

## AND ALVIN MAHRER REPLIES

Here is my response to your review of my book, John. And I appreciate your invitation to have it published:

John, you didn't review my book. You howled and yowled and bleated and screamed - - - as if something in the book struck a red hot nerve in you. When most reviewers review, they give readers some idea of what the book deals with. Your readers will know that something in the book really made John sputter and howl.

So I will review the book. Ready?

*It is divided into three parts. The first is An Overview of Experiential Psychotherapy. There are four chapters. It gives a history of this therapy, the theory of its practice, the steps in carrying it out, and an illustrative verbatim session. The second part got John Rowan to howling. It includes two chapters, and the aim is to argue in favour of the therapist's joining with the patient, and to argue against standing off and talking to the patient about something. The third part has four chapters. It shows why and how to help the patient to focus attention so as to let experiencing occur, how to listen experientially so that the therapist shares what is occurring in the patient, and what to do to carry forward experiencing so that therapeutic change processes get started and move ahead.*

*Now, if readers want to write me about experiential psychotherapy, I would be delighted. My address is below.*

Now. About the two chapters which set you off. I am indeed arguing that if processes of experiencing are to be carried forward, it is time to rethink what we do as therapists. I do indeed argue for the incredible leverage in what has been rooted in existential-humanistic theory and philosophy and has yet to be made workable in psychotherapy. I believe the experiential therapist does best by joining the patient, feeling as much as possible what is occurring in the patient. I am trying to give this existential-humanistic paradigm a workable therapeutic reality.

But that means that we as therapists must perhaps be willing to let go of some things to which we ferociously cling - like the enormously precious relationship we enjoy when we stand off and "have a relationship with" the patient. If there is real terror happening in the patient, and if you want to carry forward that experiencing, one way is to

undergo it right along with the patient; or to relate to the patient who is undergoing it. There is a choice.

I would be pleased if we could open up these issues and study the merits and shortcomings of these paradigms of where we are and what we do when patients feel and talk and behave and experience. I hope readers will think about these issues (and the rest of the chapters) when they read the book.

So thanks for a chance to respond to your review, John. I must admit that I found it challenging to select which part of your review to respond to. One part said in effect that my proposal for the therapist to join with the patient in going through experiencing was scandalous, elitist, should not be said, in wrong and bad. The other part said that the proposal was unwarranted, most good therapists do it anyhow, we know about that, nothing new.

Maybe there really is something to this fundamental notion of experiencing!

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### **References**

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