

Having said that, there still should have been some better way in which you were introduced to the changing situation so that you did not additionally suffer from a shock and communication failure. Why not show your supervisor what good communication and consultation is really like by inviting her to give you more understandable reasons for the proposed

*Yvonne is involved in mediation.*

### **Judith's response**

**Y**ou have my sympathy. From what you have said, your supervisor has put you lower down on her list of priorities than before. One of her clients now has your space. That can feel wounding, and especially problematic if there are no alternative supervisors in the area. You describe with appreciation the times the two of you have spent together. It sounds like an important relationship to you. There is no substitute for exploring the meaning of this change with her — only she has the key to what makes sense of it. Perhaps it too is an issue for supervision. As a supervi-

*Judith is a psychotherapist and supervisor.*

changes, so that you can discuss these constructively before you decide whether you are able to accept them? Might it also be helpful to share your feelings of personal and professional disappointment about the supervision disruption? The conflict could be creative.

sor yourself you may be able to discuss with her the pressure she has put herself under with the client. You don't say what makes you feel vulnerable — perhaps being annoyed would be a reaction more supportive to you. If it is hard to confront your supervisor in person you could write and let her know that you need to resolve this situation with her. It would be more contactful to keep this as a personal issue than worrying about whether you are 'reasonable'. You are hurt and mystified; that's enough.

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## **Letters**

Dear S&S,

Beata Bishop's letter (November 1997) left me somewhat nonplussed. I fully agree that judgementalness is bad psychotherapeutic practice, and that we should leave 'telling illicit lovers what to do' to the vicar or the parson.

But for the rest: come on, Beata, wake up! Heroic passionate tragedies (or tragic

passions) à la Tristan and Isolde may occur from time to time. However, I'm afraid that therapeutic as well as everyday life experience show us that most secret, 'illicit' loves are sad and even sordid little affairs, characterised less by deep love and unremitting ecstasy than by doing things on the sly, the constant look over the shoulder, fear of being caught in the act, uncomfortable webs of lies, betrayal of trust, and guilty

pangs of conscience. The net result is usually unhappiness for all parties concerned, and certainly not self-actualisation.

Judgementalness is untherapeutic; naïvely extolling secret affairs is romantic in the perjorative sense of that word, and is certainly not going to help clients in dealing 'with what is'.

*Ad van Heeswijk*

Dear S&S,

I would like to express my appreciation of the article by Vicki McKenna on 'The Transforming Power of Illness', (September, 1997). Like Vicki, I suffer from a chronic illness, in my case bronchiectasis, which followed two bouts of pneumonia when I was under severe stress. I was working full-time as a senior lecturer in a College of Further Education, and running a household comprising a husband and boisterous ten-year old twins. I managed, with varying degrees of success, to be the all-singing, all-dancing, have-it-all woman of the '90s for several years, until I found myself under inexorable pressure from the college to change my approach to, and philosophy of, teaching. This was at the time when colleges were eager to wean lecturers off the nurturing Silver Book conditions, and to accept new contracts of employment. For me, and many others like me, this would have meant losing the long-break summer holidays, which enabled us to recover and refresh ourselves prior to investing enormous emotional energy in a new intake of adult students.

Under the new regime, indicators of good practice such as students completing and qualifying, weekly surgeries, timetabled tutorials and the like, went out of the window, to be replaced with the 'bums-

-onseats' era — no need to spend hours interviewing to ensure goodness of fit between courses and students! My Dean of Faculty *literally* smacked me on the wrist and told me I was trying to run a Rolls Royce when a Mini Minor would do.

'Workplace stress' such as this is not a rarity. I have spoken to others, usually women, since, who have found themselves on the end of such stress, which could be redefined as bullying behaviour. And because it is bullying the victim thinks that their failure (or illness, or stress) is due to some personal intrinsic fault — after all, the bullies smirk, everyone else is coping! Of course, all bullies are surrounded by their sycophants — it's the best protection.

But I am deeply angry that I have had to pay the price of having a chronic illness to retain my integrity. And I know others are suffering! Accepting the label of chronic illness is very painful and difficult — for me a major part of the process, having lived so long in my head as an academic, was adjusting firstly to the fact that I *had* a body, and then to the appalling realisation that it had let me down. In my head, which was *not* ill, I could still do all the things I used to do, and still wanted to do. I am getting there, with the help of my therapist, colleagues and family, but I often forget, or miscalculate, the effort involved in something. And I see myself as one of the fortunate ones, inasmuch as I can change direction and continue to have a career, albeit a different one.

*Mavis Collins*

Dear S&S,

Two articles in your September issue delineate the contribution made by the British Psychological Society (BPS) to the field

of British psychotherapy. David Jones' overview of the BPS as a training and qualifying organisation was a cautious but reasonably thorough explication of the work of the Society and of its members — with one glaring exception. The significance and current status of the Division of Chartered Counselling Psychologists, particularly in relation to humanistic psychology, seemed to me to have been misinterpreted and out of date. I believe that this comparatively new division offers a 'home', through post-graduate qualification and chartered registration, to the large group of psychology graduates whose theoretical orientation and casework practice is fundamentally humanistic. The new Transpersonal Psychology and Consciousness and Experiential Psychology sections, mentioned by David Jones and celebrated by Richard Stevens in the articles cited above, are new 'special interest' areas within the Society and not focused upon the *practice* of humanistic psychology. I would like to offer a description of this professional and psychotherapeutic branch of psychology, to supplement David Jones's account of the BPS and to encourage practitioners of humanistic psychology in finding a professional niche for their talents.

Counselling Psychology was itself a special-interest area within the BPS fifteen years ago. It became one of the largest sub-groups in the Society and moved through being a 'Special Group' through which the post-graduate Diploma in Counselling Psychology (equivalent to the Diploma in Clinical Psychology) was established as an accepted qualification which ensured Chartered Psychologist status. A sub-committee of the board of examiners for this qualification was immediately established so that applications

from experienced practitioners claiming 'equivalence' to the Diploma in experience of practice and in training could be processed. The Division of Counselling Psychology was established in March 1994 and there are now more than three hundred Chartered Counselling Psychologists registered with the Society through this 'grandparenting' route. There are also four accredited university post-graduate courses, at doctoral level, which have been accredited by the Society and lead to chartered status. Universities continue to offer courses in Counselling Psychology and to seek accreditation by the Society. There is also an individual 'portfolio' route to accreditation through registration with the Division's board of examiners as a candidate for the Diploma in Counselling Psychology. Accreditation of prior learning and experience is usually gained by candidates seeking a Chartered Psychologist qualification through this route.

The Division of Counselling Psychology has taken a vigorous part in the recent BPS investigations with regarding to accrediting 'psychotherapist psychologists' and influenced the 'broad-based and flexible' formulation described by David Jones. In addition, 'would-be psychotherapists', as mentioned by David Jones, can now be referred by the BPS to the Division in Counselling Psychology, as well as to the BAC and the UKCP. All in all, counselling psychology is likely to offer an attractive psychological discipline for consideration by those who wish to pursue the profession of humanistic psychology as psychologists. All interested enquiries should be addressed direct to the BPS.

*Jenifer Elton Wilson*

Dear S&S,

I'm sorry that my article on the medical model and psychotherapy (September 1997) upset Maria Bielinsky. I've read it again, and can't see anything that implies a 'hierarchy' as she suggests. But nor can I agree with her that the difference between the two models can be conflict-free. It seems to me that there is an intrinsic conflict between the medical concept of men-

tal 'illness' and the psychotherapeutic model (which I don't see in terms of 'personality restructuring', by the way — that itself sounds like a medical concept). And, as I argued in my article, to practise psychotherapy within a medical institution is to subject oneself to medical criteria; which is exactly what happens in practice with out-comes research, etc.

Nick Totton

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## **AHP Page**

*Ruth Finer*

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Season's Greetings to all our readers. May 1998 bring what you need. Speaking of which, planning is proceeding well for the 1998 AHP Conference. The dates: 6th–8th November 1998; the title: 'Living through Dying: Cycles of Change and Transition'; the keynote speaker: Roger Woolger; his theme: 'Past Lives, Re-birth and the New Spiritual Paradigm'. The venue is not yet booked. For the first time AHP is employing a professional conference organiser, Event and Project Services, so the load on the conference sub-committee and administrator will be minimised. Roger Woolger will also be leading a one-day AHP workshop on Thursday 5th November, in London, for which his title is 'Soul Dramas and Past Lives: An Integrated Regression Process'. Full details of both of these events, booking forms, etc. will be available in due course.

Advance notice also of the AHP AGM, to be held on Saturday 25th April. We are proposing to hold a discussion or debate

before the AGM itself, on a theme connected with children. Again, full details will be disseminated in the coming weeks. The AGM is of course the time when the committee changes. As ever we will be seeking nominations and/or volunteers; one change to report in any case is the resignation from the Committee of Julian Nangle. We are very glad that Julian is remaining on the conference sub-committee, where his enthusiasm and lateral thinking are greatly valued.

Anyone out there got any ideas for a new AHP logo? The Committee have been thinking about ways of strengthening AHP's presence and identity out in the world, and have commissioned John Button to draw up a possible strategy. As well as recognising the need for more publicity (and more activities) we are contemplating the image that we wish to promote, and a memorable logo could play a significant part in communicating that image. Any suggestions should be sent to Dylanie