IRISH WOMEN & MENTAL HEALTH

– na daoine gan aird
(a people ignored)

CULTURE & CONTEXT

**NATIONAL
LOTTERY
CHARITIES
BOARD**

CONFERENCE REPORT

OCTOBER 1998

Acknowledgements

This report is dedicated to 'na daoine gan aird'

Contents

Foreword

A Chairde,

The Irish Women and Mental Health conference was the sixth conference to be held by the London Irish Women's Centre, all of which have covered issues pertinent to the Irish community in London. However, this was the first of its kind to focus specifically on Irish women and their mental health; the first to include and encourage men's participation in discussion of issues for Irish women; and the first to explore taboo subjects which although powerful in their effect on women from all backgrounds, had not been previously explored from an Irish woman's perspective.

In my time as counsellor at the LIWC I have become aware of many recurring themes that unfold in the stories that our clients tell. The issues that were chosen for the conference reflect some of these. While the day provided an immense feast of food for thought, some went away unsatiated as time restraints made full discussion of the issues impossible. And perhaps we also realised, having had such a day, just how hungry we do feel at times.
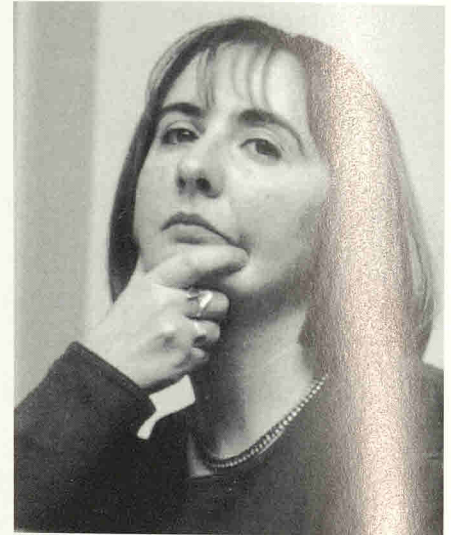
Photo by Sass Tuffin

I was very pleased to have Sinead O'Connor giving our opening address. She is someone who over the years has caused plenty of controversy and attracted much criticism for speaking out on issues both personal and political. She has broken some of the taboos within Irish society by speaking about things many don't want to, or would prefer not to know about. I hoped that our conference would achieve something similar.

The papers from Rita Reale and Yvonne Gribben both focused on the present day experiences of Irish women in the mental health system. Rita in her paper, 'Mental Distress amongst Irish Women: Myth or Reality?' provided an informed, concise and non-scaremongering profile of Irish women as migrants to Britain, mostly based on inpatient studies and testimonies from the Irish voluntary sector in London. She set the scene for the day in providing unequivocal evidence that confirms that mental distress is a reality for many amongst us. She highlighted the need for further research into the issue, as well as an undertaking by the government to include the Irish as a separate ethnic minority in the next census.

Yvonne's paper 'Frontline Work in the Community' offered her's and Elizabeth Farrell's perspective as frontline workers in the statutory services. They drew attention to the governments plans to radically change the framework of NHS provision of mental health care, a plan which makes no mention of providing services which respect and are sensitive to the race and culture of service users. They made specific recommendations regarding education and training, the importance of non-threatening assessment procedures and the importance of both statutory and voluntary agencies working in partnership.

The papers by Teresa Gallagher and Pauline Farrell looked at specific issues which have been highlighted in the struggles of Irish women clients.

Teresa, in her paper 'Religion – Dare I mention it?' argued that, if the implication of religion on Irish womens' stories are not understood, they lose the chance to explore what is an integral part of their lives. She described how one can only understand the impact of religion on Irish women if one understands the origin of its practice in Ireland through the centuries. She warned that if we as professionals don't recognise a spiritual/divine dimension to our being, and allow for that in our work, then there is a danger that the energies of that part of the person will be collapsed and displaced onto other levels that cannot bear the weight.

Pauline's paper 'Irish Women and Sexual Abuse – Cultural and Mental Health Implications' was the first ever

paper to explore the cultural issues for Irish women survivors of sexual abuse, living in Britain. In thinking about the Irish dimension to this work, she looked at the context of Ireland and Britain past and present, the power of the Catholic Church as an authority figure in the family and community context, and the ambivalent feelings expressed towards both Ireland and Britain. She finished by offering some thoughts on the implications for us as workers in this field.

The afternoon workshops provided an opportunity to look at some issues in more depth. These sessions highlighted the difficulties of having a conference such as this, that attempted to be inclusive of different disciplines and perspectives. Some of the difficulties of working in partnership came up, in that, even though we came to the conference with a common interest, we were all personally and professionally from different backgrounds. Thus it was difficult to find a common language. Also, we Irish are not a homogenous group and maybe the conference brought our differences into stark relief. It begs the question, can we deal with and accept our differences, whether these are of class, gender, sexuality, age, discipline, religion or political perspective?

This conference was ground breaking for the LIWC in its inclusion of men, as previous conferences had been women only events. The issues explored during the day affect all of us, and perhaps we need to think about how we can allow space to continue these inclusive debates.

The conference themes – frontline work in the community, sexual abuse, religion, mental distress – all touch very deep feelings within us. Certainly there was no doubt about the intensity of emotion aroused during the day. I believe that the challenge provided by such a conference is in exploring these emotive themes collectively, allowing our different perspectives to emerge and finding our voices in moving the Irish community forward in this country.

In planning and being responsible for this conference, I wondered how I could measure its success. Well, for this one day Irish women were not 'a people ignored'.

I had hoped that if we each were able to go away with one new idea or thought that excited us – something that would inform our interventions next time we were seated opposite an Irish woman, then that would be enough. Maybe not. What we learned from this day needs to be brought back to the workplace, whether voluntary, statutory or private. If we can let go of the professional preciousness that can keep us separate and prevent us sharing expertise, we can all learn from each others work. Making space and taking time to reflect on ours and others practice is vital to the development of our skills and ultimately our own mental health.

Ni neart go chur le cheile! – There is strength in unity.

Caitriona Spellman
Conference Organiser
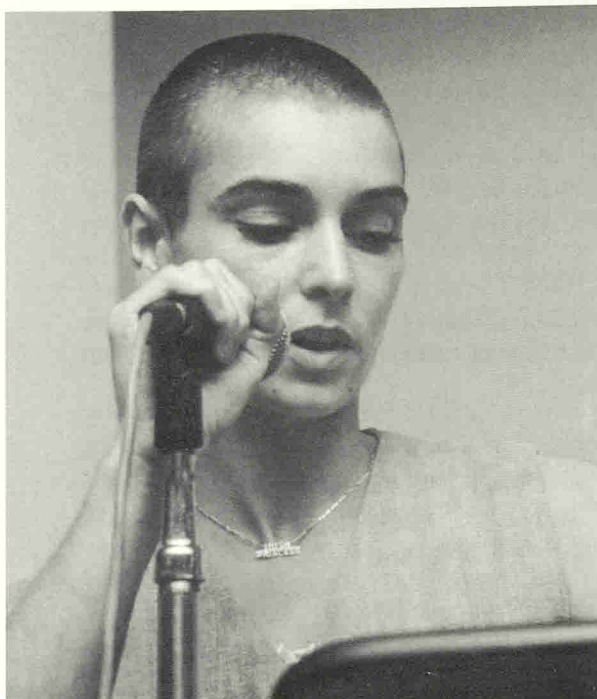
Opening Address

SINEAD O'CONNOR

Photo by Sass Tuffin

Caitriona asked me to say something about why I agreed to be here today. I agreed because I believe it's important to break down the walls of shame which can surround those people who need help. There is no shame in needing or asking for what you need. Although I have always felt strongly that I'm not responsible for what happened to me in Ireland, so I needn't feel ashamed to speak about it. But I am responsible for not letting what happened ruin my life, or my joy of life because I know that God meant life to be joyous for all people. Growing up in Ireland one got the distinct impression that God meant pain and shame for all of us and that we deserve to be miserable. In fact in Ireland certainly when I was growing up, the less you thought of yourself the better and more saintly you were.

Self esteem is a big problem and those who are helping Irish people should try to be aware obviously of that. The Irish have been a people in denial. We have suffered unspeakable traumas which we had to deny in order to survive. Freud said about the Irish that they were the only people who couldn't be analysed. I believe that this is partly because we don't speak our own language. Those helping Irish people should perhaps brush up on their Irish history in order to understand why, for example, schizophrenia is a national disease in Ireland. Our culture has been murdered and our history had to be suppressed. With the loss of our language, we lost our memory and our voice. The American Army have a regulation which states that if you invade a country you should not annihilate more than 10% of the people or there will be irreversible psychological damage in the people for generations and generations to come. Before the famine which was only 150 years ago, the population of Ireland was 12 million. Today, as a result of the famine, it's 3.5 million.

Violence in schools in Ireland was rife until very recently. Our ancestors, grandparents and parents were very violently abused at school and pass this on to their children. We are a people bred on violence and sexual repression. Women especially have been very badly shamed and sexuality has been very badly shamed and obviously we can't ignore the affects of Catholicism or that Catholicism is basically the thing that caused all of this. We are a very shamed people for whom life has not been a joy and as I said I am very interested in breaking shame. Those helping Irish people can best help also I think, by being funny where possible, because we need most is to laugh. My own therapist told me, one comes for help to find out that there was nothing wrong with one in the first place and I think that's very true. I think we all deserve to feel joy. Some person called HL Mankin said about God, that God is a comedian whose audience are afraid to laugh. Another thing I think which is very important in helping Irish people is a sense of spirituality. If you don't believe in god you can't really help, so do believe.

Although my involvement with the London Irish Women's Centre has been a relatively recent one, I would like to give you a brief background to the centre and the work that they have achieved.

The centre was established as a feminist collective which sprung from the awareness that the needs of Irish women were being ignored from both within and outside the Irish community. There was no profile, no collected data, no recorded history – the Irish female identity was subsumed under her male counterpart. She didn't really exist and the work she did was never really validated. This was despite

Photo by Sass Tuffin

the fact that Irish women then constituted half a million of London's population and 52% of the Irish community here.

The centre was established in 1983 after a great deal of campaigning and lobbying. It was funded by the Greater London Council. Initially it was established as a major arts and media resource project. It provided a safe place for women to explore their culture through music, writing, literature and the Irish language. Here Irish women and children were encouraged to celebrate being Irish.

However it soon became apparent that the service it provided was attempting to fill a huge gap in resources for Irish women. Contact with the centres users revealed a catalogue of evidence that in housing, employment, access to services – Irish women came at the bottom of the pile.

Thus the centre refocused and rallied together to counteract this discrimination. From their earlier conferences, through lobbying and campaigning, the centre took account of women's needs in a way that hadn't happened before. It meets the practical needs of Irish women through its frontline housing, welfare and information services. It has actively campaigned to challenge homelessness, to challenge injustices in society and civil rights abuses. Today it hopes to challenge similar issues within mental health.

Today funding comes mainly from the London Borough Grants and the National Lottery Charities Board. The latter has enabled the development of a full time culturally sensitive counselling and group support service. The success of the project to date and today's attendance numbers reflect the high demand and need for such forums. Today the conference is aiming to continue to encourage Irish women to have their voices heard and for those of us working with them to listen and learn. Rock on!

Sinead O'Connor is a Singer & Songwriter.

Mental Distress Amongst Irish Women: Myth or Reality?

RITA REALE

Photo by Sass Tuffin

Before I begin, I just want to put up two little thoughts on the acetate for you all to read and have a little think about, just to give you a little bit of an idea of where I'm coming from. The first is a quote from a book by Jane Usher (1991) and it's by a woman called Charlotte Perkins-Gilman who was incarcerated in the last century. It's 'Mental illness for women is often a form of logical resistance to a kind and benevolent enemy they are not permitted to openly fight. In a sick society women who have difficulty fitting in are not ill, but demonstrating a healthy positive response'. And the second quote is by Reverend Jesse Jackson, the black civil rights leader. He says, 'You are not responsible for being down, but you are responsible for getting up', and that's where I'm coming from.

Dia dhiabh a chairde, agus failte. That's Irish for Hello and Welcome. Good morning ladies and gentlemen. My name is Rita Reale. I am a Limerick woman who has lived and worked in England (mainly London) for the past ten years. I am not a mental health expert in the professional sense; I am a paediatric nurse by trade, a recent entrant to the academic field, and a client of mental health services. I feel honoured to address you today, and I am very grateful to the London Irish Women's

centre for including me as a speaker at this conference. My presentation is titled 'Mental distress amongst Irish women in Britain – myth or reality?' and there are three main discussion points.

Firstly, I will describe my own interest in this issue, and my reasons for participating today. Secondly, I will illustrate the position of Irish women in British society. In this section, I will provide a profile of Irish women as migrants to Britain, for example, the pressures they face. Next, I will identify particular groups of women who may be especially vulnerable to mental health difficulties. Thirdly, I will discuss whether or not mental distress is a myth or reality amongst Irish women living in Britain. I will explore the evidence to date, regarding the level of mental distress amongst this group. Most of this evidence consists of inpatient studies and testimonies from the Irish voluntary sector in Britain, particularly in London. Although research into this issue has been patchy, what evidence there is, points to potential high rates of psychological distress amongst Irish women in Britain. I will argue that mental distress is indeed a very real reality for many of us. My colleagues Elizabeth and Yvonne, who both work in statutory mental health services will talk shortly about how Irish women access their particular services. My concluding message (and I believe this passionately), will be that it is the voices of Irish women in Britain that need to be expressed, in a meaningful and practical way, in order to aid their understanding, and subsequent management of their own mental health. Todays conference represents a beginning, and as the wise saying goes, 'a journey of a thousand years begins with a single step'.

A little about me and my participation today.

I left Ireland in 1988. I like to think that I left primarily for economic reasons in search of work, but, ten years on, I realise for a large part, that I didn't leave, I simply ran away. Away from a childhood overdosed on Catholic ritual, and a turbulent family life drenched in the repeated traumas of alcoholism, abuse, poverty, overcrowding, against the backdrop of a deep and enduring love of my very large family. Educated beyond my means and not knowing what to do with the pain within me, I ran away to England, and surprise! surprise ! I became a nurse!! I removed

myself from my family, my friends, my language, and my country, without considering what that would mean for my life. Today I am here – one of the Irish Diaspora. My purpose here is to seek understanding, and to make visible, the reality of one aspect of the lives of some Irish women in Britain – their ongoing struggles with mental distress, and their attempts to maintain the integrity of their identity in a foreign country. We cannot divorce our personal experience from the world about us – the personal is political. Some years ago as an undergraduate in London, I used to see a group of Irish women, drunk and homeless on a particular street corner. And I wondered at the pain behind their eyes, behind mine, behind those of every woman that has made her way to these shores. Behind the successful careers, behind our adaptations to our adoptive country – how are we faring? Are we mentally distressed or is such a notion an 'own goal' in cultural stereotyping? I devoted my degree thesis to an examination of this issue. My talk today is based on this.

Discussions of health problems amongst ethnic communities are inherently sensitive; alarmist reports regarding the magnitude of Irish mental health problems may reinforce negative stereotypes of our community. However, on the other hand, attempts to minimise or ignore the scale of our problems may result in official agencies not targeting our needs. It is not my intention to compete with or deny the mental health experiences of Black or other ethnic minorities, but rather, highlight that racism can extend to white minorities, like the Irish in Britain. It is not my intention to negate the very real difficulties faced by Irish men in Britain.

Profile of Female Irish Migrants

About 2.25 million people in Britain can be defined as being 'Irish' – the largest immigrant group anywhere in Europe (taking the second generation into account) Rafferty et al (1990). Irish female migration exceeds that of Irish men, and fewer females than men return to Ireland Lennon (1984). However, the experiences of Irish female migrants are often overlooked in the literature; the focus tends to be on men, or, the Irish as a group. They face general, and specific 'pressures' as immigrants.

The LIWC suggest that anti-Irish racism is the chief pressure they face. British hostility towards the Irish is something that many female Irish migrants are not prepared for, coming as a deep shock to them when it does occur (Farrell 1996). The LIWC report (1996) into the lives of Irish women in London, argues that British colonialism has left a legacy of anti-Irish racism. Greenslade (1992) argues that it is the legacy of colonialism in general and isolation in particular, that predisposes Irish people to high rates of mental ill health. Attempts to address anti-Irish racism are often met with ignorance, denial or resistance as was made clear in the Commission for Racial Equality's report: 'Discrimination and the Irish Community'(1997). Hillyard (1993) writes that as a result of the Prevention of Terrorism Act, the Irish in Britain have become a 'suspect' community. The sense of suspicion adds to Irish women's vulnerability. The effects of this ongoing suspicion on the Irish migrant community is never researched.

Irish female immigrants are especially vulnerable to homelessness. Clare (1995) reports that 70% of the 6,000 cases handled by the LIWC in 1992, related to homelessness. They are over represented in the private rented sector, fare worse in measures of poor amenity, and have below average ownership of housing. Also, their relative scale of homelessness is probably an underestimate. They are less likely to appear in statistics on homelessness, as they do not seem to make the same demands on agencies to the same extent as Irish men.

In terms of employment Irish women, generally, seem to be faring well in Britain. They work mainly in the distribution, health and education sectors (Owen 1995). However, some researchers have emphasised the need for more research into the relative positions of Irish women in the career structure of professions, rather than assuming that their presence there is proof of their success in the British labour market.

Some Irish female migrants are more vulnerable than others – facing particular pressures depending on their age/circumstances. Older Irish women experience considerable feelings of isolation (Tilki 1994), and are very vulnerable to mental health problems and disability (Kowarzik 1994). Young single migrants are also vulnerable to isolation. Women from the Irish Traveller community experience much neglect of site provisions by Local Authorities. Women from this community are exposed to discrimination, for example 'No Travellers' signs are often visible in pubs.

Irish women face greater pressure than men to blend into British society, due to their family role (Farrell 1996). Irish community life in Britain is very male dominated eg The Gaelic Athletic Association and pubs, and it can be difficult for

Photo by Sass Tuffin

Irish women to feel part of the community for this reason. In outer London Boroughs, Irish community networks may not exist. Between 1981-1991, the main increase in the population of Irish women in London has been in the outer London boroughs. Corduff (1997) writes that many Irish women in Britain marry non-Irish men, with the result that their ethnic identity often becomes hidden by that of their spouse. This, he suggests, compounds the feelings of cultural isolation and possibly increases susceptibility to mental health problems.

Northern Irish women face particular concerns. The pressures of immigration, in addition to the political turbulence at home, may make their task of settling into life in Britain difficult (Metress and Metress 1990).

The second generation Irish may find themselves in a sort of cultural limbo – feeling neither part of, or separate from both cultures (Greenslade 1992). They may encounter hostility from first generation Irish immigrants who may regard them as 'plastic paddys'. They also may have experienced anti-Irish prejudice from an early age (eg in school) (Kestleman 1996).

Irish lesbian migrants to Britain face the difficulties of being immigrants, whilst embracing a controversial sexual identity.

Not all Irish female migrants are able-bodied. Kowarziks study (1994) revealed that physical disability was as significant as mental health problems amongst Irish women.

Some Irish women with children experience domestic violence. In 1995, 6% of women calling London Women's Aid were Irish. This may be an underestimate, because, many Irish women are afraid to ask for help, fearing that their children will be taken into care (Farrell 1996).

Mental Distress Amongst Irish Female Migrants to Britain – Myth or Reality?

Several studies (Butler 1994, LIWC 1996, Pilgrim & Rogers 1994) suggest that the Irish, the largest migrant group to Britain, are more vulnerable to mental illness compared to any other group, migrant or otherwise. However, despite this, most studies of Ethnicity and Health are notable for their omission of the Irish in general, and Irish women in particular. The suicide rates of younger Irish

women in Britain are 65% greater than the general female population (Walls 1996). Irish women have psychiatric admission rates almost twice that of English-born women (Cochrane & Bal 1989). They have the highest admission rates of all immigrant groups, for all diagnoses, except schizophrenia. Such findings are supported by research in Canada, North America and recent similar studies in Newham (1991) and Haringey (1996). The extent of depression is the most striking finding in all the research. I acknowledge that psychiatric admissions and suicide rates are a fairly crude indicator of mental distress. Nevertheless, they signal that all is not quite well with Irish women in Britain, and that clearly, this issue deserves attention. To date, community studies on this issue have proved inconclusive, and further research at community level, needs to occur. According to the annual report of the Counselling Project for Irish Women (1996, London) clients come from many backgrounds, including the second generation. Noted trends are – history of family suicide, sexual abuse, violence, depression, addictive behaviour and tensions of migrant status.

According to Harrison et al (1992) male and female Irish immigrants have the highest admission rates for alcoholism. However, Walls (1996) argues that Irish women are significantly more likely to be diagnosed as being alcoholic, and suggests that they are being misdiagnosed by psychiatrists who have preconceived ideas about the Irish and drinking. There is no real evidence that Irish women are especially heavy drinkers. The danger of misdiagnosis highlights the need for culturally sensitive care of Irish women with mental health problems.

Mental distress amongst Irish women is a reality, rather than a myth. Agencies such as the LIWC and the Counselling Project for Irish Women stress that demand for Irish-run culturally sensitive services significantly outstrips supply, signalling that Irish women themselves are seeking mental health support. Now the apparent high level of mental distress amongst Irish female migrants is a very complex issue indeed. I suggest that it is the environment that Irish women live in that is significant in terms of their mental health. A deficiency of mental health theory is that it offers explanations but provides few of the answers that women seek – because women's voices become lost in the rhetoric. A sharing of perspectives regarding Irish women's mental health is needed. Each can provide 'pieces of the puzzle', and assembled together giving a clearer picture of Irish women's

mental health in Britain. The health of the Irish was launched onto the health agenda by the King's Fund conference (Nov. 14th 1996). This represented a beginning. One important remaining task is for the discussion to include the important aspect of gender. Irish migration to Britain will continue into the next century. Irish female migration to Britain outnumbers males, yet, this is largely ignored. Irish women encounter general pressures such as anti-Irish racism, homelessness, pressures to assimilate and some groups appear to be more vulnerable, for example, single, older, disabled, lesbian, unemployed, women with children and travellers.

Mental distress is a reality for many Irish women in Britain. They have the highest admission rates to psychiatric hospitals than any other group, migrant or otherwise. According to Butler (1994) the latter is the least acknowledged finding in the literature regarding the mental health of Irish immigrants. They have especially high rates for depression. However, very little attention, by way of research or service provision has been given to this finding – they are 'na daoine gan aird', a people ignored.

To make the issue of Irish women's mental health more 'visible' a number of measures need to be adopted in the future.

- There is a need for further research into this issue – at national, local, and community level. Such research needs to identify factors underlying Irish women's mental health, their pattern of service use/needs, and should aim to contribute to the debate, surrounding Ethnicity and Health. It is important that Irish women are given the opportunity to articulate their experiences and needs through such research.

- The education of Health and Social care professionals should include information regarding the Irish community in general and Irish women in particular. The Irish voluntary sector has a role to play here, in terms of networking and facilitating the education of professionals through consultancy or running workshops.

- The Irish in Britain need to be recognised as an ethnic minority in their own right, by official agencies. A significant step would be for the government to include them in this respect, in the next census. In addition, purchasers and providers of health and social care in all sectors should include the Irish in the monitoring systems. It is important that such monitoring

does not become a substitute for action, and that such agencies react effectively, to the needs of Irish women, once such needs are identified.

■ The Irish voluntary sector itself, needs to become more alert and responsive to the experiences/needs of Irish women in Britain and should articulate this appropriately and effectively through research, education and the lobbying of statutory authorities. It is important that female migrants have access to culture sensitive services. This will only be achieved if such recommendations are implemented effectively.

Without such interventions it is likely that Irish women in Britain will remain 'na daoine gan aird'.

Ultimately, it is the voices of Irish women in Britain that need to be expressed, to aid our understanding, and subsequent management of our own mental health. Today, hopefully, will be an effective starting point.

Thank you for listening.

Rita Reale is a Nurse and Postgraduate Student at the University of Greenwich

References

Butler, R (1994) 'Forgotten Figures: Mental Health and the Irish in Britain', *Open Mind* Aug/Sept: 16-17

Clare, R (1993) 'Under Siege On London's Main Drag', *Irish Times* 10/06/93:13 Dublin: Irish Times Newspapers Ltd.

Cochrane, R and Bal, S (1989) 'Mental Hospital Admission Rates Of Immigrants to England: A Comparison of 1971 and 1981', *Social Psychiatry* 24, 11: 2-11.

Farrell, E (1996) *The Hidden Minority – Mental Health and the Irish Experience in Brent*, London: BIAS/Equal Access

Greenslade, L (1992) 'White Skins White Masks: Psychological distress among the Irish in Britain', *The Irish World-wide, History, Heritage, Identity*. The Irish in the New Communities, P.O Sullivan (ed.), Leicester University Press.

Hillyard, G (1993) *Suspect Community – People's Experience Of the Prevention of Terrorism Act in Britain* Pluto Press

Kestleman, E (1996) Islington Women's Counselling Centre *Annual Review* 1996

Kowarzik, U (1994) *Developing a Community*

Response: The Service Needs of the Irish Community in Britain

Lennon, M, McNally, S. and Keating, C (1984) Guest Speakers at: *London Irish Women's Conference*, 17 June 1984 (Transcript of this available from the Irish Archives UNL)

London Irish Women's Centre (1996) *Roots and Realities: A Profile of Irish Women Living in London* London: LIWC

Metress, E and Metress, S (1990) 'Socio – Political Factors that affect Women's Health in Northern Ireland' *International Journal Of Health Services* Vol 20 (3): 393 – 404.

Pilgrim, D and Rogers, A (1994) *A Sociology Of Mental Health and Illness* Open University Press

Rafferty, J, Jones, DR, and Rosato, M (1990) 'The mortality of first and second generation Irish immigrants in the UK', *Social Science and Medicine* Vol 31(5): 577-584

Tilki, M (1994) 'Ethnic Irish Older People', *British Journal of Nursing* Vol. 3 (17): 909-913.

Ussher, J (1991) *Women's Madness, Misogyny or Mental Illness?* London: Harvester Wheatsheaf.

Walls, P (1996) 'Researching Irish Mental Health: Issues and Evidence' – *A Study of the Mental Health of the Irish Community in Haringey* London: Muinteras

Wolf, N (1993) *Fire With Fire: The New Female Power and How It Will Change the 21st Century* London: Chatto and Windus.

Frontline Work in the Community

YVONNE GRIBBEN & ELIZABETH FARRELL

Introduction

Good morning. My name is Yvonne Gribben and as an Irish woman I feel very privileged to be a part of today's conference. I was born and brought up in Dundalk, a border town on the north east coast of Ireland. I trained as a nurse and moved to London in 1988. I have worked in a community mental health team for the past ten years. My social services colleague Vickie Keegan and I co-facilitate an Irish Mental Health Group in Islington. As Caitriona has already mentioned, the paper I will present was written by Elizabeth Farrell and myself. Elizabeth is unable to be here today so I will be presenting on behalf of both of us.

I envisage that the presentation will take about 20 minutes and will be happy to answer questions afterwards. We have not addressed specific issues such as religion, as these will be discussed in dept in later presentations and in the workshops this afternoon.

Elizabeth and myself both work in communities comprising large numbers of Irish people. For example, in Islington where I work, the Irish have the largest minority community. Almost 10% of the boroughs population are Irish (Islington Community Care plan 1997).

Irish women are not a homogenous group. An individual's mental distress is often related to particular difficulties in their lives. These cannot simply be explained in terms of ethnicity or social factors. However many aspects of Irish womens' lives are shared. For example, when we come to England, we can experience feelings of displacement and alienation. We often loose contact with family/friends and networks and consequently feel socially isolated.

As Rita has already mentioned Irish women experience housing difficulties, poverty and anti-Irish racism. People often underestimate both the level and effect of anti-Irish racism.

As discussed in Elizabeth's report 'The Hidden Minority' motherhood is often woven in to the Irish image of women. The position of the Catholic Church is also enshrined in the Irish constitution. The states attitude towards contraception, homosexuality and abortion has ignored womens'

Photo by Sass Tuffin

needs. This has placed additional pressures on women and large numbers emigrate to London every year. They are often doubly invisible as members of an ethnic minority group whose work is hidden in scattered homes, hospitals and offices. Irish women are under great pressure to integrate into British society due to their family role and responsibilities. They go to health centres, schools, hospitals and playgrounds. Hence they are in direct contact with various authorities and institutions. These are areas where attitudes to the Irish and reaction to Irish accents are unavoidable, and can have a bearing on the treatment they receive. So, many women who come to this country are totally unprepared for the hostility they encounter when they open their mouths or try to express their Irishness and their cultural identity. I remember when I first came to London, going into a newsagent for some change to use in the launderette next door. I was subjected to a torrent of verbal abuse about 'the Irish' by the man behind the counter. I remember returning to the launderette stunned and in tears, wondering how would I survive in such a hostile environment away from my family?

As I mentioned earlier, both Elizabeth and I work in statutory services where as frontline workers, we

witness first hand how the experience of Irish women can impact on their mental health.

In recent years the remit of our service provision has changed and narrowed. Consequently we now only work with people who have been diagnosed as experiencing severe and enduring mental health problems such as schizophrenia or manic depressive illness. This is a significant shift in focus and it means that currently there is little or no provision for preventative work or mental health promotion within our services.

I was therefore particularly interested in the content of Frank Dobson's statement to the press on the 29th July when he acknowledged that care in the community had failed many people. He announced the government's plans to radically change the framework of NHS provision of mental health care. I think that it is important to take a moment to look at them as they are what will shape future services. They include:

■ 24 hour crisis teams to respond to emergency needs

■ More acute beds

■ Home treatment teams

■ Improved mental health training for GPs and others in primary care

■ Extra counselling services in health centres

■ More hostels and supported accommodation

■ Clear and authoritative guidelines from the National Institute for Clinical Excellence on the most effective drugs and therapies

■ A new NHS framework for mental health covering both health and social care providing guidance on the level and balance of services needed in each locality.

In Paul Boateng's subsequent speech 'Safe, Sound and Supportive Mental Health Services For The New Millennium' where he elaborated on the governments vision he talks about providing prompt, responsive and efficient services. When looking at why services have failed to engage certain people he does not mention the many people from minority communities who are in need of mental health support, but either withdraw from or do not engage with statutory services. Neither does he ask why ethnic minority families often struggle on their own to support a family member experiencing mental health problems, rather than contact services for help. He makes no mention of

incorporating mechanisms to provide services which respect and are sensitive to the race and culture of service users.

I have broken down the process of engaging with our services into three stages.

Our Services – access, assessment, treatment and support.

Access Irish women are often suspicious of approaching services because of the negative staff attitudes and racism they have encountered from agencies in the past. They often feel that services have little to offer and do not look at their needs as Irish women and the social realities of their lives.

Acknowledging a mental health problem in a society which often responds with hostility or rejection is a difficult process. In 'Good Practices in Mental Health for Irish Women' Maynard explains that being the object of anti-Irish racism can stimulate intolerable feelings of self hatred, leading to denial and a refusal to admit that anything is wrong. All of these issues have a bearing on access to mental health support services for Irish women suffering mental distress. There is evidence to show that they often come to the attention of mental health practitioners when they reach crisis point and/or are sectioned under the 1983 Mental Health Act.

As is often the case, when Irish women don't have access to services entire families can suffer as a result.

When we were preparing this paper Elizabeth recalled the case of one Irish women who had been mentally distressed for many years. She was living at home with her parents, had given up her job, lost contact with friends and started to self neglect. She eventually began to carry out obsessive/ritualistic behaviour which placed her in danger, ie walking across the street with her eyes shielded to one side, not paying attention to traffic. Her family contacted their GP who advised them that their daughter come into the surgery herself – which she was unable to do. As she became increasingly unwell her family coped alone, with a daughter exhibiting increasingly worrying behaviour. Finally after an incident the police were called and she was admitted to hospital under Section 2 of the Mental Health Act. Perhaps this could have been avoided if an intervention had taken place earlier. However the family were very frightened of authority and had no idea how to reach mental health services for their daughter. Subsequently, both the woman and

her family were very traumatised by their experiences.

For someone to approach a service they have to know about it and that it is accessible to them. They also need to feel that it will be of help. Irish women need to feel that their experiences of being Irish will be respected, understood and taken seriously as an important part of who they are.

Assessment Assessment is the key to the provision of a sensitive and appropriate service. When a person engages with statutory services they are often assessed by a number of different professionals for different reasons. A psychiatrist will assess some one in terms of their mental health diagnosis and prescribe medical treatment accordingly. A social worker may be involved for example in a Mental Health Assessment. One of the functions of the 1990 NHS and Community Care Act is to address a person's need and to provide care and support for those considered eligible for a particular service. Within the statutory social services eligibility criteria only concentrate on those with a severe and enduring mental illness. It is very much reactive mental health work and only considers those who present the highest risk to themselves and other people. It is narrowly defined, not user led and as we mentioned earlier leaves no room for preventative work.

For those women assessed under the 1983 Mental Health Act, a socio-cultural perspective is rarely introduced into the assessment process. Irish women often do not get the space to tell their story. The balance of power rests with the professionals and only serves to reinforce the powerlessness that Irish women face in a system which fails to acknowledge cultural diversity and difference. These women who are sectioned under the Mental Health Act may be misdiagnosed by British psychiatrists who do not understand the social and spiritual dimensions of the Irish psyche.

That brought to mind a situation that I encountered a few years ago when, a psychiatrist and I visited an Irish female client who was in great mental distress. This woman had left Ireland the previous year, severing all connections with her family and friends because she felt that they would disown her if she disclosed that she was a lesbian. On coming to London she became increasingly isolated and depressed. She medicated herself with alcohol and when we visited she was intoxicated. In her distress she talked about kneeling in front of the sacred heart and his red light, begging for

understanding and forgiveness. The psychiatrist interpreted this as her having a psychotic experience, ie visual hallucinations. On that occasion I was in a position to support my client in explaining to the psychiatrist the religious/cultural contexts of her remarks, thus averting misdiagnosis.

At this point it is important to discuss the use of alcohol in relation to the Irish community. As Rita mentioned in her presentation Irish women are more likely than English women to be diagnosed as alcoholic (Walls 1996). Alcohol often masks very deep mental distress and serves as an analgesic function for some Irish migrants dulling the pain of homesickness and discrimination. However the stereotypical views of Irish people being drunks who are prone to violence is often promoted by the media and internalised by the medical profession.

Interventions – treatment and ongoing support If an Irish woman is admitted to hospital, those women with children would, like any mother be very frightened that their children will be taken in to care, and/or that they will never see them again. Plans about treatment and future support are initially discussed in a ward round meeting. Here the medical model often prevails and power rests with the psychiatrists and staff. Whilst in hospital people feel extremely vulnerable and it can be very difficult for them to speak up or feel that they have the right to ask about their treatment, or talk about what they feel will be helpful in maintaining their mental health on discharge.

At any stage in the process of gaining access to services, assessment, treatment/support, Irish women can feel invisible, a point which only serves to highlight the title of today's conference 'Na daoine gan aird'.

Proposals/Recommendations
Whilst we know that today's conference will produce many ideas about how services for Irish women could be developed and improved we would like to briefly highlight some of our ideas.

Education and training Medical training rarely if ever focuses on socio/economic/cultural issues with regard to people who are mentally distressed. As mentioned earlier in Frank Dobson's report which talks about how GPs will be targeted in training on mental health issues, we feel it is vitally important that this training should incorporate an awareness of the minority communities that they serve. Likewise social workers, ward nurses and community mental health nurses should be aware of the issues facing Irish people.

In terms of the voluntary sector, Irish agencies are often the first point of contact and it is important that they have an understanding of the mental health issues facing Irish women. Non Irish agencies should have an understanding of the Irish community and cultural differences.

Because we are white and we speak English, an assumption is often made that we hold the same values and beliefs systems as the host community. This is not the case. We have our own distinct cultural identity.

Assessment As I mentioned earlier, there are many different types of assessment. However, no matter what assessment is being carried out similar principles should be adhered to, ie the process should be explained clearly to the woman and should be as non threatening as possible. They should also be given the choice to invite an advocate or friend for support if necessary.

As Irish people we use language in a very particular way. The way we express ourselves is from an Irish perspective. Irish women are experts in their own life. It is really important that we allow them space to tell their own story. We need to be clear that we are not making assumptions based on our own value system, and that in telling their story we need to check and make sure we understand what they are saying and the context in which they are saying it. I think that one of the most useful skills I have learned, was when I did my family work training and used a geogram/family tree as a tool to enabled me to explore where people fitted in to their family and the social systems around them, consequently building a picture of who they were, what their experiences had been and what was important to them.

Working in Partnership Partnership work is vital in looking at the needs of a person. This has to include consultation and communication, working across both statutory and voluntary agencies. Irish voluntary agencies have developed an expertise in working with their own communities and can be a valuable resource when planning or providing services for Irish women. We believe that it is a cop out to state that only Irish agencies should work with Irish people as this would lead to a ghettoisation. Rather we should be working together, sharing knowledge and resources to provide a holistic service to Irish women.

Finally I would like to return briefly to the World Health Organisation's definition of health promotion as 'a process of enabling people to increase control over and to improve their health,'

because I believe that this can only be achieved when agencies work in partnership with the most important people, ie the women who use our services.

Thank you for listening. Slán go foil.

Yvonne Gribben trained as a Nurse and is a Community Mental Health worker in Islington.

Elizabeth Farrell is a Senior Social Worker in Camden. Her contribution comes from her report 'The Hidden Minority' compiled on a Social Work placement in Brent.

Religion – Dare I mention it?

TERESA GALLAGHER

Did you ever have your cards read? One of the hands reads 'what you can't get away from'. Religion/spirituality is a bit like that, like life and death, always nudging us to take a stand.

Personal Introduction and Background

As a psychotherapist who works in three different environments, I am interested in the way religion and spirituality present themselves in the client's stories. For the purpose of this paper, I am focusing on the Irish context in particular and then looking at the psychological impact of religion and how it is dealt with in the therapeutic context in general. Some conclusions are drawn from all of this.

One of the therapeutic environments in which I work is the Immigrant Counselling Service in London which is part of the Irish Chaplaincy in Britain and supported by the Catholic Church in Ireland. The second within the NHS in a hospital context, and the third within an occupational health care centre of a major service industry. The Immigrant Counselling Service, because of its origin obviously has a strong 'religious' overtone. Neither of the latter have any explicit 'religious' overtones. The religious beliefs and spirituality of the people I have encountered within these various settings are diverse and very varied as individuals. Yet I have been aware that within the Irish Chaplaincy context, clients more readily engage with issues around religion and spirituality than they do in the other two centres. Is this because a counselling service under the auspices of Church gives them permission to deal with issues around the very establishment that determined so much of their earlier life and upbringing and which they now as adults want to explore in a more active dynamic way? They do this even though the clients are made aware that the service, while it is supported by the Irish Chaplaincy, does not have any specific religious or spiritual affiliation to it. The therapeutic service is provided by trained therapists who come from a variety of backgrounds and in no way, apart from their choice to work within an Irish centre, are connected to the Church or the 'religious' dimension of the Chaplaincy.

People tend to come to therapy to get help in a culturally sensitive environment where they can give vent to their story and feel that it is understood. But

Photo by Sass Tuffin

if it is not understood, and if the implications of religion on their lives is not understood, they then stand to lose the chance to explore what is an integral part of their lives. We shall see later in the context of Church what this means.

Now I'm going to try and define religion and I know this is a risky thing to do. There will be a chance afterwards to comment and ask questions but there will not be an opportunity to throw anything! In researching the impact of religion and spirituality for individuals it appears to fall into at least three main categories. For some it is what Sims describes as 'the foundation wall to which one is bound for one's survival, and the basis of one's being' (Sims 1996:442). For others spirituality is scarcely alluded to, yet it is often implicit in the person's perception of life, their relationships and way of living. Yet for others, there is no implicit or explicit indication that spirituality is part of their frame of reference. In any of these descriptions the context of Church and spirituality can have negative or positive connotations, or a combination of both.

Definition of spirituality

When people think of religion they probably think of the personal beliefs and practices of a religious

nature which may or may not emanate from a particular religious institution. It can include a belief in the existence of God and the possibility of relationship with this ultimate power. This belief usually has implications for how the individual lives and relates in life generally.

It tends to have two contexts

1   It may be rooted in traditional formal religion and set of beliefs, based on historically established religious practices, be it, in the context of a formal organised religion or Church, or an adherence to some vague system of beliefs or

2   On the other hand it may be in the context of a self defined set of beliefs and practices which are of a highly idiosyncratic and personal affair where the person chooses and embraces these as a meaningful way of making sense of life.

Where is your religion/spirituality located?

If not either/or, then maybe in a combination of both. But I think, most of us here have some contact or have come from an Irish background and our story around spirituality and religion, as Sinead mentioned at the beginning, is an essential part of how we perceive religion and probably it's an essential part of what we ourselves have embraced today. Who, where are you and I with Irish backgrounds in all of this? What is our story, our backdrop as it were? Are you the voice of your parents, maybe the voice of criticism of freedom which they never had? Maybe the voice of relationships which they never dared embrace? Maybe the voice of acknowledgement of what they embraced but could never make their own?

And where do Irish women fit into all of this? It is striking in the case of many Irish women, to accompany them in their understanding of how they passively accepted the Church's teachings around women, how they were not given a voice or recognition within the Church's teaching, and yet how these same women often sublimated their need to be heard and understood in the name of the very religion that deprived them of their voice and place in history.

One elderly woman who came for help, and who was psychologically crippled from a cruel and controlling marriage, said that the reason that she had married her husband was because she often saw him actively engaged at the church and because of this he was perceived as 'a good man'.

She dare not voice her real views about his nature even to the priest in confession, lest she be thrown further into the depths of despair and confusion she already felt. The inherent contradictions between the experience of Church that people had and the demands that the individual felt were two different things. Only now in the autumn of her life did this lady feel free enough to come to an Irish centre, that she said might understand how she was 'so stupid' in marrying this harsh man. As in the case of this woman the moments of self comprehension and change often happen within an awakening to the original context of one's actions and feelings...in this case, the idealisation of the Church and religion.

Can I ask you about your understanding of the impact of religion on your life and relationships without answering it, at least partly for myself? My spirituality is founded somewhere in the blending sifting of the parental attitudes which oscillated between a deep respect and love for what the Church represented alongside a critical attitude towards the Church, which I always felt was born out of some unresolved generational pain around Church. Woven through the imposed legalities and ultimate respect for 'all that was holy', there was a more remarkable insistence in the family home that it was the way we treated each other that mattered – that was true 'religion'. Coming from a large family, that I needn't tell you, that left me in some confusion as to what religion was and it gave me a wide berth.

Maybe the combination of both parent's understanding of Church and religion led me to join religious life, while I had little time for the rituals around it, I did have a lot of time and love for what the sisters represented... the caring faces of some Otherness that was there to care for and respect all of life, especially that of young life in schools and the vulnerable lives of those sick and deprived.

Emersed in this environment it wasn't surprising that I felt the need for another level of psychological input which helped me make sense of things generally and particularly.

Religion needs the insights of psychology and psychotherapy to understand and integrate the dark forces within the person and give it a firm, earth bound basis, and psychoanalysis needs the wider vision of religion so that it can encompass and help to develop the person's connectedness and inter relationship with the creative forces in the universe. Roles of imitation, internalisation, early role modelling and integration, I believe these can

equally and productively be applied to the spirituality which the client has embraced.

Historical Relevance of Spirituality through the Centuries

Philosophy Through the centuries, the diversity of religion and spirituality have always evoked strong feelings and reactions. Society has oscillated between an extreme heteronomous culture, with its authoritarian, moralising tendencies, with religion dominating culture, to Nietzche's spiritual void that produced the western culture of nihilism (Macquarrie 1972:31).

Tillich strove to create and promote a place in between, expressed in his term 'theonomy' where the interaction of culture and religion, essentialism and existentialism were encouraged for a meaningful, reflective way of life (Tillich, 1952: 78). Meanwhile the established Church promoted a theology and teaching that was total patriarchal, with the exceptional token recognition given to its exemplary female members. I think of such saints as Teresa of Avila and Julian of Norich.

Irish Culture One can only understand the impact of religion on Irish women if one understands the origins of its practice. Below is a back drop to the cultural and religious developments in Ireland over these decades. Let's begin with the Celts, those patriarchal people from North Europe in pre-Christian tines. In the book 'The Serpent and the Goddess' Mary Condren describes how the feminine in Ireland was lost to the Celts, including the ancient goddesses Eiriu Banba and Fodhla...THE ISLAND OF BANBA AND THE GODDESSES... Where has it gone?

Did it remain in our language and our prayerful greetings such as 'Deep peace of the running streams to you' or that beautiful ancient blessing, 'May the road rise up to meet you, may the wind be always at your back'. Our early history accounts are full of stories of the warrior culture of the Celts with its patriarchal practices and ritual. We are left with some of its physical expressions of those sacred places for ritual, worship, for rituals around life and death such as Newgrange, Tara, Slane and many of the ancient places that are now recognised as Christian Holy Wells. Here in Britain we have such places as Cornwall/ Stonehenge.

The beginning of the Christianisation in the fifth century was attributed to St Patrick, although we are aware that he was not the first. It is worth making reference to Oilean Claire and St Kieran in 400AD as well as the great St Brigid of Kildare,

known as Muire na nGael. Here we have the essence of the Christian message, love one another. Brigid, or Brid na nGael, showed kindness and recognised what people needed. She used her own inner resources, be it her clothes or her own feminine instinct to press the right buttons when asking her father to aid her in providing for the needs of those who came to her for help. Come to think of it, maybe we could benefit from making her the patron of fundraising for our various organisations, as we constantly struggle with the powers that be. Women of resourcefulness are not exempt from the history of Judaism, although neither are they or have they been given much of a voice until latter years when books such as 'Women in the Bible' was written. Such texts enable the reader to celebrate the experience of such people as Pharaoh's daughter, Miriam and many others who were women of Compassion, Communication and Contemplation in the Old Testament. They used their gifts together in a collective way to make something good happen. That has come out this morning already, that it's the collective energies of all of us that will do something to change, we can't change our history, but to change maybe the things that we want to change to make us who we're meant to be.

The Christianisation of Ireland was followed by the rechristianizing of Europe after the Barbarian Invasion, right across to the North of Britain and Scotland. The Irish were among those who rechristianised mainland Europe at the end of the Holy Roman Empire in Europe. We are aware of the influence of the great saint of Iona-Colmcille during this time, and even today, with his name used as a sign of hope and a future for that fragmented part of Ireland, including the city which inherited his name Doire. The religious affiliation of the Irish throughout the centuries often found expression and was imprinted on the lives of the people through the devastation and death experienced by them. Names such as Oliver Plunkett confirm this. At the beginning of the 17th century Ireland experienced the persecution of Catholics from Planters. From 1609 the Plantations brought two cultures and two religions together and forced them to co-habit.The Northern Ireland population increased. Nationalities were brought together. Inherent in this arrangement was mistrust and a sense of helplessness by the Catholic population since they were without state support while the invaders had the backing of the state.

Naturally supremacy was based on this state support. While royal subjects were being rewarded with land the native population were being dispossessed. This was the reality just as today's

Photo by Sass Tuffin

reality sees the Unionists residing in Northern Ireland feeling very vulnerable because of the withdrawal of years of preferential state backing and support. This reality leaves a population that once felt securely held feeling very vulnerable and fearful, because the present population are being asked to let go of some of something they were born into an idealisation of and a complete backing of the state. The psychotherapeutic implications of this status surely must have major implications on the developmental experience of these people.

One has to ask the question, would the divide or the situation have been different if the planters had been the same religion as the natives?

Our history is full of poetry and song which touches in on the fear and the divisions that existed because of our divided religion. Songs from the 'Croppy Boy' to 'Caoineadh na dTri Muire' give plaintive accounts of the price people paid for their religious adherence. Often in the history of Ireland, this religion was expressed without Church. The mass rocks of Ireland are proof of this. During penal times, the needs of the deprived was met by the establishment of Religious Orders in Ireland. These were mainly female orders, but for the most part they were under the jurisdiction of the Episcopal influence and control.

One of the examples of an exception to this was Mary Ward from York, who founded the Institute of the Blessed Virgin Mary, later better known as 'Loreto' in Ireland. She tried to establish a religious order that would not be under the jurisdiction of the diocesan bishops, but directly accountable to Rome. She was opposed in every direction, but persisted in adherence to her conviction 'that women in times to come will do great things' and was happy to be declared a heretic rather than surrender her vision for the role of women in society and in the Church. In response to statements from the hierarchy in Rome 'They are but women' she protested with the words 'they are but women ! Women in times to come will do great things'.

Religious orders in Ireland did great things, caring for the underprivileged while often opposed by Church authorities, who were enjoying state tolerance. Modern critics today suggest that if the Church authorities (and of course I am referring to the male Church since women did not have an active voice) had chosen to actively support the female religious orders, they would have lost whatever state privilege they had. Yet one has to suggest that with such a large force of Church hierarchy, would their collective voice not have bent the ear of the state to more generous support for these religious orders, who after all were doing the very work that the state was neglecting for the ordinary people. But maybe the hierarchy felt a bit like today in relation to state support and social services, that if you declare too much you might lose your benefits!

Only at the end of the famine did the Church leaders begin to be critical of the state. In 1830 the whole national school system was established as a Church system in conformity to state. The only real opposition to state in the nineteenth century was the educated Church leadership of nationalism to which I shall refer later on. In the 1860s the bishops opposed religious orders establishing schools. Christian Brothers survived because they

were national not diocesan. Today most of the schools and hospitals which were originally run by females have now conceded to male control. This is surprising in Ireland since many of the schools and hospital were under religious women. Here in Britain, however, this very week, the media reported that in Britain only 20% of directors are women today. But why in Ireland have men taken control over semi-state schools and hospitals?

I believe that part of the reason is that religious orders which were very influential in education especially, were modelled on a patriarchal system, where even the religious dress of the women was designed to hide the feminine aspects of the person. The dominance and power exercised by the Church towards women was tolerated alongside a degree of disregard for the body and feelings which tailored to conform to obedient submission to 'the Church'. While the spirituality of the various founders of the religious orders and indeed the individuals within these religious orders were fired with feminine desire and love for those around them, they were often presented with the implementation of their charism in rational and abstract ways. I refer to the imposition of particular types of holiness on women, the typical masculine approaches to spirituality which David Lonsdale refers to as 'Muscular Christianity' where female religious operated out of a masculine approach to life.

All of this led to a disempowerment of women generally.

Women lived through the male members of the society. It was not surprising that Irish women strove to have a son a priest. Being the mother of a priest at least gave the female in Irish society some way of gaining recognition and even of accessing power and status, even if only gratuitously. Many of you are probably aware of the beautiful plaintive Irish melody 'Fill, fill a run O' where the Irish mother pleads with her son who left the priesthood for a new found love to return to mother church. The irony was that 'mother church' had a surrogate mother or mothers, and all of them men!

What happened to the strong women of Ireland?

We know they were there and we know how strongly they impacted on their children. But the mother's impact was felt, not heard. Perhaps the strong unbreakable bonds that exist between the Irish mother and her son gives us some insight in how her need to be heard and approved and accepted was displaced onto her male children who could through their own lives, sustain their

mother's need for recognition and power. What else could she do? To dare offer any resistance to the 'status quo' was to risk being declared outside the pale. History showed this to be true even in relation to general deviation from Catholicism.

It was evident in the crisis for Catholics in national revolution who were asked by the Church to toe the line or be excommunicated.

Yet the positive side of this was that through the male members of the Church who presented their feminine face, people could access the more caring and softer face of their religion. I think of the role of the 'Holy Fathers' such as the Franciscans, who were there for the wounded when the Church refused to receive them. So people got glimpses of the human face of the Church, and were condemned and forgiven by the same authority but by a different aspect of the Church.

Such stories around the time of the Young Irelanders (1848) and the Fenians (1850) abound, where people were denounced for membership of these organisations and yet these very people strove to remain faithful to their religion. This created a crisis for devoted Church people. Still faithful to their religion, these people often went to the monks and 'holy fathers' for reconciliation. They were assured confidentiality...and the 'fathers' were not subject to ecclestical control as were the parish clergy. The feminine in St Francis reached out to express the feminine and the interconnectedness of all creation. Irish people were always living with a dilemma around Church, and this was often expressed in the difference between Church and Religion. Efforts to personalise their religion resulted in every little half parish building its own church and often refusing to tolerate closure. Such an example of efforts to go against the Church decisions and claim their own personal expression of church, is shown in the case of the little country church in Danesfort, Kilkenny. Closed by the Church authorities, the people went there each Sunday for thirty years, and laid the altar for the mass, although the priest had been withdrawn permanently. Religion for these people was not so much connected with respect for the Church authority, as an expression of faith and belief in something much more personal, something they were slow to let go of, their own personal expression of their beliefs. It is important to distinguish between the ecclestical authority as Church and religion as the practice of the people.

I suggest that today religion is alive and well but conformity to Church discipline may not have the

same level of expression. One old religious sister said to me recently, 'wouldn't you pity those who obeyed the rules?'

Religion has credence when it is linked with care and compassion. It is linked with social and economic and psychological development. Maybe also by throwing your minds back to the jeering and protestation at the development of what was once known as the 'foggy-boggy airport' at Knock, Co. Mayo, one, I might add which is among the few financially viable airports today, it may also suggest that religion also has a strong faith component, but that is another paper.

Where does psychotherapy fit into all of this?

Looking at the wider picture it is clear that there has always been a struggle to separate religion and psychotherapy. Let's look at this struggle more closely.

For more than a century, psychology and later psychotherapy have struggled to distance themselves from philosophy and religion, and to be counted among the natural sciences. Although modern psychotherapy may have grown up in the tradition of medicine, the nature of the ailments that are dealt with make therapy more likened to what Malony (1990) refers to as 'the care of the soul', and this cannot be treated as a sickness which can be cultured in a laboratory, seen through a microscope, or cured by injection (Shafranske, Malony 1990:75).

Psychotherapists who refuse to consider the implications of the spiritual in the client's life are like a patient with a phantom limb, who denies the existence of his handicap. (Sims 1994:444)

Interface between psychotherapy and spirituality.

Becker (1962) would say that the more the person is in touch with his or her helplessness to cope with life, the more one will people his or her world with omnipotent father figures, types of extra magical helpers. It is not difficult to see how this happened in the case of religious practice in Ireland. The type of father that was part of the religion of the people has already been discussed.

What is the alternative? What was the alternative in a patriarchal society of earlier times?

Buber would suggest that the presence of these helpers gives to the person the larger nourishment he or she needs. These projections of powerfulness and

self transcendent nourishment is an attempt on the person's part to cure his or herself (Becker 1994:157).

Conclusions

The impact of religion is significant in the case of Irish people and particularly in the case of its impact on Irish women. The therapist needs to understand and to accept the role of spirituality in the life of the client. While there is ample evidence of the role of religion and spirituality in the lives of Irish people very little hard research has been done on it. However the following research reports, mostly American, may throw some light on the levels of the impact of religion and indicates that the psychotherapist cannot afford to throw his or her hands in the air and say that they cannot deal with the 'spiritual' dimension of the person in therapy. Research suggests that it is an integral part of the person with implications on the way people live and perceive themselves and others. In an American study based on the understanding of psychologists on the role of spirituality in therapy the results, based on a sample of one thousand people, show that 65% of the therapists reported spirituality as significant in their lives. 74% regarded religious and spiritual issues to be within the scope of psychotherapy. The study also showed that 50%-60% described themselves as agnostic or atheist in contrast to 1-5% of the population. Psychologists generally affiliate and participate in organised religion to a lesser degree than the general public. Less than one in five declared organised religion to be their primary source of spirituality (Ragan at al, 1980:72).

Why?

One could speculate and ask if the exploration of the self during the therapeutic training led to a letting go of certain religious procedures which until then had been adhered to unquestioningly.

A study done by Shafranske and Malony(1985) in California showed that in general, psychotherapists who address spiritual and religious issues in their personal lives appear to respect the function religion serves in other's lives. Yet 33%, only one third of these clinicians expressed competence in dealing with religious and spiritual issues in psychotherapy (Shafranske, Malony 1990:73). Findings show that clinicians receive very limited training. There has been a tendency in the past twenty years to evacuate and omit the spiritual dimension from the ordinary mainstream of professional therapy work. This renders spirituality non-ordinary. Therapists who focus on the spiritual dimension as part of their ordinary work still tend

to be marginalised in some circles. There is a need for the profession to reflect on its fundamental attitude towards religion and spirituality. The results of Malonys (1990) research state that 66% of therapists felt that the spirituality of clients influenced the course and outcome of psychotherapy. 87% believed that it was appropriate for the psychotherapist to know the religious background of the client.

The reservoir of spiritual interests often unexpressed among therapists is due to the secular framework of professional education and practice. Wendy Robinson suggests that if there is a spiritual/divine dimension to our being and a transcendent element, then we as professionals need to recognise and allow for that in our work. Because if we don't, there is an all-too-apparent danger that the energies of that part of the person will be collapsed and displaced onto other levels that cannot bear the weight. Social structures, family, marital relationships, children and individual's lives are burdened with weights of meaning that they cannot carry without danger of collapse. Robinson describes the need to honour the mystery at the heart of the work yet not to over interpret. This can happen presently where the religious and spiritual experiences are translated into psychodynamically understood patterns of development. This is done as if the latter were more real and the former an avoidance of the nitty gritty! She suggests that such interpretations need to be challenged. This is because spiritual traditions as well as psychodynamic or analytic theories have ways of dealing with illusion, denial and avoidance. Always we must begin to understand that there is more to be understood because the desire of the heart is endless and impossible to fulfil.

Overall, the dominant research shows that God and spirituality are an important part of peoples lives and this has implications around how they think about themselves and how they live their lives. The outcome of the research can be summarised in some of the following statements:

■ God is in fact an issue for clients.

■ Spirituality does impact on their way of living.

■ Clients have either a resistance to talk about spirituality or are not likely to initiate talking about it themselves without an invitation to do so.

■ Clients make no explicit connection between their spirituality and how they see themselves or others.

People interviewed around the role of religion and or spirituality in their lives said that spirituality and God was significant in their lives, either in a positive or negative way. This would suggest that it may be important for the therapist to at least offer the client the facility to talk about his or her spirituality and how it impacts on his or her life. Perhaps one of the reasons spirituality is considered irrelevant is because therapists feel they themselves know too little about it to comment or even ask questions as the research by Ragan et al (1980) suggests. One has to ask the question.

If much of the research suggests that spirituality is part of people's lives to a greater or lesser degree, why is it only given lip service in most psychotherapy training? Is it because its derivatives might turn out to be confusing and embarrassing and have their roots in early relational needs and wants? For that reason it may appear easier to ignore it than to challenge it.

But casting your mind back to the earlier part of this paper, I suppose that to do so is to deny our Irish people the right and the freedom to explore issues and aspects of their own personal story that they have never previously dared to question. It is to give many of them the voice and understanding they never had.

Thank you.

Teresa Gallagher is a Psychotherapist and Director of the Immigrant Counselling Service in Tollington Park, London N4

References

Becker, E(1962) *The Birth and Death of Meaning,* Penguin Books

Ragan et al, (1980) 'Psychologists and Religion: Professional Factors and Personal Belief', *Review of Religious Research* No 21:207-217

Robinson, WF (1998) 'The Quest for the heart of the work', *Journal of Psychodynamic Counselling,* Vol 4(3) August

Rowan, J (1993) *The Transpersonal: Psychotherapy and Counselling,* Routledge , New York

Shafranske, EP and malony, HN (1990) 'Clinical Psychologists' Religious and Spiritual Orientations and Their Practice of Psychotherapy', *Psychotherapy,* Vol. 27 (1): 71-81

Sims, A (1994) 'Psyche – Spirit as well as Mind?' *British Journal of Psychiatry,* 165:441-446

Irish Women and Sexual Abuse
– Cultural and Mental Health Implications.
PAULINE FARRELL & CAITRIONA SPELLMAN

Photo by Sass Tuffin

Broadly, we're asking two questions and throwing out some ideas based on our experience of working as counsellors with Irish women adult sexual abuse survivors.

1   First, what are the implications of being an Irish woman sexual abuse survivor, and what are the implications for us as workers, as women and men, as clients, within our differing professional roles?

2   Second, is there a cultural dimension to this work – ie in the context specifically of being Irish and Irish women in Britain? Are there cultural aspects that it might be useful to take into consideration and if so what are they? We would like to use this forum to throw out some ideas for consideration and discussion.

Layout of paper

1   Some known facts about sexual abuse (of women).

2   Some themes characteristic of the sexual abuse of women which we have noticed in our work.

3   What is the nature of the Irish cultural dimension in relation to this work?

4   What are the implications of all of this, for us as workers in this field?

Some known facts about sexual abuse

■   Various sources (David and Frawley, 1994) suggest that 1 in 3 women have been sexually molested by the time they are 18, and 1 in 10 is a victim of incest.

■   Sexual abuse of women and men cuts across all classes and cultures and is not a particular characteristic of Irish people or their culture. Abusers can be both male and female.

■   It is likely that there will be a higher percentage of adult survivors amongst mental health clients than for the average population. Given our role as professional helpers, ie as counsellors, social workers, community workers, often working with so-called 'troubled sectors' of the population, and given the prevalence of mental health problems amongst Irish people in this country, it is likely that there will be a higher percentage of abuse survivors amongst the clients who seek help.

■   Also known is the fact that it is rare for a women to seek help specifically for sexual abuse. Usually it is for one or more symptoms likely to be an effect of or associated with the abuse. The most common presenting problems are: depression, physical abuse and/or domestic violence, drug or alcohol misuse, self injury (eg cutting) suicide attempts, sexual and relationship problems, eating disorders, psychosomatic illnesses, feelings of guilt and pervasive anger, chronically low self esteem or low trust of self and others. We are not saying that these problems are always associated with sexual abuse for all women, but it is commonly accepted that they can be an effect.

Some themes characteristic of sexual abuse which we have noticed in our work with women, including Irish women.

An important point we'd like to make at the outset – we are not suggesting that the following characteristics are only the preserve of adult survivors, but that their prevalence is sufficiently strong for them to be accepted as core themes in

the work.. Obviously we haven't the scope here to do much more than flag them up briefly before relating them to the Irish cultural context. We have identified four themes which are not only critical factors in the work, but particularly so when seen in the context of the culture.

- Betrayal of trust by parent or other authority figure.

- Secrecy and the hidden nature of the abuse within the family context and/or within the community.

- Confusion about appropriate boundaries, particularly generational.

- Effects on self and relationships, ie self esteem, self and body image, sexuality and close intimate relationships.

- Cultural context – both past and present.

We have put context in as a theme here because we have noticed that these themes do not arise discretely in the work but are very much intertwined within the cultural context in which they occur. We also have to stress that the themes themselves appear at different times in different combinations.

Betrayal of trust by a parent, sibling or close family member or other trusted authority figure within the family context, is a key feature of sexual abuse. We know that an abused child suffers a betrayal by a trusted authority figure often from within the family context. This sense of betrayal can extend to the community and the institutions of the culture, particularly where there are close and/or overlapping family, community and professional roles. It is the intertwining of all these features that is important and critical to the work.

Secrecy, within the family can also extend to the community. This characteristic secrecy is often not just about the abuse but of things being seen or known which either are denied, can't be or aren't spoken about. Such secrecy, or turning a blind eye, a particular characteristic of incest can lead to feelings of both isolation and fear, as well as of being 'special' and/or different. One of the difficulties for clients in speaking out, getting help or challenging the abuse, can be having to face collusion and/or denial in the community as well as the family. When the community is seen as an extension of the family with overlapping roles both formal and informal, the denial and collusion processes can be compounded.

Confusion about appropriate boundaries in roles and within relationships, particularly generationally within the family and community contexts and in authority relationships (ie parent, child, pupil, teacher, priest and lay person). Again this is particularly acute when families live in close communities with overlapping roles and relationships, formal and informal, ie the father is also the local teacher, the shopkeeper is an aunt, the priest is an uncle. Confusion can also occur when the reality is experienced as if it were a fantasy, particularly if responded to by a powerful authority figure who is denying the child's experience.

The effects on the self, sexuality and close relationships. Perhaps the most damaging effect of sexual abuse lies at the heart of the trauma itself in its effects on the self, ie effecting self esteem, self and body images, sexuality and close relationships. We have noticed that feelings of shame, guilt, and self disgust as well as self blame and anger are common companions especially around sexuality. Particularly damaging and in some cases at the heart of the work are, largely unconscious, feelings of guilt and shame as if for some clients they have complied with the abuser in some way. What can be experienced as a premature enactment of something inappropriate, which of course it is at any time. We are aware that here we are entering not only a very controversial area, where there are many different viewpoints and positions, but we are trying to speak about something very complex simply and briefly. So, in relation to this last point (the premature enactment of something inappropriate) it seems that a client's experience can be of knowing something is wrong but not knowing what it is. There is no containing boundary which is why children often disclose in the first place. It seems also that the abuser's desires, needs and wants can be confused with the client's own, arousing feelings of shame, guilt or anger at complying with or complicity with the abuse. Moreover such feelings commonly get shut down, split off and acted out in different forms of self destructive behaviour.

Cultural context. In raising the cultural context and its importance we now turn to the specific nature of the Irish cultural context.

Is there an Irish cultural dimension to this work?

It is important to be clear about what we are talking about. Firstly we're talking about our work with Irish women individually and in groups here in

the UK, with those who are or have been raised in an Irish family/culture whether in the U.K. or in Ireland. Secondly, we are not saying anything about the extent or frequency of abuse, ie we are not saying that abuse is more or less, is worse or better than in other cultures. But we are saying that in our work with Irish women, we have noticed themes and issues arising which we think could be culture specific, and that these can be thought about. Thirdly, we are suggesting in our work with Irish women the context in which the abuse took place has to be taken into account, together with the context in which we as Irish and British women are living and working now in Britain. The following themes seem to us to have specific meanings attached to them arising out of the Irish cultural context. But they also have to be seen in the cultural context of Irish people as an immigrant group living in Britain as a host country, and in the context of the history of these two islands.

We would like to demonstrate the nature of the cultural dimension with illustrations from our work of how the characteristics previously identified show themselves in the Irish culture context. We do this under three main headings

1 The Irish and the British cultural contexts – past and present

2 The power of the Catholic Church as an authority figure within the family and community context, particularly in relation to sexuality, sex and symbols.

3 Ambivalent feelings towards both Ireland and Britain

The cultural context of Ireland and Britain past and present.

In our work we have noticed how betrayal and secrecy, features mentioned previously of the abused child's experience can take on a set of specific meanings in a context of the cultural history of conflict and oppression between Ireland and Britain. How does this occur? All this is speculative, but we suggest that there are powerful parallels between the abuse experience and the cultural history of these two islands. For example, we know that historically, the preservation of the Irish culture, including religion, often had to be kept secret and kept going by the community for survival. Moreover, Irish communities in the UK (or ghettos depending on one's viewpoint) have been and still are seen as a means for survival (physical, economic and emotional) for some people not only in providing practical support in terms of jobs

and homes. Moreover communities both here and in Ireland are still described as 'close' and/or 'closed', and you will no doubt know that secrecy in a 'close' and/or 'closed' family and community is a characteristic found in many cases of sexual abuse (notably in the West Country, the Orkneys (not proven but still enough evidence for charges to be brought), and the Cleveland enquiry. This characteristic transcends class and culture, it is important to state.

Similarly the secrecy and denial process can be compounded by the difficulties of speaking out in a family and community context of overlapping roles both formal and informal. We were told a number of stories of women, having spoken to priests, doctors, and family members, who were either ostracised, not believed or told to say nothing, either as children or adults. The difficulties were further compounded when both the abuse/abuser were denied, particularly when the abuser was a pillar of the local society whether professionally, in the community or within family. Is this we asked ourselves, an example of internalised cultural oppression and an acting out of the motto 'keep your head down, say nothing, don't rock the boat'. In the face of adverse circumstances, survival whether physically, emotionally, economically, socially or as a family member, can be the name of the game. There seems to us to be a parallel with the 'survival' theme externally and historically in the cultural environment and survival as an inner experience within the context of sexual abuse. There is a kind of reverberation between the inner world experience and their external experience in the culture.

Moreover we know that disclosure within as well as outside a family can feel like a betrayal. But is there anything extra or different for an Irish woman disclosing, whether disclosing about the abuse here in Britain or in Ireland? We suggest that there is, and that disclosure can feel like a betrayal of Irish people particularly in a culture where the content of racist stereotypes about Irish people, men and women are often of 'a wild, mad, bad, stupid and dangerous people' or alternatively people seen as sexually repressed, piously religious, overly differential and dependent on family and religion. (We suggest that there are some gender stereotypes implicit here too). Disclosure, speaking ill of the family or of your own people, can be thought of as providing substance to the stereotypes and/or ammunition to the racism. In this cultural context then, we suggest that Irish women abuse survivors can be faced with the dilemma of being unable to disclose within their own family context and

inhibited from disclosing in the host country – essentially, an alien one in cultural terms, if not experienced as if it were an 'enemy' culture.

The power of the Catholic Church as an authority figure in the family and community context.

The intertwining of external cultural factors with the inner experience is very powerfully demonstrated by the actual and symbolic presence of the Church in the narratives of the Irish women with whom we have worked.

Given the closeness of Church and state in family and community life in Ireland, perhaps this is not surprising, ie that those in the Catholic Church hierarchy and in positions of authority in the community should feature as recurring themes in the womens' stories. Again the overlapping roles of family members with church, school and other community institutions, often meant that an uncle whose help was sought also was a priest, or that an aunt who was particularly condemning was a nun, an 'abusing' uncle and step father were also 'pillars' of the church. At times the fury expressed at the hypocrisy of these 'respected' authority figures as abusers also extended to Ireland and things Irish. One woman, in expressing her fear of not only being overwhelmed by hearing other Irish womens' 'horrific stories' spoke of having this deep seated anti-Irish thing of anger at the hypocrisy of the Irish and the Church in sweeping the dirt under the carpet. She failed to attend the group after the initial interview. Another woman spoke of her inability to really know why she continued to raise her children in the Church and find comfort in religious services and practices, when the Church was also remembered as the 'abusing hypocrite'. The notion of the containing and holding function of the Church as well as the penetrating abuser was a very powerful one.

Whatever the external 'reality' of these stories of authority figures in the Church, certainly from within the 'inner' experience of women, the priest and other religious and lay figures were represented as being not only part of the denial process, but as being part of the system which created and maintained an abusive environment, if not in being the actual abusers.

We also found it rare for sexuality, and sexual abuse to be raised without stories and associations to the Catholic Church in Ireland. Feelings of low self esteem and self hate and disgust, sexual difficulties with partners, often acted out in self destructive behaviour, can be characteristic of sexual abuse survivors generally, both women and men, but the interaction of 'sex and Church' are in our view key cultural themes in this work. We found this to be so not only in the more generalised attitudes to sexuality which were and still are, commonly associated with Irish Catholicism (ie sex is only for procreation not pleasure, is sinful and secret, not to be spoken about or acknowledged, only ignored) but also in the splitting off of sexual feelings and desire, and often the gap between the symbolic and actual images of purity and womanhood offered to women (and young girls in particular) ie the Virgin Mary and the various female saints and the remembered conflictual reality of their experience. Particular powerful in listening to the narratives was the experienced interaction of religious figures, actual and symbolic (ie statues of Mary and other icons) with the actual memories of the abuse experience. Again the inner world response (whether based on fantasy or actual experience) found an echo or confirmation in the external world of religious experience, and vice versa.

Clients were often very aware of their anger and ambivalent attitudes to this mixture of sexual abuse with religious symbols and images. For example, one woman, in talking of her feelings of self disgust about her body and sexual feelings, remembered a white statue of Mary looking down at her and wondered how she could possibly be pure when her abuser had also been a woman 'looking and bearing down on her'. As a little girl, she wondered how she could ever 'attain purity'. Another client spoke of being unable to tell her parents of the abuse, even now, because they were so 'naive' and 'innocent' and wouldn't even know about sexual abuse and other sexual practices (masturbation). Yet another told a story of being cleaned up after being abused and washed down with a statue of Mary's holy water by her aunt after being abused by her uncle. Was this a symbolic cleansing of a sinful act or removing and washing away the evidence?

We can only speculate as to the meaning of these experiences to the women involved but we can think about and wonder at the 'symbolic and cultural power' of the external world in these examples of the intertwining of the religious and sexual abuse experiences and their impact on the inner world of clients.

Ambivalent feelings expressed towards both Ireland and Britain.

Finally, in considering the nature of the cultural dimension and the echoes of the culture with the

abuse experiences, we would like to point to the prevalence of ambivalent feelings towards both Britain and Ireland which we noticed, and which also seemed to have an echo with configurations of the parental couple presented by some clients. We wondered if, for some of our clients at least, there was a parallel in their minds between the all powerful father abuser at home in Ireland and the powerful abuser, ie Britain. For example in relation to Britain, a number of clients told of partners or husbands either being British or working for the British police or army. Their feelings of ambivalence about this were clearly demonstrated and it was as if this too was in some sense a betrayal, like 'sleeping with the enemy'. On the other hand British men as husbands and partners were clearly loved deeply and British jobs and institutions much valued and needed. Is Britain friend or foe appeared to be the ambivalent message? Is she offering a 'hand that feeds' and is desperately needed or seen as an abusive oppressor with repressive and racist laws directed specifically against Irish people.

We found a similar ambivalence towards Ireland but from a different position. Ireland was, and is clearly both loved and hated. But we must stress that we are not suggesting that such feelings are the preserve only of Irish women or of sexual abuse survivors nor indeed of Irish people, but trying to show how the perceived abuse and oppression out there can be intermingled with the abusive inner experience and vice verse. A reverberation again of the inner with the outer.

As we asked ourselves if there was some internal and unconscious linking or parallel between Britain and England and the real mother and father of the abused child – woman. Might the feelings expressed toward Britain and Ireland also symbolise the various configurations of the parental couple presented, ie as abuser/non abuser, abuser and collusive partner or indeed the idealised parent/mother who turns a blind eye and fails to protect the child, or failed to know?

We also found a number of common themes of 'mother Ireland' as the nurturing mother, symbolising all that is good about home – but also as the cold, cruel colluding mother (country) who turns a blind eye to abuse and cannot be disclosed to. Clients spoke of 'going home' to Ireland, the place where they imagined they would be looked after (but in reality weren't). One client who had a sort of 'breakdown', spoke of her mother 'knowing' how she really was here in England, of how she was

really looked after at home in Ireland, and of how she really hated leaving Ireland. Yet the same woman was furious with her mother because she didn't 'know' about the abuse and in spite of bedwetting and temper tantrums of the child, had been too busy helping others 'outside the family'.

The implications of this – both in relation to the cultural dimension and Mental Health?

We have presented these ideas as a way of showing the power and impact of the cultural context of our work with Irish abuse survivors. But what are the implications of all of this?

(i) The cultural dimension

Taking the cultural dimension first, we have wondered what level of importance we should give to it and what are the implications of that. First we would like to make some points about doing this work in the context of an Irish agency specifically for and with Irish women.

Some pros and cons

- There is no doubt that Irish people are attracted to the notion of working in a group with other Irish women or individually with an Irish counsellor. Some named it as having distinct benefits, one of which was that of cutting across feelings of isolation in being with other Irish women and of safety. Moreover most women who approached the centre heard about this work through Irish community networks, or came at the specific recommendation of Irish women, whether working as community mental health workers or in an Irish centre.

- However, at least some women didn't come for fear of identifying themselves as an abuse survivor or for fear of being identified. And in spite of the London Irish and their communities being spread over a wide area of London and Greater London (we had people who travelled over 60 miles away) the networks and grapevines of these communities are perceived as fast and effective. Moreover, as we have shown, fear of lack of confidentiality can take on an extra dimension in the context of Irish people in Britain and in the context of the somewhat hidden nature of racism and anti-Irish prejudice. We have struggled to recruit for the groups and even though this can be a general difficulty (ie recruit for therapeutic groups) we have found it particularly difficult for this area of work, in spite of an identified

need. (The group work was specifically suggested and asked for by at least one community worker).

- So does it mean having an Irish group, or agency, or an Irish community institution with which to identify is only important politically for opportunity of access or outreach? ie the LIWC and this conference. We suggest that in this area of work the cultural is more than that. We hope we have shown something of that in the parallels between cultural context of the history of these two islands and the hidden nature of anti-Irish prejudice and racism, and the interactions or reverberations of the external culture with the inner world sexual abuse experience.

(ii) Seeking, and getting help for sexual abuse survivors in this British-Irish context.

What are the implications for us as community and mental health workers, working in this cultural context? What are the implications for Irish women of either seeking or getting help with mental health problems or in the provision of help?

In our view understanding the cultural dimension is not all that we need to take into account. We suggest that it is also important to know and understand something of how the culture of sexual abuse affects us all. For this is still a very controversial area, full of myths and fantasy as well as some facts, many of which are very difficult to substantiate. Moreover, common attitudes to sexual abuse are still very much of denial, not wanting to know, turning a blind eye or disbelief (ie all in the mind/imagination). Well, it is 'all in the mind' in our work, but it is also 'out there' in reality, in experience and was there 'in reality', just as there is and has been conflict and oppression in the two cultures, between the British and Irish.

And so, in the light of the evidence presented here and elsewhere, it is likely that many of the Irish women who ask for help whether for social problems like homelessness, alcoholism, domestic violence, or specifically mental health problems such as depression and anxiety, may well have a history which includes sexual abuse. We also know that this work is not only demanding, but that outside of private practice and some self help groups, there are few referral sources and, as with other mental health issues, those that are available often involve long waiting periods and offer only limited short term interventions. This means that it can be not only difficult for sexual abuse survivors to seek help but also to get it. Moreover when they

are being treated for mental health and other problems, it is possible that the root causes may not be being addressed. All of this placed in the context of what we know about the cultural barriers faced by Irish people, suggest that Irish women abuse survivors may face particular and additional difficulties in seeking and in getting help.

Again we want to stress that we are not saying that Irish women abuse survivors are an extra 'special' case but that there are differences as well as similarities to other areas of professional work and client groups, the implications of which need to be thought about and addressed as well as understood.

If our conclusions and implications seem somewhat tentative, it is because we don't want to provide definitive conclusions or answers. We can only throw out ideas, to be thought about, and struggled with, as they arise out of our experience. In sharing them and putting them in the public domain for discussion and dialogue, we hope that the 'hidden' aspects of these cultures, both the Irish cultural context and that of sexual abuse, can be made more visible and talked about. And most important, that Irish women abuse survivors living in Britain whether as individuals or as a cultural group can be thought about, and that the implications for policies and practice, social and clinical can also be discussed and applied via practical strategies, when working with this client group.

Pauline Farrell is a Private Counsellor and Consultant. Caitriona Spellman runs the Counselling service at the LIWC.

Reference
David JM and Frawley, MG (1994) *Treating the Adult Survivor of Childhood Sexual Abuse – Psychoanalytic Prospective*, Basic Books, p35

Review of Workshops

What follows is a summary of some of the points addressed in the workshops and fed back to the larger group

Combating Isolation for Irish Workers *led by Noreen O'Connor, Member Training Committee for Guild of Psychotherapists; Chair of Training Committee: The Site – Centre for Contemporary Psychoanalysis.*

What is the source of isolation?

Lack of connection to new places, people and environment; fear of not being understood/accepted; lack of awareness and reality of another culture; lack of acknowledgement of difference within ourselves as well as from other cultures; communication breakdown; being spread out in different organisations; racism; prejudice within one's own culture; timidity/shyness; scapegoating; oppression; language; fear; .....

What are the barriers to combating isolation?

Emigration; cultural differences; class; fear of change; shame/low self esteem; feelings of not belonging; separation; lack of identity; lack of social skills; not being self aware; rejection/exclusion from other groups; preconceptions/misconceptions of host group; invisibility/anonymity; history; gender.....

What solutions are there?

Cultural awareness; acknowledge own needs and make known to others; education; support groups looking at specific issues; music/the arts. An awareness of one's own isolation and also one's own culture as well as the host and other identities; structural changes around equal opportunities; management support for workers.

Men Working with Irish women *led by Gerry French, SSC (Social Systems Consultant); Psychotherapist.*

Has Irish machismo died?

New dynamics happening between counselling services and women and men...

Choices men and women make in selecting a counsellor..

New liberalism of Ireland. How things are changing – how homosexuality is now embraced in the law..

Despite the liberalism, the conservative mind set still pertains and will take countless generations to encompass change..

Experiences of counsellors from the West of Ireland..

Underlying problem being one of resources...

Need for culture and gender specific groups...

The power of women....

Does the feminist movement have more to do with us men than with women?

Who needs to change more.....

Alcohol and Mental Health – The Experience of Irish Women in Britain *led by Jennie Mc Shannon, Co-ordinator of Brent Community Alcohol Services and Irish Community Alcohol Services.*

The problems associated with alcohol and the problems associated with mental health....very much overlap, with associated problems such as homelessness, aggression, alienation, isolation, depression...

What in Irish culture contributes to mental health and what results in mental ill health...

What, in Irish culture enforces and negates drinking in Irish women...good families and close communities provide something that is positive towards Irish and contributes to good mental health, but also could in turn be oppressive and contribute to mental ill health.

Looked at alcohol/mental health in Irish women, where:

1 Irish women are drinking and how the great social stigma impacts upon them

2 Irish women have a psychiatric disorder concurrent with an alcohol problem, ie the issue of dual diagnosis

3 An Irish woman's mental health is affected by trying to cope with the drinking of a partner/sibling/child.

Recommendations

■ Importance of ethnic specific services to access Irish women and bridge the gap between the mental health systems with an Irish perspective.

■ Irish women need to be supported whatever their choices are, eg if an Irish woman is

Photo by Sass Tuffin

experiencing domestic violence, financial problems, or even homelessness because of a partner's drinking, that we shouldn't just expect her to leave because there are other issues that come up and have an impact on someone's mental health by leaving, such as isolation, feeling rejected by the community and not feeling very safe in other services .

■ Important to work with significant others – ie the family and community/social network in which they exist, not just the woman drinker in isolation.

■ Importance of training both in the mental health services around alcohol and vice versa, as well as training around specific Irish needs. Irish people in psychiatric or statutory services need to be recognised as a separate cultural group. The outcome of this needs to be published and those with financial power need to be made aware of these issues.

Issues for Irish Women in Counselling & Therapy
led by Eilish Quinn, Psychoanalytic Psychotherapist, Teacher and Supervisor.

Religion – how the therapist's own perspective deals with it, with clients and patients...

Influence of history, ie the impact and numbers of famines which the Irish have experienced. The impact of colonialisation and emigration on the Irish psyche..

The centrifugal nature of Irish society with the gravitational forces being the family, the Church and the nation, a society whose values are in relation to them...

Problems of the denial of parental sexuality, with the arising complications through out the generations when they become blurred...

Presence or absence of the Irish father. Why this is so..

Dependency within this culture to depend on alcohol and its use as a coping mechanism to deal with stress, to deal with life...

Experiences of being silenced..how we deal with that..

How we find our voices and allow ourselves to speak....

Feedback from the Conference
– What you had to say about the day

'We Irish women need to welcome different voices/opinions and not smother dissent. We are diverse...'

'Very enjoyable, good to be unapologetic about religion.'

[On workshop 2] 'It remained too vague. I have a feeling that the presence of women gagged the men. I would also question the need for men only workshop and male presence at an Irish women's conference.'

'Most of what was said today seemed to relate to the experience of Irish Catholic women. I think there are particular issues for Northern Irish Protestant women which we didn't have a chance to go into – what does it mean to live with the split and tension in the North; how does that impact on our relationships etc.. etc... Maybe next time....'

'A really good beginning.....Finding our voice/voices is hard and needs/will need practice.'

[On workshop 3] 'Well facilitated, interesting, inclusive, funny at times – we could have carried on all day ! Jennie was great.'

'I would have liked more user's participation on the platform.'

'Very useful. I learned a lot, which is something I rarely experience in workshops!'

'Generally the day was excellent. It was great to be with a group of such dynamic and articulate Irish women. The way social context was emphasised was brilliant. I was slightly disappointed with the amount of time spent discussing religion, as I feel that there are many other important aspects to Irish women's experience and also that it is not so important to many Irish women. What about Irish people from racial, ethnic and religious minorities? We/they are also Irish!'

[On workshop 4] 'It was not structured, therefore not explicit in what way the delegates were expected to participate.....it was very interesting but very analytically orientated, which is not surprising with the obvious amount of therapists at the conference.'

'Informative and enjoyable to share experiences. Reduced my sense of isolation if only for a short time...'

'Interesting to hear about an Irish worker supporting the view/attitude of Irish people outside of Irish agencies'

'A full day and a lot to think about and debate with friends and colleagues in the future.'

[On workshop 1] 'It was inspirational to hear other people's views. I feel stronger and more connected to other Irish people.'

'For me it was a very powerful day, and one from which I learned a lot.......the challenging nature of the end of the afternoon seemed only to reflect the intensity of the day.'

About the London Irish Women's Centre

The London Irish Women's Centre (LIWC) is a feminist collective, opened in 1986. Over the past 12 years, the LIWC has offered a unique service to thousands of women within the Irish community in London. Much of this help has been on a one-to-one basis and on a wide range of issues including welfare, housing, employment and mental health.

Advice Service for Irish Women

Casework is undertaken by two experienced advice workers. Basic advice and information is provided by two reception and information workers. Regular weekly appointments take place at the LIWC and evening advice surgeries are held in Kilburn and Hackney. The majority of enquiries come from women who are homeless and in housing need. It is a free and confidential service. As the evening surgeries have made the centre more accessible to women in full time jobs, different problems have presented themselves and this has resulted in greater resources being targeted in this area.

Casework taken on at the centre includes

Housing – advice for women experiencing domestic violence and their rights to the home; homeless rights for single women and women with families; referrals to housing associations and hostels; advice to council and private tenants on disrepair and tenancy rights; advice and action for those suffering racial, sexual and other forms of harassment; advice on possession proceedings; help with home swaps, transfers and inter borough nominations; advice on returning to Ireland.

Welfare – advice on basic welfare rights; help in completing welfare benefit applications; assistance in claiming employment and housing related benefits; applications to social fund and to charities; reviews and appeals; complete Birth Certificates and Passport; assistance in claiming disability benefits.

Employment – advice on dismissal and disciplinaries; race discrimination/sex discrimination and equal pay; maternity rights; unlawful deductions from pay; redundancy; union rights; bullying and harassment at work; sexual harassment at work; supporting women in making complaints to Industrial Tribunals. We do not advise on industrial injury claims nor do we advise employers.

Counselling Service for Irish Women

The LIWC received a three year grant from the National Lottery Charities Board to develop the counselling service into a full time post. Ours is one of a small number of agencies London-wide offering culturally sensitive and low cost counselling to Irish women and women of Irish descent. We offer short term counselling for up to a maximum of twenty-six weeks.

Our clients present with many issues, the most common being depression, histories of abuse, bereavement, relationship breakdown and isolation. The majority of the women who use the centre are referred from Irish organisations. Other referrers are GPs and general counselling agencies. The remainder hear about us through media articles, church notice boards and social services. The centre is also developing therapeutic group support. In the past year we have facilitated the first group for Irish Women Survivors of Sexual Abuse. In the coming year we plan to run a group on 'Depression & Anxiety' in conjunction with the Brent Irish Advisory Service.

The service is an active member of the Irish Counsellors' Forum which was established to provide a network of support for Irish counsellors working with Irish clients in Britain. As part of this network, it supports and encourages good practice and the development of culturally sensitive counselling.

Conferences, Festivals, Campaigns

The Centre provides a voice for Irish women by providing speakers at conferences and running stalls eg. Commission For Racial Equality Conference; Launch of Discrimination & The Irish Community Report; Women & Homelessness Conference by the Transport & General Workers' Union; Challenging Irish Invisibility by Merseyside Irish Community Care; and Barnet Mental Health Conference.

The Centre works jointly with other Irish agencies on issues of concern to the Irish community such

as the need for a separate Irish category in all ethnic monitoring programmes. We are members of the Irish Equalities' Working Group; the Irish Alcohol Forum; the Irish Housing Forum; the Irish Counsellors' Forum; the Irish Youth Forum and Camden Irish Forum. The LIWC also campaigns on human rights issues. We actively supported the campaign to release Roisin Mc Aliskey. We have opposed the 1996 Housing Act and its restrictions upon the rights of homeless people. We have also been vocal in opposing the Government's cutbacks in Lone Parent Benefits.

Publications

The centre has produced a number of research documents and information rights guides over the years.

- *Roots & Realities – A profile of Irish Women in London in the 1990s* (Dec. 1996)

- *Cearta na dTaistealaithe – Rights for Travellers*

- *What to do if you are homeless* (April 1998)

- *Information for the single homeless and private tenants*

These are available for sale from the centre.

Special thanks to all the individuals and agencies who attended the conference and ensured its success.

AGIY

Alcohol East

Arlington Care Association

Barnet Social Services

Bethany House

Bethlem & Maudsley NHS Trust

Bexley Social Services

BIAS Community Services

Bridge

Brent Bereavement Project

Brent Community Alcohol Services

CARA Housing Association

City & Hackney Alcohol Counselling Services

Camden & Islington Community Mental Health Trust

Calshott Community Care Centre

Depression Alliance

Drayton Community Care Centre

Dulwich Medical Centre

Forest Health Care Trust

Hackney Domestic Violence Forum

Hackney Probation Services

Haringey Advisory Group on Alcohol

Harrow & Hillingdon Healthcare NHS Trust

Harrow Community Mental Health Team

Hertfordshire Social Services

Irish Chaplaincy in Britain

Irish Community Care – Manchester

Irish Counsellors' Forum

Irish Embassy

Irish in Greenwich

Irish Support and Advice Service

Irish Women in Islington

Irish Youth Foundation

Inishfree Housing Association

Kilburn Irish Youth Project

London Borough of Islington

London Borough of Southwark

London Irish Centre

MACA

Mental Health Foundation

Middlesex University

MIND - Barnet

MIND - Brent

MIND - Enfield

MIND - Greenwich

MIND - Islington

NSPCC

North West Locality Mental Health Team

Refugee Action

Revolving Doors

Roundwood Resource Centre

Single Homeless Project

Solas Anois

Southwark Irish Pensioners Project

Southwark Social Services

South London Family Service Unit

Step Ahead

St Bartholomew's Social Work Mental Health Team

St Mungo's

32 Drayton Park

Victim Support - Southwark

Voluntary Action Camden

Watford Women's Centre

The London Irish Women's Centre
59 Stoke Newington Church Street, London N16 0AR
Tel: 0171 249 7318   Fax: 0171 923 9599   email: LIWC@pipex.dial.com