CONFER

DUBLIN

FROM MELANCHOLY
TO DARK ABYSS

Active and contemplative approaches to psychological work with depressed patients

A seminar for psychotherapists led by

Elizabeth Wilde McCormick

Saturday 11 December 2010

About this event...

This seminar is led by the highly regarded psychotherapist Elizabeth Wilde McCormick, whose work is recognised for its attention to compassion, for providing a mindful spaciousness in the therapy relationship, and an embodied quality of engagement. Her work embraces a wide range of psychotherapy theories and approaches, including cognitive analytic therapy (CAT), and contemplative psychotherapy. Those attending this seminar will be provided with a wider understanding of the individual nature of depression, its aetiology, symptomatology and the context in which it has arisen. We will consider how to assess severity and risk in depressed patients, how to introduce psycho-education through using maps of the Human Function Curve (Institute of HeartMath) and the Autonomic Arousal Model (Sensorimotor Psychotherapy Institute). We will also cover how to assess and monitor stress-responses and help patients develop greater awareness and self regulation.

Speaker's biography

Elizabeth Wilde McCormick has been in private practice as a psychotherapist for over thirty years. She is also a teacher, trainer, supervisor and writer. Her background is in social psychiatry, humanistic and transpersonal psychology and cognitive analytic therapy.

She is a founder member of the Association for Cognitive Analytic Therapy. Over the last ten years she has had a growing interest in the contribution of mindfulness and compassion Based approaches to psychotherapy, and in particular to depression. Her books include: *Living On The Edge*; *Surviving Breakdown*, *Your Heart and You* and *Change For The Better*.

SCHEDULE		
	09.30	Registration begins
	10.00	First session
	11.30	Coffee
	12.0	Second session
	13.00	Lunch
	14.0	Third session
	16.00	End

Programme

Part I: An introduction to the many faces of depression and its symptomatology

We will start by exploring the concept of depression in our current time and culture, and its different presentations and symptoms. As an umbrella term, depression covers many presentations: the response to a life event or transition; the result of long term hypo or hyper-arousal, negative and depressed thinking; the hidden depression within psychosomatic disorder and the smiling depressive; and the severe depression with biological markers leading to suicidal ideation and breakdown. Many people continue a regular life with depression and others need medication and hospitalisation. Depression is always ABOUT something, it's not just a failure to cope. We will discuss the highly subjective context within which depression arises in our patients, and how we might assess the symptoms and risks to each person.

Part II: Getting under the symptom hook - who gets depressed?

In this second session we will explore patterns of psychological wounding that may underlie a depressed response. Drawing on Cognitive Analytic Therapy's understanding of learned reciprocal role procedures, and an understanding of attachment needs and developmental learning drawn from Sensorimotor Psychotherapy, we will look at the learned patterns of attitude and behaviour embedded in cognition, emotion and social engagement. I will present recent therapeutic work with a severely depressed patient post-ECT, where we worked within the framework of mindfulness-based Cognitive Analytic Therapy.

Part III: Bearing the unbearable

One of the powerful countertransference experiences of working with depressed people is the dark, often confused and at times unbearable landscape where everything is coloured by helplessness and hopelessness and where rage is held tightly within. We will discuss treatment options for the patient and choices and nourishment for the therapist. Participants are invited to bring clinical dilemmas for discussion. This session will include a mindfulness exercise that is applicable to working with depressed patients.