Letters

Dear *S&S*,

I want to thank the Association for Humanistic Psychology in Britain for sponsoring my two workshops, and I also want to thank John Rowan and Tony Wilson for their comments on the workshops in the September 1997 issue.

One thing I learned in London was that most practitioners are themselves in supervision. Most of you probably know that is almost non-existent in North America, and lots of my colleagues are taken aback that I meet regularly with a small group to examine our in-session work to help become better and better practitioners.

A second thing I learned in London was that very few studied tapes of their sessions. This is also true in North America. On the other hand, I have spent a little over forty years studying tapes of my sessions and tapes of others' sessions. That is a precious way for me to keep discovering the secrets of what psychotherapy and counselling can be and do, to keep developing my experiential psychotherapy as much as I can, and for me to be better than I was a year ago.

A third thing I learned in London was that many practitioners are themselves in continual or continuous therapy or counselling. This is rare in North America. Most of my colleagues here in North America are taken aback that I have regular sessions of experiential psychotherapy, either by myself or with a trusted colleague with whom I exchange sessions. I have done this for the past forty years, and I look forward to doing this for the next forty.

Al Mahrer

Dear *S&S*,

Having read Philip Rogers's prissy little condemnation of secret, illicit love as portrayed in 'The English Patient', I wonder how he deals with clients who find themselves deeply and helplessly involved with someone other than their spouse.

He doesn't seem to understand that, in the words of Socrates, 'Eros is a mighty *daimon*' — the Greek *daimon* not being the same as demon = devil — and that intense passion is never solely sexual but a total merging of two people on all levels, a brief ecstatic escape from solitariness. It is a peak experience which produced some great archetypal myths, such as the stories of Guinevere and Lancelot, Tristan and Isolde, Dante's Paolo and Francesca, and many more. They always end in tragedy, but for their doomed heroes and heroines total ecstasy is worth the price.

The same myths are played out endlessly here and now. Yes, it would be wonderful if everyone could be happily married, faithful and open from wedding to funeral, but life ain't like that, and the therapist's job is to deal with what is, instead of sitting in judgement and telling illicit lovers what to do.

Beata Bishop

Dear *S&S*,

In his reference to 'growth centres' in the last editorial (September 1997), David Jones gives a misleading impression of the Open Centre's origins and present standing.

To set the record straight, the Open Centre was not started by people prominent in

the AHP as David implies. Moreover, the Open Centre is still very much in existence but not as a training institute within the UKCP, the only option for survival that David appears to countenance. Instead, the Open Centre continues to flourish as an independent 'growth centre' and this year we celebrate its twentieth anniversary.

Juliana Brown, Scott Clark, Guy Gladstone, Richard Mowbray, Eric Whitton, Silke Ziehl.

Dear *S&S*,

As a GP, who is also in the process of training as a psychotherapist, I was interested in Nick Totton's article in the September issue of *S&S*, but saddened by his expressed hope that primary care counselling, which is here to stay, 'can be recognised as a site of contestation', 'a place where different world views are in conflict.'

I have spent much time during my training (BCPC) struggling with this question of conflicting models, and have felt very split by the effort to find justification for psychotherapy in terms of outcome, in the present era of 'evidence based' medicine. Like Totton I have reached the conclusion that this cannot be done without distorting the nature of therapy.

I agree whole-heartedly that the medical model and the psychotherapeutic model are different. Where I part company, however, is with Totton's argument that they therefore are in conflict. Conflict only arises when attempts are made to assess the outcome of one model, in terms of the criteria of the other. What needs to be recognised is that each one has a different aim and measures of outcome must relate to the achievement or otherwise of each particular aim.

The medical model's purpose is to cure illness, or at the least, alleviate its effects. This is, of course, very different from Totton's therapeutic aim — restructuring the personality, but surely the goal has its own validity. Similarly, short term counselling does not aim to restructure personality. As Totton says this is clearly impossible in six, or even twelve sessions, but helping someone solve a problem that is causing anxiety, with possible somatisation, is not to be under-valued as an objective.

Since accepting the different nature and languages of my different ways of working, my uncomfortable feelings of tension have eased. I can now redirect my attention to discovering with my patients/clients which model might be most appropriate for their pain. In the end it is they who choose, often to my frustration. People who want a medical cure for their anxiety, and see no reason to look inside themselves, are not likely to benefit from psychotherapy. I am able, however, to let them know there are other models.

It seems to me that Nick Totton sees the models as a hierarchy, with restructuring the personality at the top. This inevitably leads to a power struggle, and is as fruitless as the idea that literature benefits humanity more than science (or vice versa) and as unconstructive as the idea that one religion possesses a higher truth than another.

Marina Bielenky