transference. So I would ask yourself where the notion of an affair is coming from and who is generating it before taking any dramatic steps like missing the wedding or dropping the client early.

If the sense of something illicit is something you're picking up from client, then by reacting as you've done so far and are thinking of doing, you've become confluent with your client, rather than holding your ground and noticing, challenging how your client is treating the relationship with Claire. It's as if your client had passed you a hot potato and you're reacting accordingly rather than noticing your reactions as a counter-transference and handing it back to the client with a statement such as 'why are you treating this relationship like a hot potato?' But, that's first a question you perhaps need to ask yourself with the assistance of your supervisor.

David is a humanistic therapist in East Devon.

Letters

Dear *S&S*,

I strongly challenge John Rowan's assertion ('Depression and the Question of Labelling', Vol. 26 No. 5) that 'to talk in terms of labels like 'depression' is to adopt a medical model of disease and cure'. In this case, it's not the label but how the label is used which counts.

Using references from the article, whether we call it diagnosis (medical model), assessment (John Rowan), a process of 'patterning' (Joel Fagan) or a 'working hypothesis' (Diana Whitmore), we all need a framework, open to revision, within which to use our professional skills to the benefit of the client. Otherwise, we would slosh about in an unconscious soup, dangerously believing we do no harm as long as our intent is good.

Where intrusive flashbacks exist (including cognitive, affective, somatic, kinaesthetic or dissociation), the previous work needs to go hand in hand with teaching techniques to master and cope with these debilitating experiences as well as facilitating meaning. For, depending on the psychological state of the client, deepening these experiences with inappropriate therapeutic techniques could lead to further destabilisation and, at worst, a psychotic episode. Where did I learn all this? I learned it from the medical model, people who use it integratively, professional and, regrettably, personal experience. Once I was a client who suffered from therapists not knowing the medical diagnoses of PTSD or depression together with indications and contraindications for particular therapeutic stances and techniques.

I write also as a counsellor and psychotherapist who works with clients similarly affected by other professionals. However, I enjoyed John Rowan's concluding paragraph where he asserts his suspicion of training courses 'adding modules on assessment, often led by psychiatrists'. The Universe forbid we should extend our professional knowledge into psychopathology! This would put a stop to ignorant practice which, at best, in some cases makes us ineffectual and wastes our

clients' time and money and, at worst, makes us potentially injurous.

I was taught psychopathology by a psychiatrist in my core training at the Psychosynthesis and Education Trust. This didn't cause me to operate from a medical model or lose my understanding and practice of therapy as 'an art that requires all of the therapist's creativity and love' (Cary Yontef, as referenced in the article). Indeed, this and further learning about psychopathology has enhanced my creativity. The information was integrated on my course and has been since within the psychosynthesis therapeutic framework and approach. This enables me, my colleagues and those who come after us to work as transpersonal therapists with another powerful tool for our 'working hypotheses' and art in either brief or longer term therapy.

Come on, what's the hidden agenda and fear in John Rowan's article? Learning from the medical model and integrating it with our core therapeutic models increases our efficacy, competence and professionalism to support and facilitate our clients' unique growth journey and empowerment. We have nothing to lose but our prejudices and our clients have a lot to gain.

Sharon Gilbert

Dear *S&S*,

I want to respond to the ethical dilemma in the September 1998 issue because it seems to me that the very essence of what psychotherapy is has been forgotten. The business of psychotherapy is to help the client focus on their inner world, the intrapersonal, rather than their outer world. As Sheldon Kopp says in his book on psychotherapy, *Back to One*, the therapist's business is to manage the session, not the clients's life.

If this is the case then what Maggie knows about the clients' lives is irrelevant to the work in the session. In so far as this is difficult or impossible to hold, it would seem a good idea to get support from her supervisor. As the second commentator says she needs a chance to address whatever buried judgements she has along with whatever else has been triggered by the clients material. Such questions as what is so difficult to hold in this situation, what does it remind the therapist of, what does she know of her betrayer self and her betrayed self. In so far as she can explore her inner world she will be in a better position to support her clients exploring their inner worlds rather than being too externally focussed on their outer worlds in the shape of their husband and lover. If she is unable to do this, and we all have limits to what we can embrace in our work, then she may well need to finish with her clients. However then the reason would be herself — that is, their material had triggered deep issues in herself that she is not able to resolve and in not being able so do she cannot work effectively with them because she is too biased by her own unresolved material. It is interesting that all concerned, clients and therapists alike, seem to prefer focussing on fascinating, and in the eyes of the world, highly charged issues rather than stay with themselves and take responsibility for what is theirs. I guess such a course is a hard discipline for all of us.

Joan Wilmot