

The logo for the Bristol Psychotherapy Association is a horizontal rectangular banner. It features a background with a fine, grey-to-white gradient. The text "BRISTOL PSYCHOTHERAPY ASSOCIATION" is written in a bold, white, sans-serif font with a black outline, slanted slightly upwards from left to right.

BRISTOL PSYCHOTHERAPY ASSOCIATION

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ABOUT THE BULLETIN

The Bulletin is produced three times a year, in January, April and September. The copy date for each edition is usually the first day of the preceding month, 1st December, 1st March and 1st August.

Advertising rates are £20 per page, £10 for half a page, cheques to be made payable to the BPA, and sent with the advertisement.

Advertising Copy: Copy should be "Camera Ready", which means well printed in black ink on white paper (Please, no pale or fuzzy photocopies). Copy can be reduced from A4 to A5, which is the size of the Bulletin pages, but advertisers should remember that reduction in the overall size of the advertisement also reduces the size of the type correspondingly. It should be sent to John Ruffle at 16 Mendip Road, Weston-super-Mare, North Somerset BS23 3HA. Tel. 01934 612104, e-mail: john@vicpress01.freerve.co.uk (please send an attached file when sending copy via e-mail).

Group Analysis South West

A series of 3 workshops on
contemporary issues

GROUPS ON THE EDGE

**Saturday, 10 May 2008 –
Trauma, Democracy and Ethics: Creating a Group Analytic Space for
Refugees and Asylum Seekers**

**Saturday, 14 June 2008 –
Homelessness, Dangerousness and the System of Care: liminal
living and the dilemma of surviving on the edge**

**Saturday, 12 July 2008
Working with Disability and 'Secondary Handicap'**

**Venue: Blackberry Hill Hospital, Bristol
10.00 a.m. to 5.15 p.m.**

**Fees: Each workshop £50 - all 3 workshops £120
plus £15 registration per person**

**Application forms from Jayne Herbert, Tel: 0117
9423343 email at GroupAnalyticTra@aol.com**

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Group Analytic Network (West)

The BATH course
has moved to
BRISTOL

Introductory Course in Group Analysis

including its theory and application in both
clinical and organisational settings

Venue: Southmead Hospital, Bristol

Dates: Mondays, October '08 - June '09

Times: 5.30 p.m. to 8.30 p.m.

Fees: £795 payable in three termly instalments
Plus a £50 registration fee

Application forms and further information from:
Jayne Herbert, Group Analytic Network (West),
12 Sydenham Road, Bristol BS6 5SH
Tel: 0117 9441005
Email: GroupAnalyticTra@aol.com

EDITORIAL



It is often said that, "You can't get out what you don't put in", and that it certainly true of psychotherapy practice or, for that matter, any occupation where so much time and energy is spent trying to be fully present for people struggling with their emotional or physical needs. I suspect that is why the therapy professions have led the way in stressing the importance of a rounded programme of CPD for practitioners. Clearly, in order to guard against becoming in stale or ineffective, self-support, at the level of self-care and maintenance, as well as at a theoretical and practical level is clearly essential.

With this in mind, I have two concerns. The first is about the apparent focus of the preparations for statutory regulation on initial training, with not much thinking going on about the maintenance schedule that is probably even more important in the process of fostering safe and effective practice.

My second nagging concern is the level of CPD required by BACP, which averages out at less than an hour a week. My natural instinct is actually rather against a required amount, because there is always the possibility that the relatively small number (I suspect) who need encouraging to engage in this activity may not use the requirement as a *minimum*, but see it as *all* they need to do. However, because, in the real world, legislation on this does seem to be necessary, my sense is that too little is required. Granted, this is not an issue where one size fits all, and different people at different times in their life and in their practice may need more or less. Nevertheless, it is probably the few who would stick to the minimum requirement whatever, rather than exercising wise judgment, who would benefit most from a greater requirement.

John Ruffle

**BRISTOL PSYCHOTHERAPY
ASSOCIATION**
2007/08 – Winter/Spring/Summer Terms

PROGRAMME

**Saturday 12th April – A Day Workshop
which must be booked separately in advance.**

Title *An Integrative Perspective on Co-creation in the Therapeutic Relationship.*

Speaker **Maria Gilbert** is a UKCP registered Integrative Psychotherapist, a Chartered Clinical Psychologist and a BACP accredited supervisor. She is joint head of the Integrative Psychotherapy, Integrative Counselling Psychology and Psychotherapy and Supervision Department at Metanoia Institute.

Monday 19th May

Title *I am integrative – but what does this mean? Creating a flexible model through reflection on practice.*

Speaker **Els van Ooijen** is a psychotherapist in private practice and senior lecturer at the University of Wales, Newport.

Monday 2nd June

Title ‘The rest is silence’ - working psychoanalytically with patients who are facing death.

**The Severnside Institute for
Psychotherapy**

Courses commencing 2008

Infant Observation (September 2008 – July 2010)

This two year course offers the opportunity to think in great detail, about a mother and baby couple in the first two years of the baby's life, within the context of their ordinary relationships. You will observe the baby for one hour each week in his or her home, and attend a weekly seminar. This experience helps in becoming a skilled and thoughtful observer and is essential to the clinician in understanding how early experiences and infantile patterns of relating persist into adult life. The course inevitably touches our own earliest experiences and participants are encouraged to be in therapy, at least weekly, with a psychoanalytic psychotherapist.

Work Discussion (September 2008 – July 2009)

This one year course explores the application of psychoanalytic understanding to participants' work. Applicants who may, or may not, be counsellors or psychotherapists should be working in a setting in which they have direct contact with clients (or students or patients), undiluted by too great an administrative role. Participants will bring detailed accounts of their work for discussion in weekly seminars. Particular attention will be paid to the feelings evoked in the participant in their interactions with clients. The seminar aims to sharpen perceptions, enhance the exercise of imagination, and develop **awareness of unconscious processes at work.**

Classical Theory (September 2008 – July 2009)

This one year course offers an opportunity to study the development of Freud's thought as he struggled to account theoretically for the observations he was making in his clinical work. Through a close study of his written work it can be seen that certain concepts retained their centrality, while others were jettisoned or revised. The emphasis of the course is to foster an attitude of mind which views theorising as a means of organising, and making sense of, clinical observations and experiences. While all theories have their limitations, it is important to grasp what Freud was trying to map before moving on to the work of subsequent psychoanalysts.

Courses take place in central Bristol on Mondays, generally in the evenings. Cost: £685.00 per course per year. Closing date for applications: 1st June 2008 (Infant Observation) or 29th June 2008 (Work Discussion/Classical Theory).

For further information and an application form contact the Administrator on telephone 0117 923 2354 or email adminstrtor@sipsychotherapy.org.

The Severnside Institute for Psychotherapy

Psychoanalytic Theories and Concepts: An Introductory Course **September 2008 – March 2009**

The Severnside Institute for Psychotherapy offers an Introductory Series of weekly lectures and discussions on Psychoanalytic Theories and Concepts, extending over 2 terms of 10 evenings each. The course will explore Psychoanalysis as an approach to the unconscious and its expression in human development and relationships. The first term will focus on theories of the mind, including those of Freud, Jung, Klein, Winnicott, the British Independent School, and contemporary developments. The second term will explore clinical phenomena and concepts which both inform, and have arisen from, these theories, such as transference and countertransference, projective identification, the clinical frame, the use of dreams and interpretation, and their application in a variety of clinical contexts.

The course will be of interest to anyone with a personal or professional interest in psychoanalytic ideas, and would also form a valuable introduction for anyone considering a professional training as a psychoanalytic psychotherapist. Each evening will comprise a lecture or seminar given by a professional member of SIP or by a specialist guest speaker and a discussion group, to which participants' personal and work experience will make an important contribution. To help ensure continuity of discussion, participants are encouraged to attend all the lectures and discussion groups. Reading will be recommended to support participants' learning. There are no academic requirements or assignments to complete.

Those who have completed the Introductory Course are given priority when applying to Severnside's pre-clinical courses in Infant Observation, Work Discussion and Classical Theory.

Course Fee: £500

For an application form contact the Administrator on telephone 0117 923 2354 or email administrator@sipspsychotherapy.org Closing date for applications: 14th July 2008 .The course takes place in central Bristol on Wednesday evenings, 6.30pm – 9pm. Severnside Institute for Psychotherapy, 11 Orchard Street, Bristol, BS1 5EH. Website: www.sipspsychotherapy.org

Speaker

Mark Budden is a member of the Severnside Institute for Psychotherapy. In addition to his private practice as a psychoanalytic psychotherapist and supervisor he is the clinical manager of The Harbour, a Bristol charity providing counselling and psychotherapy to people affected by a life-threatening illness.

NB All meetings are at The Randall Room, All Saints Church at the Pembroke Road end of Alma Vale Road, Clifton [up 10 steps with lift then available]. Evening meetings start at 7.30pm and end at 9.00.

An Apology

The "Letter to the Editor" in the last edition of the Bulletin was wrongly attributed to Penny Wells. It was in fact submitted by Barbara Hacking. Sincere apologies to both of them.

John Ruffle
Editor

COPY FOR THE NEXT BULLETIN

The next edition of the Bulletin will be published in September 2008. Copy for this should reach the editor by 1st July 2008, preferably in Word format, either on a disk or as an e-mail attachment.

Please send your copy to John Ruffle at 16 Mendip Road, Weston-super-Mare BS23 3HA (e-mail john@vicpress01.freeserve.co.uk) Tel. 01934 612104.



The Severnside Institute for Psychotherapy

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For further information and an application form contact the Administrator on telephone 0117 923 2354 or email administrator@sipsychotherapy.org.

to extend and counterbalance excellent guidelines based solely upon treatments."

and have thought that, in this era of we have been widely referenced. Its tone is useful. Its methodology is carefully argued by John Northcross himself and "in all the 1960s the Committee were divided on the question of making a relational or matching element in the respective chapter opined for the

and I am daunted by the prospect of would urge anyone interested in using contemporary practice to study it to this is certainly value for money (£25 from Amazon, post free).

Arthur Musgrave

12th April

Julian David

Jung and Nature.

10th May

To be announced.

14th June

Melanie Higgins

Forgiveness – Ar-

chetypal and Personal Dynamics.

Venue: The Upper Room, Redland Park
United Reformed Church, Whiteladies
Road, Bristol

10.30am – 12.45pm

Cost: Members £8, Non-Members £10, Concessions £5

A bookstall is provided by **Green Spirit Books**

"The purpose of this volume is to
tant efforts to promulgate treatm
lists of empirically supported tre:

This is his first sentence. You woul
NICE Guidelines, this tome would h
throughout is measured and thoughtf
ticated in an introductory chapter b
cases when members of the Steerin
strength of the empirical evidence li
ment to outcome, the authors of the
conservative option." (p.9)

There is a great deal of material here
attempting a full-scale review. But I
nderstanding the research underpinnin
carefully. As psychotherapy books g
(my copy was a hardback at just over



BOOK REVIEWS



The Seven Deadly Sins? Issues in clinical practice and supervision for hu manistic and integrative practitioners

- **Anne Kearns (ed):
London, Karnac Books
(2005) 232pp**

The Mirror Crack'd: when good enough therapy goes wrong and other cautionary tales for humanis- tic practitioners

- **Anne Kearns (ed): London, Karnac
Books (2007) 207pp**

The first of these books – *The Seven Deadly Sins?* – is based on material Anne Kearns put together for a post-qualification course and addresses themes that kept emerging in her work as a supervisor of nearly or newly qualified psychotherapists. As she explains –

"I began to refer to these as 'The Seven Deadly Sins?' I also began to be interested in how so much of what we describe in our clinical discussions of fragile self-process and the transference relationship was twentieth century language for what our forbears would have described as sin and possession."

(p.xiii)

The seven themes – diagnosis, schizoid phenomena, addiction, envy, shame, eating disorders, and trauma – are the subject of separate chapters. They are preceded by a general introductory chapter aimed more at supervisors.

Given its origins this book delivers broadly what you might expect. Anne Kearns is not afraid to express her own distinctive point of view as she seeks to make more accessible concepts from the world of psychoanalysis, self-psychology and affective neuroscience.

But the second of these books – *The Mirror Crack'd* – was the one I read first. I was drawn in by the subtitle – *when good enough therapy goes wrong and other cautionary tales for humanistic practitioners*. As someone whose first substantial training in the early 1980s was humanistic and overwhelmingly experiential, I was particularly intrigued. The information on the back cover tallied with my own beliefs –

“The author’s message is brief: injuries that happen in relationship need to be addressed in relationship.”

In early 2002 I reviewed for *The Bulletin* a book called *Surviving Complaints* edited by Roger Casmore, which contained a piece by Nick Totton on “good enough conflict resolution”. It looked as though Anne Kearns’ book might elaborate on Nick Totton’s pioneering chapter, an impression that was strengthened when she made reference to it.

In the late 1990s Anne Kearns took on responsibilities within UKCP and became known “as a person who was interested in the organisational and interpersonal dynamics of complaints” (p.2). For seven years she has been researching for a doctorate in psychotherapy, her subject being complaints and civil actions taken out against practitioners. This book – *The Mirror Crack'd* – is the result and Anne Kearns is prepared to speak out about what she has discovered (“I became concerned that our complaints procedures themselves seemed to support what in some cases appears to be an almost insatiable thirst for justice or even revenge that is now more and more frequently played out in civil actions against psychotherapists” p.2). I read on eagerly.

I was to be disappointed. It’s true that there are references to complaints, but these are – perhaps inevitably – rarely examined in detail and their

1. Bohart and Tallman ‘How Clients make therapy work: the active process of self-healing’ (American Psychological Association, 1999).

Psychotherapy Relationships that Work: therapist contributions and responsiveness to patients

- **John C Norcross (ed): Oxford University Press (2002) 452pp**

A few months ago Amazon recommended this book to me. I consider it to be one of the most invaluable books on psychotherapy I have ever encountered. It systematically summarises research on the therapeutic relationship under practical headings, grouping the material under (a) effective elements and (b) promising elements of the therapy relationship. Each section is then further divided into (a) general elements and (b) customising the therapy relationship to the individual patient. The book concludes with recommendations and guidelines for practice, training, research and policy. It was produced by an American Psychological Association Task Force and harnesses the efforts of an impressive array of contributors. The editor, John C Norcross, has a long track record in the field of psychotherapy integration. His own preface concludes –

“When I invited authors to contribute to *Psychotherapy Relationships That Work* three years ago, they were asked to join the Division 29 Task Force on Empirically Supported Therapy Relationships and Oxford University Press in “producing a sensitive, empirically grounded, and practice-responsive book.” I enthused at that time that this important project was the most exciting of my career and potentially the most significant. My enthusiasm and pride in the work of the Task Force have only been strengthened in the interim.”

I bought the book.

But I had not seen it reviewed this side of the Atlantic, nor had I come across references to it. This is surprising, given the amount of hysteria in

lems she has identified. This is odd, given that Bee Springwood is herself a member of an IPN group, the only mention of this being in the 'About the Contributors' section.

IPN has pioneered a way of counsellors and psychotherapists tying their reputations to one another so that the capacity to establish and sustain relationships remains under constant scrutiny. Isn't this what Anne Kearns is calling for when she says –

"We need to ensure that the organisations that... represent us have procedures in place that reflect an understanding of the subtler elements of human relating and of the field conditions that impact on relationships when they break down." (p.12)

What is so admirable about IPN is that it addresses the needs of practitioners and prizes the capability of people to hold each other accountable. The focus is not on the need for an "us" to monitor and train a "them". In IPN, if we are no longer happy to have our professional reputation tied publicly to a colleague's work, we withdraw our endorsement of their practice (and the same is true *vice versa*). If their work is not up to the mark, our own professional judgement is in question. And if something goes wrong, practitioners belonging to Full Member Groups can call on others outside their own group to help set up mediation frameworks. The reputations of at least 10 other people are at stake if they fail to respond.

Could it be that, however much the issue seems to be – in Andrew Samuels' words – to do with re-thinking ethical and training practices, it is actually more to do with encouraging particular attitudes and habits of relating? Anne Kearns, however, insists –

"We need to pay more attention to training professionals who are well equipped and have a basic trust and respect for each other."

There is a well-developed sense in these two books that there is a "we" who know best. This is the discourse of the articulate who are all too ready to wield anecdote and assertion, are happy to pepper their books with disparaging remarks about humanistic practice, but are nonetheless reluctant to join with peers on an equal basis in order to do the difficult work of building trust and doing something practical about the problems that can arise from unequal power relationships.

outcome is often unclear. More immediately I was taken aback by the extent to which the book is littered with aspersions about humanistic practice –

"I have written earlier (Kearns, 2005) of my concern that humanistic trainings are turning out practitioners who may not be equipped to work in the 'real world'." (p.7)

"I believe that humanistic psychotherapy is in a stage of its development that makes it particularly suggestible and vulnerable." (p.8)

"although it is a notion unpopular in humanistic circles, I believe that there are often clients who have, out of awareness, entered therapy not to move on but to enact revenge on figures from their past." (p.11)

"Humanistic psychotherapy's failure to address the power dynamics in the therapeutic relationship goes hand in hand with its philosophical refusal to accept 'dysfunction'." (p.14)

"Humanistic therapies emphasize freedom, authenticity and choice overlooking the reality that life ends in death and that meaning-making does not necessarily end in happiness." (p.64)

"Anne has written earlier...of her concern about the assumption that humanistic therapists must have positive *feelings* towards as well as positive *regard* for their clients" (p.65)

These wild generalisations are left unsubstantiated and Anne Kearns seems quite content to stereotype other practitioners (ie "humanistic = bad", "integrative = good"). On page 13, for instance, she is scathing about "the 'myths' of mutuality and horizontality" that humanistic practitioners supposedly indulge in, whereas on page 63 she identifies herself with those who "stand as integrative psychotherapists prizing the relational, reciprocal and co-created contact between therapist and client to engender (intra-psychoic or internal) change and restructuring".

In those cases where humanistic theory is referred to it is presented in a cursory and often distorted fashion. For example, while much play is made of the (alleged) inadequacy of his three “core conditions”, no attempt is made to examine either the detail of what Carl Rogers actually wrote or the extensive literature commenting upon it. Instead Anne Kearns insists –

“What’s required is more sophisticated thinking about the *clinical* use of the core conditions.”

(p.14)

Not surprisingly I found myself wondering, “More sophisticated than what?” In a rare specific reference to “person centred literature” Anne Kearns seriously distorts what Clive Perraton Mountford wrote in BACP’s *Counselling and Psychotherapy Journal* in June 2005 when he questioned the wide-spread reverence for the 50 minute hour: she claims that he is supporting the notion that “the client and *only* the client should decide at what time the session begins and how long it lasts” (p.15).

At this point I turned to the back cover and noted the lengthy endorsement from Professor Andrew Samuels. He reframes the whole book, replacing the description in the subtitle (“when good enough therapy goes wrong and other cautionary tales for humanistic practitioners”) with a comment about Anne Kearns’ (supposed) “long-term project that seeks to expose the hidden tough-mindedness in humanistic and integrative psychotherapy in order to encourage a re-thinking of ethical and training practices” and an assertion that its relevance “is across the board. It should be read by anyone connected with psychotherapy and counselling, from trainers to trainees”.

I bit my tongue and decided to re-read the early chapters as though this might indeed be so, treating the asides about humanistic practice as a distraction. When I did this it became apparent that Anne Kearns is actually writing about inexperienced and poorly trained practitioners.

In Chapter 2 she explores different elements of the therapeutic frame and elaborates her critique by suggesting that the field is now so fraught with danger that the only way forward is to do assessments based on DSM-IV categories (with the addition of a special category of her own). She illustrates this with a composite case history based partly on her own clinical experience and partly on her doctoral research.

lors and psychotherapists are expected to undertake has been continually increasing, despite the counter-intuitive yet persistent finding that those with limited training produce results equal to those with many years of training¹.

It’s clear from both her books that Anne Kearns is a confirmed advocate of more training. On the one hand there’s her assumption, loudly trumpeted in *The Mirror Crack’d*, that the problem is humanistic psychotherapy that is “at a stage of its development that makes it particularly suggestible and vulnerable”, and humanistic practitioners need to adjust their practice. On the other hand there’s Andrew Samuels’ reformulation that has Anne Kearns involved in a “long-term project... to expose the hidden tough-mindedness in humanistic and integrative psychotherapy in order to encourage a re-thinking of ethical and training practices”. I don’t think either approach will be enough. Curiously, Bee Springwood, in her chapter on conflict resolution, in which she draws on six years’ experience of designing and piloting a mediation process for complaints within the UK Association of Humanistic Psychology Practitioners, notes that greater experience doesn’t appear to make practitioners less vulnerable to complaints –

“Although many of the examples discussed in Chapter 2 derive from naïve practitioners, interestingly we have discovered that inexperienced practitioners may be less vulnerable to being complained against. The “new therapist on the block” may in fact, be quicker to apologise than a more experienced colleague, even admitting her own inexperience and owning it as part of the problem. Experience seems to bring about the need to justify our interventions with more theory rather than explore them with an attitude of curiosity and in a context of co-creation.” (p.131)

This paragraph cuts against the thrust of Anne Kearns’ overall argument in important respects. It suggests that, if we are to do the rethinking of ethical and training practices that is required, additional strategies will be needed.

Returning to RD Laing for a moment, one of the other things that Anne Kearns has failed to notice is the achievement of the Independent Practitioners’ Network in working out practical solutions to some of the prob-

“It may be that the roles of regulation and support need to be separated and that we need to be creative about what an organisation that only supports practitioners would look like.”
(p.12)

Unfortunately one of the things Anne Kearns fails to notice is how the very structures of BACP and UKCP inhibit the possibilities for debate.

Both BACP and UKCP are educational charities. Any issues they take up have to be argued even-handedly and all their activities have to be wholly in the public interest. BACP differs from UKCP in that it has both individual and organisational members. Over the years it has introduced stricter entry requirements for those wishing to join. In 1999 I resigned from the Management Committee of what was then the British Association for Counselling because I felt that an important line was about to be crossed. The organisation was, in its structure, no longer clearly the dispassionate advocate of the cause of counselling, but was – in my view – at risk of becoming over-identified with its members’ wish for greater power, status and money. In my resignation letter I urged BAC to come clean about this conflict of interest and form two separate bodies (perhaps called the ‘British Association for Counselling’ and the ‘British Association of Accredited Counsellors’). There is room for argument about this, but the essential point is transparency and the separation of the body that supports the interests of counsellors from the body that promotes the development of counselling.

I felt that, by not taking this step, BAC(P) made itself more vulnerable to attack. One view of what happened when proposals for a Psychological Professions Council were rejected, was that the Government finally lost patience with the interminable squabbles between our various representative bodies over status and self-interest. The Government’s decision to hand matters over to the Health Professions Council has altered the terms of the debate, but BACP would put its charitable status at risk if it attempted to make the changes for which Anne Kearns is calling.

The structure of UKCP is different. It is a federation of training organisations that have an economic stake in giving training an importance over and above anything actually merited on the basis of research evidence. Since UKCP came into existence in 1992 the amount of training counsel-

The one and a half page case history of Gretl is crammed with alarming detail, to which her supervisee has one response (she feels warmly disposed towards Gretl and looks forward to working with her) and Anne Kearns another (she feels increasingly anxious and notices that her heart is beating faster than usual). Having presented the case history in exam question format, Anne Kearns proceeds to offer a model answer, slotting appropriate material into each of the DSM axes before dissecting her own counter-transference responses. All the subtlety of potential exploration and dialogue in supervision is reduced to this polarity, the naïve humanistic counsellor being contrasted with the experienced and sophisticated integrative supervisor.

I don’t find this helpful. One of the Employment Assistance Programmes I have worked for insisted, for a number of years, that each client was categorised according to DSM-IV criteria. I can’t recall one occasion when this added significantly to my understanding – but then I’ve always been someone who has been as interested in the exceptions to rules as the rules themselves. My attitude has been that, in the therapy room, attitudes of tentativeness and curiosity are generally more likely to be productive than their opposites.

Earlier, in *The Seven Deadly Sins?* Anne Kearns seemed to want to have both the certainty of fixed categories, yet again expressed in terms of absolutes – ‘secret schizoids’ (“who often get absolutely nowhere”) (p.34) ... ‘quiet borderlines’ (“These clients have no inner life. They are totally dependent on the therapist...”) (p.35) – and flexibility when it came to clinical practice –

“Very few of the clients I have met, either as clinician or as a supervisor, fit the stereotypes. More often than not the diagnosis, or ‘working hypothesis’, is drawn from a combination of factors.”
(p.29)

So what are we to conclude? Are DSM-IV categories the *sine qua non* of good practice or not? The more closely I examine these two books, subtitled as they are, *issues in clinical practice* and *cautionary tales for humanistic practitioners*, the more puzzled I become.

The first part of the *The Mirror Crack’d* concludes with some case histories, one by Patti Owens and others written jointly with Steven B Smith

around the theme of erotic transference.

The second part of the book consists of chapters by others who have been involved in the area of ethical complaints. A number of interesting perspectives are opened up. The chapter by Sue Jones looks at the shadow in training organisations. Theresa Bernier (a pseudonym) contributes her experience of a complaint by a former client and, in a chapter written jointly with Anne Kearns, proposes that mediation be “a first step in any complaints procedure that does not involve gross professional misconduct such as sexual abuse or fraud” (p.113).

Bee Springwood writes about her experience as part of a team in the United Kingdom Association of Humanistic Psychology Practitioners that has designed and piloted a mediation process for complaints that has been operating for six years. There is important experience here that does, in fact, build on Anne Kearns’ core message as outlined in her preface (“injuries that happen in relationship need to be addressed in relationship”) and, in this respect at least, Andrew Samuels’ endorsement (“this book...should be read by anyone connected with psychotherapy and counselling, from trainers to trainees”) is pertinent.

Tim Bond’s contribution, ‘Intimacy, risk, and reciprocity in psychotherapy: intricate ethical challenges’ is a more explicitly philosophical contribution. He asks whether there is a missing ethic of trust that needs to be elaborated and gives some examples from a public dialogue at the 2005 World Transactional Analysis Conference. My own feeling is that only so much can be achieved through papers of this kind and dialogue at national and international conferences: trust needs to be built through relationship.

Cautionary Tales

There are many strands to my dissatisfaction with *The Mirror Crack’d*. It’s partly the sales pitch –

- In the first place the subtitle - *when good enough therapy goes wrong and other cautionary tales for humanistic practitioners* – comes over as a cheap and inaccurate swipe at humanistic practice: the subtitle, in my view, is not a fair description of the content of the book.

It’s not clear to me that good practice is necessarily best served by multiplying the number of people involved in the way Anne Kearns recommends (The detailed ‘Initial Therapy Contract’ she provides by way of an Appendix reads, “Everything that happens in our therapy session remains confidential between us, with the following exceptions...I will discuss aspects of our work with other colleagues for supervisory purposes, but your identity will remain protected” pp 187/9).

Anne Kearns ends with a further recommendation that is also presented rather starkly and leaves me a little alarmed when I consider the variety of ways in which it might be acted upon –

“I would like to see therapists in the UK take a more robust approach to referral... As professionals we have the right to say we don’t want to work with someone.”

(p.58)

Failing to notice

Writing this review I have felt a powerful sense of irritation. I care about the subject matter and, despite everything, I agree with important aspects of what Anne Kearns says. But, while I admire her for her willingness to speak out, her book is too reliant on anecdote and assertion. At key points she fails to adopt a broad enough perspective and reach out beyond the limitations of her own experience. It’s ironic that, alongside the quotation from *The Lady of Shalott*, there is this one from RD Laing –

The range of what we think and do
Is limited by what we fail to notice
and because we fail to notice
That we fail to notice
There is little we can do
To Change
Until we notice how failing to notice
Shapes our thoughts and deeds.

What might Anne Kearns be failing to notice?

She certainly has an understanding of field theory and organisational dynamics. She can take a critical view of the structure of both UKCP and BACP and make a call for fundamental reform. She argues that, if our professional bodies cannot support practitioners properly, then we need new organisations –

I quickly re-read Chapter 1 to try to appreciate what was being alleged. The most illuminating passage was this –

“Most of the therapists that I interviewed for my doctoral research and had had complaints made against them described the process as “traumatising” and “abusive” and the procedures as “naïve” at best and “dangerous” at worst. In most cases these practitioners were practising under codes of ethics of a HIPS section (UKCP) organisation yet their practice had become increasingly influenced by more psychoanalytic concepts and procedures.”

(p.4)

There seems to be one assumption here that the same code of ethics cannot legitimately apply to both humanistic and psychodynamic practitioners (the BACP Guidelines, for example, do) and another that it is inappropriate for practitioners with years of experience to be influenced by approaches other than the one in which they were originally trained. And this in a book explicitly aimed at getting humanistic practitioners to follow psychoanalytic concepts and procedures!

The key point here – and in fact generally in relation to this book – is that strict adherence to rules, when it is done at the expense of the subtleties of relationship, carries problems of its own. Anne Kearns writes at times as though she is oblivious of this.

Her other recommendations are equally idiosyncratic. Despite her concern about clear and explicit boundaries, which include those to do with supervision, she recommends, in addition to regular supervision, the practitioner “set up a peer network consisting of other therapists who are willing to be rung or emailed for support along the way if the supervisor is not available or even if he is” (p.55). In addition –

“I would recommend therapists who work with the kind of client we are discussing to set up for themselves regular ethical review. This means informing your ethics committee that you are working with a particularly troubled and challenging client the moment that you realise that this is so and asking them to have an informal discussion with you, say every six months or so, to review the work. I would like to see this become standard practice.”

(p.58)

- The endorsement from Andrew Samuels is, to put it mildly, disingenuous: in no way does Ann Kearns “expose the hidden tough-mindedness in humanistic and integrative psychotherapy”.
- The other endorsement from Philippa Weitz, a “Risk Management Consultant”, is a non sequitor (“Complaints do not only wreck the life complainant (*sic*) but also of the therapist – anything we can do to avoid this unpleasant process will be a bonus. Anne Kearns’ book can only be a great asset to the profession.”)
- The Preface reveals that a Pippa Weitz commissioned both these two books.

It’s partly the editing -

The Preface describes the book as being divided into two parts, Part One having as its focus boundary disturbances “and the kind of client with whom the therapist will need more than regular support”, whilst Part Two “gives voice to people who have been involved in the area of ethical complaints”. But both the Contents page and the layout of the book itself fail to recognise this distinction.

- Somewhat confusingly, there are two outlines to the book’s contents – the Preface, which provides one sentence summaries of each chapter and Chapter 1, a personal and passionate account of the thrust of its principal argument.
- Whole paragraphs in *The Seven Deadly Sins* (pp 204/6) are repeated more or less word for word in *The Mirror Crack’d* (pp 40/1).
- The blurb on the back cover describing the contents of *The Seven Deadly Sins* (“envy, shame, love and hate, trauma, addiction, money, and eating disorders”) differs from the list in Ann Kearns’ introduction (see above) and in the opening paragraph to Chapter 1 in *The Mirror Crack’d*, Ann Kearns explicitly tells us that “two of those areas – sexuality and erotic transference (chapter Four) and money (Chapter Two) – were not included in my first book as they more naturally seemed to belong in this one.”

There's also confusion in the explanation of the title itself, which comes from Tennyson's poem *The Lady of Shalott*. Anne Kearns' book is headed by this quotation from it –

Out flew the web and floated wide;
The mirror crack'd from side to side...
"I am half sick of shadows," said
The Lady of Shalott.

I was perplexed by this (what's this web?) and, as the paragraph in Chapter 1 summarising it didn't help, I looked up the poem itself – only to find that these lines are printed in the wrong order and the second couplet precedes the earlier one by some 40 lines (the web, by the way, is the tapestry that the Lady of Shalott is weaving). In other words The Lady of Shalott becomes half sick of shadows before, not after, the mirror crack'd. It is because she is half sick of shadows that she takes the action that results in the mirror cracking. This is a muddle.

Later Anne Kearns explains that *The Mirror Crack'd* is also the title of an Agatha Christie thriller, in which the person who is poisoned was not the intended victim. She explains that "in the discussions that led up to this book I became particularly interested in the kind of client who uses the therapeutic relationship to seek 'revenge' on a figure from the past." (p.4)

There's something, too, about the tone of Anne Kearns' writing that I find uncomfortable. She begins one of her chapters as follows –

"As a supervisor of humanistic and integrative practitioners I have often struggled in helping them move away from what appears to be a more social relationship to a professional way of relating that includes a deeper understanding of the unspoken dynamics of the therapeutic relationship..."

(p.13)

This undercurrent of impatience keeps popping up – illustrated here in the phrase "I have often struggled" – and I find it unsettling. If it's a struggle why go on doing it? It doesn't have to be like this: many supervisees become excited as they learn how to work at a deeper level. There was more than one occasion when I felt I was being talked down to by a

dogmatic and somewhat irritable school teacher and, from time to time I felt downright patronised. But if we put all this to one side – along with the carelessness, the stereotyping, the lazy lack of referencing and, at times, the failure to read and understand what the writers she refers to have written – how well does the core of Anne Kearns' argument stand up?

This is that, in the present circumstances with practitioners more vulnerable to complaints and civil litigation, counsellors and psychotherapists need to pay particular attention to assessment, boundary disturbances and the kind of client with whom the therapist will need more than regular professional support. These issues are important ones and Anne Kearns makes a number of sensible recommendations (extra supervision, peer support networks, further therapy if need be), though at times she is in danger of exaggerating (eg "A careful assessment is our best support" p.42).

However the more closely I read, the more confused I became. For example, having distinguished between one legal concept, 'informed consent', that applies in America and another, 'sufficient consent', that applies in the UK, Anne Kearns explicitly gives advice based on the principle of informed consent. Nor am I convinced by her advice on note taking. What she provides is a set of recommendations linked to a single anecdote, itself preceded by the comment –

"My advice here is based on the experience of others and is not intended to be legal advice."

(p.57)

If advice about matters connected with the law is not intended to be legal advice, exactly what is it?

When it comes to codes of ethics, Anne Kearns advises her readers to familiarise themselves with them and, referring back to Chapter 1, notes that "a significant number of experienced and ethical therapists could not say, hand on heart, that they had really assimilated chapter and verse of their codes of ethics". She adds when referring to her research –

"It also emerged that, particularly for those who had been working for some years since qualifying in one humanistic discipline, their practice was not entirely consistent with humanistic principles."

(p.58)