

the work extends well beyond the boundaries of the counselling/therapy hour.

I have occasionally role-played a client in supervision, both as supervisor and supervisee. I have not repeated clients' words verbatim, but tried to get to an essence of my response and reactions to them. It has helped me to see me-in-them and them-in-me, and how this affects the process of the work. It can also help me to see where I am different from my client. Experimenting in ways like this, dipping beneath our need to be seen as 'good supervisees', we reveal ourselves (not our client) more fully. It is almost always more about understanding the counsellor/therapist, more than the client, so that the work can develop.

I wonder if you could raise this with your supervision group, so that you can explore your own feelings further. Perhaps you also need to clarify confidentiality with the group and ensure that the boundaries are clear and that no identifying details are given.

I do think it is important to be clear about confidentiality with our clients. The work must be taken to supervision principally for the benefit of the client, and I have always found people able to understand this when I

have discussed it with them — in fact they are reassured by the accountability it gives to the counselling or therapy.

But while you feel uncertain and angry about this aspect of your work it would be hard to give your clients a clear and 'clean' statement about it. So I think it is important to work through this with your group first so that you can make a clear decision about what is appropriate for you.

Two last questions: I don't want to minimise or pathologise your feelings about this in any way, as I don't know enough about the situation or you to make any judgement. But I am wondering if you have now lost one-to-one supervision which you valued? And I also wonder if this issue might have touched you deeply because of some experience of yours where confidences or trust have been betrayed? Perhaps this is worth looking at. It may make you extra-sensitive, so you may have something to offer the group which will be of use to them. You may also find a 'reality-check' from feedback about others' experience which helps you to evaluate your own feelings further, perhaps with your own counsellor or therapist. Whatever happens, it is important to trust your doubts and share them.

*Maxine is a psychotherapist, trainer and supervisor living in North Devon.*

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## Letters

Dear S&S,

The ethical issue raised by Felicity (S&S July 1998) contains some fascinating material about sexuality in therapy, but I thought David's response quite odd in two ways.

First, David seems scandalised that a male therapist should have an erection in response to a client. I don't see it as different from any other response to a client — is David really saying that being sexually attracted to a client is per se wrong? That would be not only bizarre but

countertherapeutic, as sometimes clients need to feel that they are sexually validated in the therapy — i.e. that they are lovable, desirable, and so on.

But David seems to assume that sexual attraction leads to intercourse — this is in fact a magical fantasy held by some clients — that feelings are actions. I don't see why this is true any more than the belief that feelings of hate lead to physical violence, or feelings of love lead to marriage. In fact, some clients need to learn precisely this distinction between feelings and actions. If the therapist is so terrified of his/her own sexual response to the client, what hope is there for the client to accept their own sexual feelings towards the therapist?

I also question David's distinction between 'comfort' and 'therapy' in relation to touch. Why shouldn't therapy sometimes offer comfort and reassurance? For heaven's sake, is therapy supposed to be some clinical or intellectual discipline, where the two people concerned are not connected with each other?

There seems to be so much fear expressed in these remarks — fear of sexuality, fear of intimacy, fear of warmth and love. I suggest that Felicity and her therapist should be able to discuss their mutual sexual attraction and find it to be a positive aspect of the therapy they are doing together.

*Shekhar Das*

Dear S&S,

I would like to make some comments about John's response to Maggy's Story (S&S, September 1998). Some of what he wrote bothered me a lot. The best course of action is, I think, put forward by Barbara.

I would agree that honesty is impossible

here, if honesty is taken to include not committing the sin of omission. But this is not normally a problem in our work: there are many occasions when we might judge it better not to give information, possibly factual, possibly about our feelings.

I think John shows bias in favour of looking after Sarah's interests, arguably at Maureen's expense. This is just the bias that Barbara refers to in her response and is exposed by John's language: 'my own suggestion is that you get rid of Maureen' and in the facetious tone of the section dealing with possible ways of achieving this. By the way, I did once have a supervisor seriously suggest falling asleep as a possible therapeutic intervention. At the risk of appearing humourless, I would point out that a naive counsellor trying out any of John's humorous suggestions might end up in a degree of trouble: I have met some counsellors who just might give them a go.

I can see no justification for Maggy telling Sarah anything that might even suggest that her husband is having an affair, or anything about how she has dealt with Maureen. Counsellors are not meant to be conduits for such information; this is one implication of my belief in working with process rather than content.

Given that Maggy would have to withhold information from Sarah, like Barbara I can not see how she can continue to work with her: the possibility of Sarah feeling betrayed later on is too great. The situation may not be all that uncommon, but it is very unfortunate. Ultimately, Maggy is not ethically bound to find some way of continuing to work with Sarah, and this is an instance where she must put her own interests first.

I am inclined to trust Maggy's sense, but all the responses of course assume that Maggy's 'it' has clicked into the right place.

*Tony Balazs*

Dear S&S,

I have been moved to write to you immediately having just read John Rowan's review of David Smail's three books in your July issue. I found Rowan's reviews to be ignorant and offensive in about equal measure, not to mention unhumanistic in the extreme.

Over the years I have noticed a tendency for professional therapists to react rather defensively to Smail's writings, no doubt stung into battenning down the professional hatches by his fearless and consistent deconstructing of the professional ideology of therapy. I am confident that by far the majority of those who have read Smail's sensitive, wise and insightful contributions will surely fail to recognise Rowan's wild, other-planet depiction of Smail as being 'extraordinarily ignorant' and 'wildly inaccurate' about psychotherapy.

It is, moreover, a grotesque caricature to claim that Smail doesn't offer anything in the place of professional therapy. Rowan seems to get very agitated in his perception that Smail offers no programmatic, prescriptive and easily institutionalised mechanism for helping human distress. Yet it might just be that net human suffering is actually increased by rushing around trying to set up professionalised institutional structures to 'do something about it', counterintuitively creating the very opposite of the intention;

and perhaps that is the kind of viewpoint which Smail is advocating. Of course Rowan is entitled to disagree with it, but he doesn't help his own cause one bit by resorting to contemptuous abuse rather than rational argument.

What Smail dares to suggest is that culturally legitimated 'professional therapy' is rapidly becoming part of the problem rather than part of the solution to our malaise; for perhaps it is cultural-level transformations that are required to 'hold' peoples' difficulties of living, rather than individualised, commodified therapeutic practices.

Smail has the uncanny knack of putting his finger on deeply uncomfortable truths that many would rather not face. Over fifteen years ago now, in a brilliant paper years ahead of its time, he wrote that 'psychological therapists are no less vulnerable than any other group to the temptations of professionalisation — indeed, we show every sign of rushing to be seduced by them without even a sideways glance at the kind of moral pitfalls . . . we are likely to dig for ourselves and our clients in so doing'. Prophetic words indeed, written many years before the professionalising juggernaut began to roll in the therapy world.

'Pop', tabloid-quality condemnations such as those depicted in Rowan's reviews don't do your normally excellent humanistic magazine any favours at all. I can only urge S&S readers not to be misled by this tirade, and to try out David Smail's writings for yourselves!

*Richard House*

