

avoid fully addressing these issues, I would suggest that this reflects an unconscious collusive denial by the profession as a whole against engaging with issues which are so painful and which touch such primitive places in all of us. All the theory in the world about sexual transfer-

ence and countertransference, and the most carefully and painstakingly drawn-up set of ethical principles, can never substitute for an open experiential engagement with these issues.

To echo Shan Jayran again, 'What do other therapists think about all this?'

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Alarms and Excursions

John Rowan

Because of various decisions in the courts, it seems to be more and more recognised that psychotherapists have a duty of care to other members of clients' families. It has been stated, for example, that clients who have a partner should be warned that a series of sessions with a psychotherapist might create strains in the relationship. Difficult cases have also arisen where the client wants to confront a parent or other person at an early stage in the therapy when anger is at its peak.

In California, there was the Tarasoff case, where a court concluded that a therapist was at fault because he failed to warn a woman that a client of his had made threats against her life. The client had subsequently killed her. He had told his supervisor, and they had told the police, but this was thought to be insufficient. 'The protective privilege ends where the public peril begins.' Further information may be found in Hoose and

Kottler's *Ethical and Legal Issues in Counselling and Psychotherapy* (Jossey-Bass, 1985) and Martin Lakin's *Ethical Issues in the Psychotherapies* (OUP, 1988).

This has not been laid down for this country, nor even for most of the United States, but it does seem to put therapists in a terribly difficult position. If they do not warn a potential victim, and assault takes place, they may be liable for failure to protect the intended victim; if they do warn and nothing takes place, they could be sued by the client or disciplined by their professional association for breach of confidentiality. Furthermore, to take this too seriously might result in over-reporting and loss of confidentiality. This in turn could lead to potentially dangerous clients not coming for therapy at all.

This seems a tricky area, and it does seem as if we should pay attention to it in some way. Does anyone have any views on this?