

# Letters

Dear Editor,

In the latest issue of *S&S* my name figures in the form of the public disgrace of having my exclusion from the AHPP announced to the readership. I had hoped for something more humane, if not humanistic, from the AHPP, in the way it conducted itself in the process of dealing with complaints, than what I knew from helping others deal with BAC. I can only report that in my own case the procedure followed by the AHPP should alarm anyone who might have to face the same process. I confine my remarks only to one of the most overt of irregularities.

The AHPP co-ordinator wrote: firstly, demanding that I agree to attend a hearing — all the time knowing full well I was out of the country at the time the deadline passed; and secondly, setting a date for a hearing, once again fully aware that I was unable to attend. As a result, the hearing, at which I was not represented, went ahead and found against me. I was notified of the decision and that I had a right of appeal. An appeal was lodged within the required time. The AHPP next insisted that I agree in writing to take total financial responsibility for any and all costs that might accrue if the appeal went against me — including any time required of the Association's officers. Nothing of this is indicated in the codes of the AHPP, nor was it hinted at in any of the prior correspondence. (Existing members should note this carefully.) This was challenged and the AHPP then insisted I deposit £500 to act as cover toward any costs. When I issued a guarantee for the amount re-

quested, the AHPP replied by refusing to forward the appeal and terminating my membership from the Association. Any member of an Association whose officers act in such an arbitrary and unaccountable manner needs to give greater thought than I obviously did to the value of membership itself.

*Bryce Taylor*

We invited the AHPP to reply to the above letter, which it did as follows:

Dear Editor,

Thank you for the opportunity to reply to Mr Taylor's letter before publication. Under Clause 6.5 of the complaints procedure we are not allowed to comment in any way that may breach confidentiality, so we cannot address the specific issues he raises. However, we can say that Clause 6.8 states quite specifically that AHPP is not responsible for any expenses incurred in connection with any stage of a complaint. It also states that costs borne by AHPP may be required from either party to a complaint.

In the interests of accuracy, we should also point out that Mr Taylor was not 'excluded' from the AHPP. His membership was terminated for breaches of ethical guidelines as detailed in *S&S*.

Finally, it is important to point out that officers of AHPP are implementing the complaints procedure which has been democratically decided by the membership of AHPP in keeping with the guidelines of UKCP.

*Christopher Coulson (General Secretary)*

*Eric Whitton (Ethics Officer)*

Dear S&S,

I was interested in Jackie Summerville and Brian Bates's work offering a shamanic approach to people living with HIV/AIDS, and wondered at the use of statistics such as '70% of sero-positive people have not developed AIDS'. This gross figure needs to be set beside such studies as that of the San Francisco cohort of 539 men, of whom 31% infected for at least 10 years (1994) had not developed AIDS (*National AIDS Manual*, 1995). This rather more sober figure reminds us that people's experience of disease progression and dying remains central to work in the HIV/AIDS field and calls into question the meaning of an assertion such as '... sympathy and even empathy on the part of the shaman helps the patients by making them feel that with someone so powerful on their side they cannot fail.'

I certainly recognise the need to have hope, and as a worker in the middle of multiple losses to perhaps claim a certain omnipotence against despair and depression. However, I wonder if the work described by the authors is not most relevant to the relatively well, who are searching for meaning and perhaps rescue. For those closer to death, the work may have moved beyond such a search. For example, in one case where a man found the approach of death very frightening, he worked with a complementary therapist towards healing a hole in his aura which was diagnosed as the underlying cause of his illness. He reported this work as having meaning for him, and providing him with a task. However, nearer death he rejected the healer in favour of a conventional religious inter-

vention which worked towards a letting go of life.

The authors suggest that '... HIV and shamanic models have much in common, both accepting the existence of a deeper underlying cause for the original illness — stress, diet and anxiety, taboo or moral violation.' I do not recognise any such common understanding in the statutory or voluntary sector, and fear that such an approach has in effect (totally contrary to the authors' intentions) much in common with the social pressures caused by a view of homosexuality as in some way a developmental failure, in that it contains an empathy gap which I think is a distancing of the person in a blaming way. I think we should be very cautious indeed about a base-superstructure model of a 'psychological approach', in case we have once again merely mirrored the approach that people living with HIV are in some way inadequate or to be rescued, and that those who are dying are people who have not handled their illness properly. To quote the *National AIDS Manual* again, 'the existence of co-factors to HIV does not mean that the co-factors cause AIDS on their own, in the absence of HIV. Nor does it mean that co-factors are necessary with HIV to cause AIDS.'

In other words, we do not know about any underlying cause, or even what is the right approach independent of the client, who may want us to stay with them even where they have gone beyond meaning. Certainly, the effects of oppression and discrimination do appear to play a central role in people's experience of living with HIV/AIDS. Perhaps as the client dies, however, it is we as survivors who need to take back meaning from the experience of be-

ing with her, beyond that of individual meaning. This to me indicates a political perspective where we might think about turning the mirror right round to the society we live in, and indicate the costs of living in a highly undemocratic, class based and oppressive society both for us and for those we work with.

*Walter Gibson*

Dear S&S,

Angela Phillips' article 'Boys Will Be Men', on why male offenders so outnumber females (September 1995), was so full of insight and key thoughts and questions that I expected further discussion and letters in the November issue. So can I take the topic further? Angela's analysis stops more or less at post-puberty development of boys and girls, yet there are other obvious profound differences between males and females that affect adolescent and adult behaviour. I mean of course that women menstruate, develop breasts and can suckle, they carry the foetus and give birth. Men not only do none of these, but at puberty their bodily changes are far less significant than those of girls; nor does society focus attention on their bodies and sexuality. Furthermore, as fathers their child appears after a 'gap' of nine long months and they do not give of their very substance (milk) in caring for it. All these factors make men remote from their bodies and from the creation of life. Is this another reason why men have less of a 'problem' in being physically and emotionally cruel and violent? Menstruation must surely keep women in touch with their own being, with pain and with mood changes for which they are essentially not responsible. No wonder that men make

poor patients when ill and often have less emotional stamina than women. I remember the first time I saw the new-born baby of some good friends. I felt cheated that I didn't have breasts to freely give the child something of myself. The nearest I've come to that feeling is in donating blood. I also ponder on women having deeper and longer sexual orgasms and pleasure and more erogenous zones than men. (Maybe nature's compensation for the discomfort of menstruation and pregnancy?) I fantasise that men are nature's 'Mark 1' version of a human being, almost a trial version. Why, for instance, haven't men been given breasts that yield milk upon stimulation by pheromones released by their partner's hormonal changes in late pregnancy? At least they could share some of the burden, not to mention good reasons for paternity leave from work!

For men the sexual act is often quite remote from any thought of pregnancy and the creation of a new human being, condoms are just a way of avoiding future trouble and constraint, while for women sex and profound personal responsibility are inextricably linked. Even for young girls, their perception that they are capable of giving life must surely create some (un)conscious changes in self awareness. While for the older woman, who has not given birth, by choice, or lack of opportunity or inability, her self-knowledge can only inform her view and treatment of others.

Yet, writing as a man, and not having children of my own, I wonder if all the above is a very romantic, idealised and partial view of women, gender, sexuality and femininity. What do other readers think?

*Tony Morris*