that they keep patient records confidential and will not leak clinical information about patients inappropriately. If you explain your own system around confidentiality and boundaries, for instance that you can't usually talk about your clients, there is no reason for the GP not to accept this. There are rare occasions when you need to talk to a client's GP, hopefully with their consent, and if you already know the GP concerned this can help oil the wheels, for example in discussing any medication or getting a psychiatric referral. A potential difficulty might be if you and a client both visit the GP's surgery at the same time. If this is a possibility, it is something that needs to be discussed with your client beforehand. Like all boundaries, this can be managed with sensitive handling.

In fact I have often felt pleased to be working with someone whose GP I already know and trust because I knew that support would be readily available if I asked for it or if there was a crisis.

Alyss is a psychotherapist and writer

Letters

Dear *S&S*,

I would like to associate myself with the dismay expressed by the twenty-five people who wrote to protest against the 'accredited registered practitioners only' restriction on people wanting to attend Alvin Mahrer's workshop on supervision. I would have liked to have attended that event but was not eligible to do so because I resigned from AHPP after nine years membership when my life seemed to be moving in a different direction.

Surely events put on by AHP in Britain should normally be open to everybody since it is our function to introduce humanistic psychology to the public at large. There is justification for indicating that some workshops are not suitable for beginners, but none for restricting them to accredited professionals. Accreditation and registration are meant to protect clients; it is ludicrous and insulting to suggest that a group of professionals attending a workshop need to be protected from each other in this way. If this was an advanced workshop it might have been reasonable to have specified 'practitioners with a minimum of five years' experience', or 'psychotherapists with experience of supervising others'; but the wording used was confusing and offensive.

Shirley Wade

Dear *S&S*,

The AHP Committee have taken heed of the feelings about the Alvin Mahrer workshops so strongly expressed by several writers to the magazine's letters page. The restriction of the supervision workshop, quoted in the publicity, was not sanctioned by the AHPP Board. It was conceived as a way of limiting expected numbers and, with hindsight, a more acceptable way could have been found.

We have also noted Dina's point about wider advertising for such events, and thank her for her appreciation of the workshops.

June Green, AHP Chair

Dear *S&S*,

Two articles in the July issue of *S&S* offer a striking challenge: a welcome exposure and clarification of the boundary, and idealisation problems besetting therapy and therapists. Petruska Clarkson's observations are excellent: invaluable and confrontative — which leads me to ask why they've gone unseen and unheard for so many years. The answer is only too obvious, and it's time to stop evading these issues.

But it's Patricia Welles' piece on obsessive lovesickness, with its challenging final question 'What is really happening here?', that I find more provocative and provoking. Her article has all the deviousness, subtle boundary-blurring and predatory web-weaving characteristic of writers. I'm a writer too, and a woman who, at what I imagine to be Ms A's age, was infatuated and utterly obsessed for several years — not with a therapist but with a writer.

Many things in Welles' account are patently open to censure. Nowhere is there a serious engagement with a therapist or therapy — only a dabbling in it, a trivialising and rubbishing of it. It's impossible to believe that Mr Z still 'has no inkling of the profound feelings he has engendered in her', seeing that he has been subtly and astutely manipulative throughout. As has Ms Welles in her cynical and shifty presentation of this 'case'. They are both slippery tricksters.

However, if Mr Z really does seem to be blind, then we know that Cupid, Eros, is at work. We're in the transpersonal area which Petruska reminds us is not comfortable for our therapist egos. Here is an archetypal 'transference/countertransference' (i.e. love) situation, and the sick gods of love have been evoked: the offspring of Venus and Aphrodite. Robert Stein has written cogently of this phenomenon in therapy in his profound study *Incest and Human Love*. Racine, describing Phaedra's devouring incestuous passion, says *'C'est Vénus toute entière á sa proie attachée'*.

I've always felt that where there's this kind of obsession (e.g. in the 'gruesome twosome' scenario in therapy) the transference is archetypal, and the social context, the collective — conscious or unconscious — as well as the family history, feeds into the archetype in therapist and/or client (archetypes love to settle on foolish therapists). The 'fantasy' figure of the other takes possession of your psyche, your soul. Its image looms large and continues to haunt you even when, like Ms A, you think you've 'worked through it' in therapy. It isn't going to disappear quickly: you are charged still with its energy, and it won't go until you discover what it's asking of you. And hear what it's telling you about living and dying. Perhaps here it's the spectre of the death of psychotherapy as we've known it . . .

And Mr Z is being haunted/hunted by Ms A and Ms W. It's not surprising that the 'return of the Goddess' after centuries of repression of the feminine, of women, should lead to demonic possession and obsession, perversions of what she — the starved and betrayed soul/Psyche — has needed, and still needs. Better not to demand 'What is really happening here?' but to ask, with humility, what James Hillman sees as psychotherapy's eternal question: 'What does the soul want?'.

Alix Pirani