

being and capacity for intimacy. If the latter, then your dilemma simply falls away, for surely quality of being and presence are practitioner capacities that transcend any particular modality. If, on the other hand, you have more of a technical 'practitioner-scientist' orientation, then your answer probably lies in the relevant empirical research literature. For me there's no purely theoretical resolution to your dilemma, and I'm suspicious of your seeming need for one, maybe in an attempt to avoid the anxiety of simply immersing yourself in the work and finding out how you and your clients experience it.

Richard is a counselling practitioner and a Steiner Waldorf teacher-trainee.

Finally, a challenge to your 'belief' that 'therapists should have experienced the kind and frequency of therapy that they offer'. Where precisely did you get this belief, and in whose interests is it really held? There's a great danger of 'fetishisation' in the world of therapy, leading to unsubstantiated shibboleths that almost imperceptibly become part of an 'Emperors' clothes' conventional wisdom serving vested professionalised interests. This might well be one of them — another example, perhaps, of the surreptitious colonisation of humanistic practice by psychoanalytic ideology.

Letters

Dear S&S,

I am writing in response to the review of a book written by myself and Julie Repper, *Working Alongside People with Long Term Mental Health Problems* by Joanne Webb in *Self & Society* (May 1997). I found this review not only misinformed, but personally and professionally misguided and, at times, offensive. It does not accurately reflect the views expressed in the book, nor, I trust, those held by the *Self & Society* editorial board and readership. I therefore feel obliged to put the record straight.

I experience ongoing mental health problems, and have a diagnosis of 'manic depression', but in her review Joanne Webb describes me as 'a sufferer', a construction that I, and many others, would reject. To describe oneself as 'a sufferer' implies that one's experiences are wholly negative and without value and worth —

that given a choice one would rather not have them. I do not deny that, at times, I am extremely distressed and disabled, but I would also contend that my manic depression is responsible for a great deal of the positive energy and creativity in my life. I would echo the sentiments so eloquently expressed by Kay Jamison (who has a similar 'diagnosis' to my own): 'I have often asked myself whether, given the choice, I would choose to have manic depressive illness . . . Strangely enough I think I would choose to have it. It's complicated. Depression is awful beyond words or sounds or images . . . So why would I want anything to do with this illness? Because I honestly believe that as a result of it I have felt more things, more deeply; had more experiences, more intensely; loved more, and been loved; laughed more often for having cried more often; appreciated more the Springs, for all the Winters; worn death 'as

close as dungarees', appreciated it — and life — more; seen the finest and the most terrible in people, and slowly learned the values of caring, loyalty and seeing things through.' (*An Unquiet Mind*, Knopf, 1995).

Joanne Webb goes on to describe the book as giving 'the low down on the type of caring and parenting which is involved in helping patients'. Once again, I am afraid that her construction is wide of the mark and both professionally and personally unacceptable. Helping people who experience mental health problems is not about parenting. To parent implies that the person assisted is in some way a child or childlike: an offensive construction for those adults like myself who, to a greater or lesser extent require support because of their mental health problems. My relationship with the friends and siblings, as well as the professionals, who have helped me is not one of parent/child. We are friends, lovers, advisors, supporters. This book is not about parenting but about civil rights. As we say in our introduction: 'We both believe passionately that people who have serious mental health problems have a right to full citizenship and to be part of the communities in which we live. We have pursued this belief at both a professional and a political level . . . But this is not an act of altruism. The communities in which all of us live are made poorer places when deprived of the contribution of those who have been marginalised and excluded as a consequence of their mental health problems.'

'The authors are very understanding and indulgent, as are all ideal mental health carers in my experience, until they get to Depot treatment . . . The authors feel that this should be used as a control and

patients held to ransom over it', says Joanne Webb. While I would challenge any construction of myself as 'indulgent', it is in relation to depot medication that the reviewer has really got the wrong end of the stick. It is true that we argue that depot medication increases the control of the professional over the client, but quite untrue that we argue that this is in any way desirable. Indeed, in our chapter relating to 'The disenfranchised and the disliked: those whom services fail' we talk at length about the shortcomings and destructive nature of professional power and compulsion.

A similar lack of understanding is revealed towards the end of the review in relation to a service user who saw little green men to the left when she was becoming more distressed and disabled. Joanne Webb seems to have become entirely muddled between this as a sign which an individual used to determine that she needed help and the red and green men on pedestrian crossings. This section of the text concerned crisis planning and the ways in which people who experience mental health problems can identify and monitor their own individual experiences. The woman cited in the example had no difficulty in distinguishing between pedestrian crossings and the unusual perceptual experiences that, for her, heralded difficulties. By identifying such early precursors she was able to seek assistance before her difficulties became too acute.

Perhaps I am being a little hard on Joanne Webb as her opening paragraphs clearly indicate that she has had little contact with people who experience long term mental health problems. What is unfortunate is that she does not recognise as

unwarranted, generalisation from the experiences of a couple of friends, the washing machine repairer's wife and ownership of the ex-hospital cat to all who are disabled by ongoing mental health difficulties. There is a whole use/survivor movement out there from which she, and others like her, could learn a great deal.

Rachel Perkins

The editors would like to point out that nearly all *S&S* reviewers are volunteer members of the AHP, and will inevitably have a wide range of professional and personal skills and experience.

Dear *S&S*,

Intrigued by Bernard Springer's article 'John Heron and the Paradigm Shift' (*S&S*, January 1998) I followed his suggestion and arranged to get hold of a full copy of John Heron's statement. I found it a lucid and helpful exposition of why John considers that an awareness of the spiritual side of life is important to co-counsellors. It seems to me that the main point he makes — that failure to recognise a person's angst for the spiritual can increase their distress — is just as relevant to therapists, counsellors and workshop leaders of all therapeutic orientations, and I would like to see it published in *Self & Society* (with John's permission of course) for everybody to read and consider.

Certainly I can bear witness from my own experience that the failure of adults to respond to my childhood search for the spiritual was far more traumatic than severe bullying at school because of my

deafness, or my mother's emotional cruelty. It made me feel that the real me was totally unacceptable and had no right to exist. In my mid twenties I started to read about religious and spiritual experiences from various traditions, and gradually came to realise that people can follow a religion all their lives without ever coming into contact with their souls or higher selves or whatever terminology the tradition uses. Recent years of meditation have also made me only too well aware of how difficult it is to make and retain that contact! Consequently I now feel some sympathy for the grown ups who were trying to respond to a child with a spiritual yearning which they did not understand.

As an adult I have been fortunate in working with therapists and workshop leaders who, even if they had no interest in the spiritual themselves, respected my own strivings. However I think I would have made much better progress if my first therapist had positively encouraged me to pursue my spiritual interests in a practical way, rather than concentrating entirely on the emotional and relationship areas of life which she was used to working with. It is an understood point of ethical practice that we should work within our own capabilities, but that we have an obligation to consult or refer when a client seems to be in need of help outside our area of experience. I am grateful to John Heron for drawing attention to the need to include angst for the spiritual among the things to watch out for in this respect.

Shirley Wade