also has considerable background in DBT program development in government agencies, community services, and schools. His DBT Program for Young Parents in Schools was recently nominated for a Premier’s Award for innovation.

Chen is also a skilled speaker and an active member of the global community and has presented both locally at the Undergraduate Psychology Conference at the University of British Columbia and internationally at the Transformation of At-Risk Youths Conference in Singapore, providing skill-based trainings for parents, teachers, and health care professionals.

Tell us about the DBT Centre of the Fraser Valley. Who are your clients? What are the most common reasons people come to you there?

The DBT Centre of the Fraser Valley is a group of highly trained DBT professionals who are committed to providing effective DBT programs to adults, youths, couples, and families. We also strive to provide the most updated,



relevant, and research-informed trainings and consultations to various agencies and professionals. I am both a clinician and the director of training at the centre. People and families who access our services often experience difficulty regulating their emotions, which may lead to concerns such as self-harm, suicidality, interpersonal conflicts, and impulsivity. We work with our clients collaboratively not only to resolve their concerns, but also to assist them in achieving the goals in their lives.

How do you help people build more effective relationships?

One of the first steps in helping people build more effective relationships is to help them identify their goal in interpersonal relationships. It is important to note there can be only one goal at a time, as mindfulness teaches

To build liking, it is important that we are frequently around and visible to a group of people, and this may be classmates, members of a particular interest group, co-workers, or other people who attend the same places.

us that being one-mindful is one of the ways to accessing our inner wisdom, or wise mind. The goal can range from standing up for your self-respect to maintaining a relationship. This goal then serves as the foundation to implement the appropriate skills, and it is through this goal setting and skill implementation we begin to build more effective relationships.

What is the foundational rule of relationship building in DBT?

The foundational rule of relationship building in DBT is a dialectic in itself — all human beings are lovable and finding friends may take effort on your part. This rule assumes that all of us, you and I included, are lovable by others from the start. However, friendships do not fall from the sky and making friends may not be easy. Even though we are lovable, and we may be doing the best we can, we need to do better, try harder, and be more motivated to change in order to build more effective relationships.

What are some of the skills people need to find and keep better relationships?

If your goal is to find people and get them to like you, here are some of the skills we teach our clients:

► Familiarity often leads to liking, and sometimes love: In other words, look for people who are close by you. Life is not a romantic comedy. We tend to like people who are familiar to us, rather than the stranger in an unfamiliar coffee shop. To build liking, it is important that we are frequently around and visible to a group of people, and this may be classmates, members of a particular interest group, co-workers, or other people who attend the same places.

► People often make friends with people who share our interests and attitudes: In other words, look for people who are similar to you. We are not suggesting you must agree with others on all issues all the time. What we are saying is that people tend to like those who share the same important values, morals, and interests.

► Work on conversation skills: If you'd like to connect with others, especially those you'd like to build a relationship with, you'll need to communicate with others. This may include learning things to talk about, learning to self-disclose skillfully, learning to actively listen, and learning to ask and respond to questions effectively.

► Express liking selectively: We often like those who we think like us. A person who opens the door for you is going to appear more likeable than someone who slams the door in your face. Expressing genuine liking for another person can be a powerful skill in getting someone to like you. However, be careful not to suck up, grovel, or beg. Do not compliment or praise too much, and never, ever use compliments to get favours (there is nothing genuine in using validation as a bargaining tool). Be selective, subtle, and skillful in your expressions of liking.

Which skills are most commonly lacking and why?

Do not underestimate the power of small talk. Even though some people may not like chit chat, small talk is the welcome sign that helps open the door for deeper and more meaningful relationships. Revealing your darkest and deepest secrets with a brand-new person in an elevator rarely leads to friendships or lasting relationships.



Learn how to join an ongoing group conversation. Many people find joining groups a daunting task. However, waiting for people to approach us may result in never having any friends. Even though we are lovable (based on the foundational rule for relationships), we must make the first move in finding friends and learning how to approach and join a group.

You are involved in many other projects and endeavours with the hope to spread an important message. What would you like to say to the people reading?

I immigrated to Canada from Taiwan at the age of 10 on November 10, 1994. That very first night, my brother and I slept on a mattress on the ground in a cold empty house. All our belongings, I was told, were still in a shipping crate somewhere in the middle of the Pacific Ocean. On the first day of school, I was

bullied by the other children because of the colour of my skin. That winter, I wrote to my friends back in Taiwan, and no one wrote me back. When I returned to Taiwan for my great-grandmother's funeral, everyone treated me as if I was a foreigner who had forgotten about my roots. I was lost. I was nobody to everybody. Seeing this, my father said to me: "If you are going to do something, do it till the very end."

My father understood one thing — that is, if you are going to do something, you participate. You participate fully. You participate with every inch of your soul. You allow yourself to feel every smile, endure every struggle, and treasure every moment.

My father understood one thing — that is, if you are going to do something, you participate. You participate fully. You participate with every inch of your soul. You allow yourself to feel every smile, endure every struggle, and treasure every moment. My parents embodied those words. They left everything they had ever known in pursuit of hope. They changed their names. They gave up their roots. They feared for their children. They did this because they believed in us.

Therapist or client, I do not believe we are a fragile people. My family and I are embodiments of that strength. I am not saying this is easy, and there was nothing easy about it for us. What I am saying is that the human spirit is resilient, and despite how difficult things may seem yesterday, we always have a choice to participate and to build a better tomorrow, today. ■

Listen



FROM WHERE WE STAND: CONVERSATIONS ON RACE AND MENTAL HEALTH

STREAMING ON APPLE PODCASTS

Launched by the Bell Let's Talk Diversity Fund, each episode features conversations with guests from different ethnocultural communities in Canada as they share personal stories, the unique barriers they navigate on their wellness journey, and the importance of finding culturally affirmative mental health care. The podcast also brings in BIPOC mental health professionals, so we better understand the impact of these intersecting life experiences on mental health and the support available.

Conversations on race & mental health

A RESILIENCE PROJECT



WWW.ARESILIENCEPROJECT.COM OR STREAMING WHEREVER YOU LISTEN TO PODCASTS

Registered Clinical Counsellor Cindy Thompson interviews courageous individuals who are willing to share their stories, while also hearing from those who are building community with their skills, insights, and a desire to support others. These stories capture the essence of what it takes to build resilience.

Watch

PRAY AWAY

STREAMING NOW ON NETFLIX CANADA

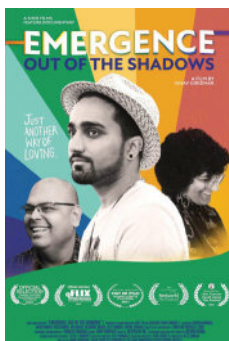
Released on the heels of Canada's House of Commons passing a bill criminalizing LGBTQ conversion therapy, this documentary features ex-leaders and a survivor of the so-called "conversion therapy" movement. They speak out about its harm to the LGBTQ+ community and its devastating persistence.



EMERGENCE: OUT OF THE SHADOWS

WWW.EMERGENCEFILM.NET

Registered Clinical Counsellor Alex Sangha has produced an award-winning documentary exploring the disparate journeys of three people awakening to and expressing their sexuality within conservative South Asian families. Heartwrenching and healing, their distinct coming-out paths offer comfort, compassion and inspiration to individuals and communities struggling with acceptance.

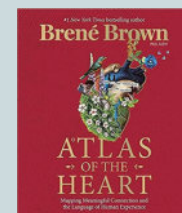


Read

ATLAS OF THE HEART: MAPPING MEANINGFUL CONNECTION AND THE LANGUAGE OF HUMAN EXPERIENCE

BY BRENÉ BROWN

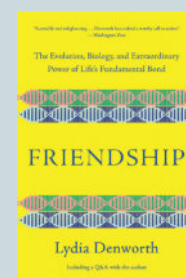
November 30, 2021 — In her latest book, five-time #1 New York Times bestselling author Dr. Brené Brown writes, "If we want to find the way back to ourselves and one another, we need language and the grounded confidence to both tell our stories and to be stewards of the stories that we hear. This is the framework for meaningful connection."



FRIENDSHIP: THE EVOLUTION, BIOLOGY, AND EXTRAORDINARY POWER OF LIFE'S FUNDAMENTAL BOND

BY LYDIA DENWORTH

With insight and warmth, Denworth weaves past and present, field biology and neuroscience, to show how our bodies and minds are designed for friendship across life stages, the processes by which healthy social bonds are developed and maintained and how friendship is changing in the age of social media.



FRIENDS: UNDERSTANDING THE POWER OF OUR MOST IMPORTANT RELATIONSHIPS

BY ROBIN DUNBAR

January 25, 2022 — Robin Dunbar is the world-renowned psychologist and author who famously discovered Dunbar's number: how our capacity for friendship is limited to around 150 people. Mixing insights from scientific research with first-person experiences and culture, *Friends* explores and integrates knowledge from disciplines ranging from psychology and anthropology to neuroscience and genetics in a single magical weave that allows us to peer into the incredible complexity of the social world in which we are all so deeply embedded.



Nurturing our friendships in the age of COVID

COVID has taken a big bite out of everything predictable. A common theme that rose to the surface during social distancing was the sudden hindrance in our practical ability to nurture and maintain our friendships.

BY JOEL DURKOVIC, RCC

Our previously assumed routines and patterns for building connection were suddenly and blatantly disrupted. As isolation began to set in, it is no surprise that many of us asked ourselves, “Who are my real friends anyway? Yikes, to whom am I truly a friend?”

THE EAGER EGO (HINT: IT ISN'T THE REAL YOU)

The space created by isolation opens a vast landscape for our imaginations to run amok, and our egos are eager to create elaborate, subtly enticing, really believable stories about ourselves and others. But your ego is not the real you!

If we are conscious enough to notice our egoic stories as a mere snapshot, a false-self, and we are attentive to name “The Eager Ego” as a clever deceiver, we can move with trust toward productive bridging instead of wallowing in layers of nuanced projections. When we can acknowledge our own story-making, we become more capable of moving vulnerably toward others with an awake stance of ownership. Otherwise, what we imagine is who we’ll become.

To challenge these egoic stories, an alert consciousness is often enough to start. This consciousness may help shift your energy towards the other and stay more grounded and present in your own sense of self. For a very accessible and



interesting read about ego, try Eckhart Tolle’s book *A New Earth*.

Ego management involves continual re-learning and re-noticing, moment by moment, and it is characterized by staying grounded in the present. Through COVID, a few of my friends modelled a steady practice of reaching out to me with frequent and spontaneous “touches” and invited me to reciprocate. As I’ve reflected on this practice, I’ve come to realize that it offers a perfect, simple, and practical antidote to tame the ego.

■ **Touches** – As the name implies, a touch is a brief check-in characterized by what shows up in the here and now, in your present every-dayness. Though brief, it tries to distill something authentic within you. “I miss you” or “I’m making potato-leek soup, and just thought of you.” While it is tempting to wait for some kind of worthy news to share, something significant and deep, before reaching out, this is an ego story — try a touch instead.

■ **Spontaneous** – Rather than set up a date or text ahead to ask if it’s a good time to call, we’ve challenged ourselves to skip

these formalities, and I’d encourage you to experiment with deliberately NOT planning ahead. It’s nice to develop enough rapport where either can say without hesitation or feeling slighted, “I’m sitting down for supper in five minutes,” and then, have a two-minute authentic check-in before saying goodbye until next time.

■ **Frequent** – Frequency creates a nice context of “quantity time” from which to enter into deeper conversations with these friends. I’ve noticed that with friendships where we have nurtured regular and light touches, it’s easier to move to more drawn-out and meaningful conversations. Quantity time is an usher to quality time.

Frequent and spontaneous touches: the perfect antidote to ego, especially in the age of COVID.

Joel Durkovic, RCC, RMFT-S, is the director of Arbour Counselling Centre in Victoria, a team of six therapists who practice and learn together through a systemic lens and offer services to individuals, couples, and families since 2006.

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WHY SHOULD YOU JOIN THE BCACC?



The BC Association of Clinical Counsellors offers the designation RCC (Registered Clinical Counsellor). This designation is one of the most recognized counselling designations in British Columbia and assists counsellors in demonstrating their professional validity. The RCC designation has become synonymous with professional accountability and adherence to high ethical standards in the counselling profession.

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