

*Another full postbag this issue - we're delighted to hear from so many readers. To get your letter into the next issue, send it by 1st April. Eds.*

*Dear S&S*

Sitting on the tube engrossed in the article on Buddhist values in work with young offenders (S & S 31.6), I gradually became aware that the person on my right was reading it too. The attention seemed benign rather than intrusive and intensified as I refocused on the article and then turned to another. As we drew in to Kings Cross a 30ish year old male stood up on my right and said 'I hope you didn't mind me reading your magazine, it was so interesting and I've been thinking of going into the psychotherapy world....' and with that the doors opened and he was gone. I very much enjoyed the issue too, including the 2nd part of A foot in a Sock in a Shoe and Lavinia Gomez' article.

*Christine Symons*

*Dear S&S,*

I would like to announce to S&S readers the birth of a newly formed organisation ABSS (*Association for Boarding School Survivors*) - *Boarding Concern*.

I am delighted to report that a group of people have now come together to provide an information service for parents, teachers, and, hopefully government, about the psychological effects of residential education on children, as well as to direct ex-boarders to sources of informed therapeutic help. This is great news for me, since now it is not just one cranky old psychotherapist putting out his notions, but a proper body with trustees which is in the process of becoming a registered charity. It is also timely, since the police are currently getting involved in several cases of retrospective prosecution of sexual abuse by staff in boarding schools.

Our first success is that we have been invited to address a conference of boarding heads in Australia about humanising boarding. Luckily, with the new technology, we are able to do it via video-conferencing. The next success was that for a recent radio interview we were able to field someone who was not a therapist (it often seems that the public mistrust therapists in the media, rather in the way we do politicians) but who was informed on the issues, and was local to the particular network. Now, of course, ABSS is looking for all the usual support: registered supporters, members, donors, patrons, etc. and money. In addition, ABSS intends to establish a referral network of experienced informed therapists and a post-graduate training in working with boarding school survivors. Please do get in touch if you are interested in this at any level. There is a temporary web-page at [Abss.org.uk](http://Abss.org.uk), but we have yet to be formally launched; or you can contact me.

### **The name game**

What pleasure to read how hard people have been thinking about the magazine's direction and name, and with what care and passion people have contributed to the debate. Great that Chris Coulson stirred the pot a bit with some of his provocative remarks, and great that others rise in protest. Sounds rather like a contemporary forum! The addition of 'Published by AHP(B)' makes a welcome compromise, I think, and helps me settle my own position. Thanks editors. However, it does bring me back to tent pegs.

Man is a nomad at heart, claimed Bruce Chatwin. Sometimes, when you have committed to a particular pitch you notice a more appealing campsite, which you didn't see before making camp. Then, delighting at new possibilities, you can make a fresh choice. You can easily up-pegs and move, because you put them in carefully in the first place, in the knowledge that all resting places have their value and all are temporary.

*Yours,  
Nick Duffell  
[nick@genderpsychology.com](mailto:nick@genderpsychology.com)*

*Dear S & S,*

Nick Duffell has made the point in his letter, that in Self & Society 'good therapy and good writing can go together' and really ought to in a *journal* that we want to be proud of. I want to add my voice to this, because I think that Self and Society now is established enough to merit the title 'journal', and that this title has never stopped it from printing a variety of different viewpoints on therapies.

As an occasional contributor to Self & Society, both book reviews and articles, I would prefer to be contributing to a Journal rather than 'A-forum for Contemporary Psychology' as the new subheading presents itself. *Journal* has a very respectable aura, but I take the point made elsewhere that *Integrative psychology* may now have a more modern ring to it. *A Journal of Integrative Psychology?* The standard is high, the professionalism obvious, and we should indeed be proud of it. Dropping the word '*humanistic*' does not bother me, providing we substitute or even add on 'integrative'. The UKCP has a section entitled 'Humanistic and Integrative therapies' and there is food for thought.....

What has to happen to get a more acceptable subtitle? Was there ever a vote, if so I missed it. It is good that the subject is being aired, and I hope it continues to be discussed, and something done about this rather depressing strapline, as you call it. I am not sure what *contemporary psychology* encompasses anyway. Are long standing therapies to be by-passed? I notice that there is an article comparing old established therapies side by side with a delightful one on potions in the current issue. That can still happen in a **Journal!**

*Thoughtfully,*

*Vivienne Silver-Leigh*

*UKCP reg. psychotherapist (integrative/humanistic) and Integrative Breath therapist.*

*[www.breathingspace.fslife.co.uk](http://www.breathingspace.fslife.co.uk)*

*Dear S&S*

What an excellent article by Lavinia Gomez on 'Humanistic or Psychodynamic: what is the difference and do we have to make a choice?' She sets out the positions very clearly and with insight that is the opposite of some of the inflexible position-taking which usually seems to go with this particular territorial argument.

I very much enjoyed reading and learning from the article. I can also now understand much better how Lavinia can feel, as she says 'entitled to call myself and be registered as a humanistic psychotherapist as well as a psychoanalytic therapist'.

My perspective is that most of us do have (or maybe need) to make a choice. Perhaps there's another article in there somewhere! However, what comes out of this article most positively for me is that maybe that choice doesn't have to be quite so rigid as is often implied.

*Best wishes*

*Christine Bell*

*(Integrative Psychotherapist - whatever that means)*

*Dear Vin,*

I am responding to your article in *Self & Society* (vol.31(6)) which I enjoyed reading. I found it inspiring because it both clarified things for me and got me reflecting about where I stand on these questions as well as thinking further about the finer differences and inherent vicissitudes.

Thank you for formulating the issues regarding the humanistic-psychodynamic debate so clearly and helping us forward with an important discussion. These recurrent questions, conflicts and polarisations have the potential to keep all of us psychotherapists stewing and running around in circles, or to galvanise us into a position from which we can make a concerted contribution to a social situation which is badly in need of psychological depth understanding.

I agree with much of what you say, e.g. that the divisions do not all neatly line up and that 'things are more complicated than they might appear' (i.e. than they might appear from *within* the traditional polarisation between humanistic and psychodynamic approaches).

I found the distinctions and conceptualisations you propose ('alongside' and 'opposite' therapeutic positions) useful, and you succinctly draw out the essential differences and entrenched

misunderstandings, and do not get caught in the standard polarisations.

I was relieved and delighted to read your comments arguing against 'the therapeutic process as the internalising of a new parental figure', which is a notion that has long bothered me. Your research into Ferenczi and how the early polarisations within psychoanalysis pre-figure the humanistic-psychodynamic debate I found interesting - a background that deserves to be widely known. And your concluding discussion on 'containment' is, in my view, essential to any attempts at clarifying the differences and possible areas of integration between humanistic and psychoanalytic approaches. In order to take the discussion further in this direction, I would like to offer the following comments.

Whilst I agree with large parts of your article, as a fellow traveller in working within these productive - and as you clearly say: inescapable - tensions, I also find myself disagreeing with some of your statements; some of them, I think, may actually be getting in the way of developing more precisely the notion of 'containment'.

I wholeheartedly agree that 'containment' is a crucial notion around which a lot of learning across the approaches can happen, and maybe some degree of integration. For that purpose we obviously need to do justice to the notion of 'containment' mainly as a relational process (which I think you do unequivocally). To me, that implies a process that cannot be achieved or 'engineered' unilaterally by the therapist. I emphasise this because as soon as we are talking about 'containment' as one (or even *the*) transformative factor in therapy, there is always the danger that people then latch onto it, trying to turn it from a psychological, relational and essentially uncontrollable notion into another literal, normative, objectifying goal. As soon as I grasp at it, wondering how to 'make it happen', turning it into another therapeutic objective (or NVQ)

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Michael practises Integrative Body Psychotherapy, bringing together a variety of analytic and humanistic approaches. Other areas of work include organisational consultancy, group facilitation, work with men as well as a recent project applying Body Psychotherapy to illness, chronic symptoms and psychosomatic disease. Some of his writing and published articles are available at [www.soth.co.uk](http://www.soth.co.uk).

to pursue and legislate around, psyche - and containment of anything unconscious - is out the window.

I see you as trying to avoid this danger by talking about it as 'crossing many ordinary dichotomies of thought', 'above all an exchange' and using terms like 'nebulous', 'mysterious', 'enigmatic'.

However, as a therapist in the Body Psychotherapy tradition, I would prefer to talk about 'containment' not as a vague and elusive notion, but in holistic terms as a body/mind process. If we take the mother-infant dyad as the prototype of all containment, infant observation and modern neuroscience are increasingly telling us just how interlinked emotional and relational processes are with physiology, brain chemistry and anatomy. Emotional attunement and mirroring (as important ingredients in the complex process of 'containment') depend on dyadic interactions which seamlessly reach from biochemical to hormonal to vegetative to muscular processes through non-verbal exchanges right to symbolic and mental communication.

Why should we not think about the client-therapist relationship in the same way?

This is what I would like to propose as a first step: attending to the relationship as a body/mind process.

When we do this, it becomes apparent that containment is paradoxical: in order for containment to occur, it needs to break or get lost; in order for the working alliance to exist, it needs to fail. The recognition of containment as inherently paradoxical is my second proposition.

Although it is a precious, transformative process when it happens, I think we agree that containment cannot be achieved by will or strategy: it can not unilaterally be made to happen.

However, I propose that embracing its paradoxical nature creates a phenomenological 'clearing' in the psychotherapeutic wood which often we cannot see for the trees. If we can attend phenomenologically to the detail of its paradoxical manifestation in the relationship moment-to-moment, how containment seems present one minute and gone the next (i.e. the dialectic of its coming-into-being and its destruction), I think it is possible to be very precise about it as a relational body/mind process.

This is not the space to go into detail about this, but for starters this would involve attending to parallels between the complex web of inner relationships / object relations (i.e. the subjective, emotional world of psyche) and the complex matrix of body/mind relationships (spontaneous and reflective processes) in both client *and* the therapist, including the autonomous nervous system (ANS) of both.

The subtlety of the relational process as a body/mind exchange was not recognised at the time when the classical analytic rules of abstinence originated (which were - as you describe so well - partly a reactive and reactionary move, anyway). With a more precise awareness of 'containment' as a relational body/mind process, I believe we can lift some of these restrictions against 'active techniques', but with provisos and conditions. One of my main disagreements, therefore, is with your formulation of therapeutic constraints and dangers in a way which effectively rules out 'non-interpretive' techniques if one is trying to acknowledge and work with the transference.

This is not at all to dismiss your warnings against the dangers and confusions arising from Ferenczi-style humanistic attitudes and 'multi-positional approaches' - I agree with your misgivings. I have no doubt that, traditionally, humanistic values, intentions, strategies, interventions *have been used* to side-step the transference - often with disastrous results. You are very clear about how such a stance gratifies the therapist by enacting the positive, idealised object ('Ferenczi tried to be everything to his clients: not just a stand-in for their ancient transference hopes, nor simply an equal partner alongside them as they struggled, but also the parent of their dreams and his', which 'he and they thought they needed'), as was Freud who accused Ferenczi of trying to be 'the better mother' than himself.

If we recognise - as you describe - the importance of 'providing an empty relational space in which the unconscious dynamics can take form', i.e. the importance of allowing ourselves to be constructed as an object by the client's unconscious, we realise that in significant ways the therapist is *not free to choose at all*. That is, of course, an insight which the humanistic tradition - with its emphasis on choice, potential, responsibility and agency - has been struggling with (and against) very hard over the years.

In my view, most humanistic approaches still carry shadow aspects of their original protest against psychoanalysis, manifest in the implicit assumption that the therapist is free to 'choose' - free to choose such therapeutic variables as the most effective techniques, the most appropriate stance, intervention or 'treatment strategy' or the mode of relationship (e.g. reparative, authentic, transferential, working alliance, etc).

All of these notions are frequently used in a fashion which suggests much more 'freedom of choice' for the therapist than I think exists. Often, such apparent freedom of choice is oblivious of, ignores or vastly underrates the extent of the transference or boils down to the - in my view: omnipotent - assumption that the therapist can override or overcome the transference.

I agree with you that as humanistic therapists we are *not* free to 'choose' to 'pick'n' mix' stances (to work from an 'opposite' stance and then to 'choose' techniques which are intended to create an 'alongside' alliance).

But then I don't think *any* therapist who recognises transference at all is ever really free to do *anything*. If I have the slightest inkling about the extent of the transference and want to avoid playing into or against it altogether, I would have to be sitting there in a catatonic state after two minutes because nothing I do or do not do is outside the transference (as you demonstrate so eloquently in your example of depriving the client of oxygen). So in my view restricting myself in *any* way (theoretically, technically) is *not*, in itself, the answer to recognising the dangers of the transference.

So whilst I agree that the therapist's notion that they are free to 'choose' has disastrous consequences, I just do not agree that these dangers are inherent in the techniques themselves, but in the stance, attitude and frame of mind in which we - I include myself in this - have traditionally used them. Humanistic techniques have rarely been used within a framework which fully appreciates the extent of the transference.

Therefore, I do not agree with your statement: 'If the therapeutic route we choose is through the 'opposite' position, we are confined to a psychoanalytic approach of some kind, because this is at present the only theory which explains what happens if we do this.'

We are confined to psychoanalytic technique only if the only other alternative is an attitude which believes - or implicitly acts as if - the therapist's intention can *override* the transference. If we recognise (and surrender to the recognition) that the therapist's *intention* to place themselves 'alongside' is not necessarily being received by the client or may be misconstrued, *whatever our technique*, the practical/technical questions become less polarised (and less relevant).

But even psychoanalytic technique (e.g. Object Relations approaches which 'eschew non-interpretative interventions') does not get us out of this conundrum (as I am sure you are well aware): I may be intending to direct my interpretation at the client's 'adult ego' (or whatever we want to call it because that's the part that is supposed to be making use of my verbal offering), but a moment later I realise that the client took it as a criticism. I offer the interpretation because I am assuming a degree of 'alongside' working alliance which I then find out does not actually exist, or not sufficiently. The actual alliance is a rather mixed and fragmented bag, depending on the client's unconscious more than on my intention: maybe it was only an



unconscious part of the client - as betrayed by a spontaneous gesture, a subtle contraction - that registered criticism, even whilst consciously they were agreeing with the interpretation, saying: 'yes, that's very true'.

Clearly, in this moment it is not up to me to 'choose' to be 'alongside' or 'opposite'. Does that make me give up interpretation altogether as a technique?

No, it just means that I must disabuse myself of the naive belief that it is up to me to choose *anything* in a quasi-medical, apparently separate, pseudo-objective fashion. It just means: I can *never* simply assume that what I say or do - regardless of my particular therapeutic intention and rationale (psychoanalytic *or* humanistic) - is having the intended effect, or is *only* having the intended effect (and no other effects), or - for that matter - is having any therapeutic effect at all. Indeed, it could be argued that most interventions have both therapeutic *and* countertherapeutic effects *at the same time*. The more powerful an intervention, the greater its potential for transformation *and* the greater the danger that it will also threaten containment.

It is the claim and perspective of Object Relations (as I understand it) that *all* therapeutic thinking, feeling, reflecting, contemplating, strategising etc. (whatever the technique or approach) arises *relationally*, and therefore needs to be reflected upon in terms of transference and possible projective identifications.

In simple terms: I can *never* be sure who (or what) it is within the dynamic that is generating a therapeutic impulse within me, and therefore, I cannot know in advance whether it will be 'therapeutic' or not. The proof of the pudding is in the eating.

The Object Relations perspective helps us realise that our therapeutic intentions and reflections are 'over-determined' and have several, sometimes contradictory, meanings: *all* questions regarding our therapeutic diagnosis or agenda, *all* therapeutic impulses to create *any* effect or 'choose' *any* type of relationship ('alongside' or 'opposite') are - in your words - 'constrained' by the transference and arise in relation to it.

In this perspective, what matters more than the particular technique is the way the client's unconscious receives and experiences it - that is as true for interpretation as for any of the multitude of 'humanistic' interventions. So to throw out the baby of the plethora of 'humanistic' techniques with the bathwater of 'humanistic' naivete á la Ferenczi is, in my book, not consequently following through our analysis of the constraining effects which the transference has on the therapist in *any* orientation, stance or technique.

I do not usually like polarising around the issue of touch in psychotherapy (and I certainly resist Body Psychotherapy being reduced to its special techniques, including touch), but as it is the most controversial non-interpretative intervention, let's take it as an example.

Even if I touch a client (and there may be all kinds of 'humanistic' approaches offering me different kinds of rationale for it), I do not *necessarily* have to lose sight of the transference enactments which are *also* going on. Even if the client inevitably misinterprets touch through the transference, even if it *does* engender unfulfillable longings and promises (which are there, anyway), even if touch has the opposite effect from that intended or expected (as can happen with an interpretation), even if the whole psychotherapeutic field fantasises about touch as automatically gratifying, there is nothing to stop me attending to the phenomenological detail of the actual relational experience: what does it actually feel like? how is it actually being received, regardless of how it was intended?

Touch can be as multi-faceted, ambivalent, duplicitous, hostile, invasive, controlling as any verbal statement - in my view, there is nothing about touch that makes it inherently simple or gratifying, other than everybody's longing for it and idealising fantasies about it (and that includes humanistic *and* psychoanalytic practitioners).

I am not actually arguing for or against touch at this point, but am trying to de-construct simplistic assumptions about it.

I suggest that in principle we can use *any* technique as long as we do *not* believe that we can omnipotently achieve our intended outcome (however worth while that outcome may be and however directly - according to the textbook - the technique 'should' lead to it). The possibility of therapeutic transformation, in my view, does not inhere in *any* therapeutic model or technique. Precisely because *any* model or technique can (and does) acquire a counter-therapeutic effect or function in the relationship, I conclude that the potential for transformation inheres in something *beyond* theory or technique (i.e. maybe in the - as you call it - 'nebulous' notion of containment, see below).

If we pursue the notion of transference to its conclusion, I therefore claim that it is possible to use *any* technique, as long as we do not believe it to be therapeutic in and of itself, and as long as we are attending to its countertherapeutic effects (i.e. transference re-enactments). These effects are *not* a function of the therapist's choices or intentions (who are themselves subject to transference pressures), but a function of the unfolding transference process and its containment.

As a consequence of all of the above, it seems to me, therefore, that you contradict yourself by saying ...

- on the one hand that the 'true division in psychotherapy is more practical than theoretical', and that working from within the 'opposite' position necessarily requires refraining from active techniques which cloud the therapeutic space
- and on the other hand that containment has nothing to do with technique.

If you formulate containment as the crucial ingredient in transformation, then it seems to me that the true division is between containment and its opposite: you repeatedly make it clear that the greatest therapeutic danger is an acting into or an acting out of the transference (e.g. when you talk about 'powerful and primitive expectations are lasered on to the therapist, who is expected not just to understand but to fulfil them. Disappointment then appears as anything from a horrendous betrayal to an imminent threat to her [i.e. the client's] continued existence'). Such transference or countertransference enactments occur when the therapist mistakenly *believes* in the therapeutic effects of their behaviour and intervention whilst being oblivious of the simultaneous countertherapeutic effects.

In my view the true division is between containment and re-enactment, and I think there is a lot of mileage in formulating the psychotherapeutic endeavour as a paradoxical journey between the Scylla and Charybdis of containment and re-enactment.

An important ingredient in the transformative experience of 'containment' is the therapist's surrender to their helplessness in the face of the transference; and, equally, the therapist's surrender to being in conflict, torn between conflicting therapeutic impulses. Precisely because I recognise the validity of your statement that 'there is no final answer to the dilemma we are faced with as therapists' (i.e. between 'alongside' and 'opposite' positions, or - as I would prefer to say - feeling torn between containment and re-enactment), I can become interested in that never-ending dilemma *in the moment*: do I follow my impulse to respond spontaneously, reactively (and what some people might call: authentically), as if I am just (naively) responding to any human being, as if the transference was not there OR do I follow my impulse to respond in recognition of the transference and all the constraints, complications and double-takes which that involves? And what happens when I recognise that usually *both sides* of my conflict (i.e. both my spontaneous impulse *and* my self-conscious hesitation) mirror the client's internal world (i.e. that I am drawn into enactment *either way*), and that I am trapped *either way*?

If we accept that it is not up to the therapist to 'choose' to be either 'alongside' or 'opposite', but that the client's total experience of the therapist is a mixed bag of usually conflicted fragments (partially 'alongside' versus partially 'opposite, partially conscious versus partially unconscious), then our own internal conflict as therapists gives us the most immediate route into the fullness of the 'characteristic relational quagmire'. The therapist's ongoing, moment-to-moment dilemma becomes the heart of the therapeutic position (rather than any theory or technique which are all only grist to the mill). Beyond recognising that 'taking either to an extreme carries grisly therapeutic hazards', and accepting that the dilemma cannot be eased by *a priori* technical restraints (i.e. the avoidance of certain techniques), I can now say that I do not want this dilemma eased, anyway, because it is the foundation of my work.

As I've written elsewhere, I am working towards an holistic body/mind formulation of countertransference in which the body (i.e. both the client's *and* the therapist's body) 'rather than being used as a gratifying or cathartic therapeutic shortcut which avoids the intensity of the transference, can be seen to constitute an avenue into the full experience of the transference/countertransference process and its relational sources in early development'.

What helps me perceive the ways in which the therapist a) *intends* to be 'alongside' or 'opposite', and b) in which ways the client *actually experiences* the therapist 'alongside' or 'opposite', is my attention to the spontaneous body/mind relational process - along the lines of your proposition: 'Body Psychotherapy might foster a somatic dimension to our awareness of ourselves and the client'. Maybe all I am arguing for is already contained in that sentence.

I remember that TV advert which claims that 93% of communication is non-verbal - I would prefer to make those count, rather than restricting myself to squeezing the last drops out of the remaining 7%.

Containment, in my view, does not come about through the therapist's intention or choice of a particular stance or avoidance of particular techniques. It requires something more difficult and paradoxical than that to profoundly affect the therapist's presence (which - as you describe and I agree - is a crucial ingredient in containment). If we do not want to leave notions like 'containment' or the 'quality of the relationship' amorphous, I think a *more paradoxical formulation of containment* along with attention to the *transference-countertransference process in body/mind terms* give us access to a huge, and often neglected, chunk of the therapist's presence.

*Michael Soth*

#### **Further Reading**

Soth, Michael: 'A Response from a Body Psychotherapy Perspective', *European Journal of Psychotherapy, Counselling and Health*; Volume 5, No 2 (June 2002)

Dear Michael,

I was most interested by your detailed response to my paper and the perspective you bring from your body psychotherapy orientation. I agree with much of what you say, and most of the points on which we differ seem a matter of emphasis rather than substance.

A few specific points, however.

The paper was exploratory rather than definitive, so further thoughts are welcome, and developments can go in different directions. With that in mind, the label of 'containment' is an arbitrary one. Even from within Object Relations alone there are related terms which bring out different aspects of what I was trying to get at. I think there is value in retaining some openness in this kind of therapeutic concept, so that other theoretical orientations can add their particular insights and we do not get bound to a particular view. I think it would be a pity for any one orientation to lay claim to it. In the same vein, I would be wary of making too definitive statements of what 'containment' contains or involves.

Of course, that pulls against the clarity of the kind of definition, particularly a more physically specific definition, that you are trying to develop. It is not that vagueness is a virtue, or that clarity is not important, but that perhaps we need to move between specificity and openness to different perspectives, particularly in trying to put personal and relational experiences into words. Your 'body-mind' concept is attractively holistic, but may not be so problem free to those from different orientations. There is still no seamless way of linking concepts and theories which look at things from the outside, and those that look at things from the inside. That means that for me, there is no simple or obvious over-arching principle on which scientific and interpretative theories can meet. I think a lot of conceptual work still needs to be done in these areas - again, one that we both seem to be interested in.

I like your questioning of the degree of 'choice' in psychotherapeutic work. I may not see it in quite such absolute terms as you do - I think we do have some leeway and therefore some responsibility for what we bring to the psychotherapy we practise and receive - but again this is a difference of emphasis, and you may well have been rebalancing my words. What I am saying, perhaps, is that if we pay proper attention we are unlikely to feel free to jump between what I am calling the therapeutic channels or positions, although this can never be ruled out.

And clearly we both think that whilst there are constraints, they are not prescriptive rules. It is that, I think, that you perhaps mistake for a contradiction - but I am sure that we will both think further on these matters.

Thank you for your thoughtful response, which will certainly have helped to open things up for further debate.

*Lavinia (Gomez)*

Bozena Merrick, Guest Editor, *Self & Society*

Dear Bozena,

I would like to thank you for editing and producing the December 2003 edition of *Self & Society - Working With Children*. I was heartened (and inspired) by reading it.

I say 'heartened' because the UKAHPP (which is 'closely associated with AHP(B)' - see inside front cover of S&S) seems to regard practitioners who work with children and younger people with less positive regard.

The UKAHPP application for membership states: '*The caseload requirements for accreditation (a minimum of 6 clients for at least 2 years) refer to adult clients and the case study must be of an adult client. However, in addition to the adult practice which forms the basis of an application, an applicant may also have child clients which do not form part of the UKAHPP application for accreditation.*'

This, in effect, denies humanistic therapists who work with children and young people, the possibility of applying for AHPP recognition. It also seems archaic and antithetical, surely, to what many AHP(B) members (not least those who work with children and young people) would understand by the term 'humanistic practice' or 'humanistic practitioner'.

I wonder what S&S readers think about this, perhaps in relation to their own practice?

With all good wishes - *Patience Coster*.

Dear Patience,

I do share your concerns regarding the lack of recognition and value granted to therapeutic work with children within our profession. I do however remain optimistic, in the light of the fact that UKCP accreditation has been recently granted to both the IATE and CCPE Integrative/Humanistic Child Psychotherapy trainings. I very much hope that some new decisions within AHPP re: accreditation criteria will soon follow.

*Bozena Merrick*  
*training@terapia.co.uk*

Dear Editor,

It was very pleasing to see you devote a recent issue to the theme of 'Working with Children' – I found Ann Catanach's piece on play therapy especially conducive. Whilst not wishing to appear churlish, however, there is wider issue I wish to raise which was not covered in any of the contributions – namely, the current fashion of 'professionalising' children's difficulties, and the wider cultural effects of that process. My own particular career path, having now largely relinquished the world of therapist-practitioner to become a Steiner (Waldorf) Kindergarten teacher, reflects my strong conviction that a far better use of our creative energies is surely to strive for the creation of *natural* human environments which are, *by their very nature*, intrinsically healing – rather than seeing 'Child Psychotherapy', 'School Counselling' and the like as yet another professional opportunity or 'career niche' for 'Professionalised Therapy' to colonise within modern culture.

Rudolf Steiner himself emphasised the healing aspect of any genuinely authentic educational experience, illustrating how imaginative knowledge based on truth is intrinsically healing and health-giving. As he said exactly 80 years ago now, 'Our whole Waldorf School pedagogy has a Therapeutic character.' Critics of the soulless utilitarianism of modern mainstream schooling systems (myself included)<sup>1</sup> have repeatedly stressed the untold, long-term emotional and developmental damage that the fashionable 'surveillance culture' is perpetrating on today's children, with its anxiety-saturated obsession with assessment and testing, and its forced cognitive early learning at absurdly young, developmentally inappropriate ages. Perhaps those of us whose practice and world-view are still informed by spiritual sensibility and child-centredness could profitably commit at least as much time and energy to the *political* task of challenging the cultural/political sources of the current malaise – in which 'child abuse' is routinely committed against children by and through modern technocratic culture – as we do to 'therapising' childhood problems once they have been created. Put differently, I would like to see a plethora of child healing practices flourishing and weaving themselves into the very fabric of modern culture, rather than witness the sad spectacle of an ascendant,

professionalised 'Child Therapy' mechanistically bolting itself on to the fields of education and health care.

To this end, finally, perhaps a future issue of your excellent journal could be devoted to society's abuse and destruction of modern childhood, and to the contribution that *naturalistic* (as opposed to professionalised) child healing environments can make as an antidote to these pernicious forces. I, for one, would be delighted to contribute to such a quintessentially humanistic issue of your journal.

Warm wishes,

Richard House

*Note: Anyone interested in further details of the excellent and ongoing Steiner Early Childhood Therapy Course (three weekends a year in London), in which I have participated for two years, can contact me at richardahouse@hotmail.com*

Reading

*Psychology and early years learning: affirming the wisdom of Waldorf', Steiner Education, 34 (2), 2000, 10-16; 'The central place of play in early learning and development', The Mother, 2 (Summer) 2002, 44-6; 'Loving to learn: protecting a natural impulse in a technocratic age', Paths of Learning (USA), 12 (Spring), 2002, 32-6.*

Dear Richard,

I wholeheartedly agree with your response to the Child Issue of *Self & Society*. I see myself as being involved in dealing with the consequences of this lack of healing environments for children. I totally believe that there should be no need for 'Professionalised Therapy' for children, where healing society and child centred environments are present. I am aware, however, that currently many children do not have the benefit of such an upbringing and some reparatory actions need to emerge from the therapy field. We do need, however, to remind ourselves of the fact that this is only a damage limitation activity and more important work lies with the wider changes you propose.

I personally think it would be most valuable to dedicate an issue of *Self & Society* to such a broader humanistic perspective that you are proposing.

Bozena Merrick  
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***We welcome any contributions on this theme for the a further issue. Eds.***