PROOF

Contents

Acknowledgements x

1 Introduction **1**
What makes supervision so difficult? 1
Complexity of aims and purposes of supervision 4
The educational aspect of supervision 8
Monitoring and managing 9
Supervision versus therapy: supporting the supervisee 9
Some definitions and an outline of the contents of the book 11
Summary and conclusions 15

2 Beginning Supervision **16**
Introduction 16
New supervisees and some of their anxieties 16
The need to create a bounded setting for supervision 19
The tasks of supervision 24
The importance of the therapeutic setting 29
Summary and conclusions 30

3 The Emotional Experience of Learning and Teaching in Supervision **32**
Introduction 32
The experiential nature of supervision 33
Expectations relating to supervision 35
A difficult beginning 36
Attitudes to learning 38
Learning and educational institutions 45
Summary and conclusions 47

4 Theory and Supervision **49**
Introduction 49
Intra-psychic theories – focussing on the patient 49

PROOF

Theories about supervision – the contribution of Harold Searles 53
The supervisor's influence – Robert Langs 56
Developmental models of supervision – focussing on the supervisee 59
Functions of theory in relation to supervision 62
Summary and conclusions 65

5 The Process of Supervision 67
Introduction 67
Getting an account of the session with the client 68
Thoughts and feelings about the session – the supervisee's reaction to the client 73
Reflecting on what has gone on 75
Helping the supervisee think about the course of further work 82
Summary and conclusions 85

6 Supervising Groups 87
Introduction 87
Theories about groups 89
Bion's contribution to thinking about groups 90
The work group 90
Basic assumption functioning 91
Bion's concept of valency 97
Parallel process and the work group 98
Practical aspects of group supervision 101
Setting up a group 102
Institutional influences on group functioning 105
Summary and conclusions 106

7 Supervising Work in Institutions 108
Introduction 108
Understanding organisational dynamics: psychoanalytic and group relations perspectives 110
The organisation in the mind 116
The contribution of systems theory 116
Parallel processes at an institutional level 118
Common dynamics in supervising work in institutions 121
Summary and conclusions 125

PROOF

8 Working with Difference **127**
Introduction 127
Perspectives on difference 128
Theories and examples relating to colour and race differences 131
Gender and sexuality 137
Age differences 141
Disability 142
Summary and conclusions 145

9 Challenges and Dilemmas in Supervision **147**
Introduction 147
Supervising work with patients in crisis: suicide and self harm 148
The role of the supervisor in setting limits 153
Working with more disturbed clients 156
Difficulties within the supervisory relationship 160
Different theoretical frameworks 160
Concerns about boundaries 163
Supporting supervisees and ourselves 165
Summary and conclusions 165

Conclusion 168

Appendix: Sources of Information on Supervision 170

References 171

Index 177

PROOF

1

Introduction

What makes supervision so difficult?

This book is the result of an interest and preoccupation – amounting at times to a struggle – with the subject of supervision. It draws on my experience of supervision over the years. I include in this my experience as a supervisee as well as a supervisor, in a range of counselling and psychotherapy contexts, always within the psychodynamic tradition.

Writing about this subject has allowed me to make sense of my experience; I wanted to explore the dilemmas and paradoxes of being a supervisor. I think that these are not always recognised when we find ourselves beginning to supervise, and we need to find ways of thinking about the complexity of the work without getting overwhelmed by it. It is an activity which many of us find rewarding and deeply satisfying; it provides an opportunity to work with counsellors and therapists at the beginning of their careers, as well as with more experienced colleagues. But supervision can also at times be frustrating and difficult. I know I am not alone in this – conversations with colleagues suggest that we can all find providing supervision a challenge at times. And we all remember times, perhaps in the course of our training, when we felt disheartened by our own supervision.

I imagine therefore that this book will be particularly useful for those who are beginning to supervise; as I suggest in Chapter 2, we can sometimes find ourselves being asked to do this without a great deal of preparation. More experienced practitioners who want the opportunity to think about the dynamics of supervision might also find it useful as an introduction to the subject. Of course, a book can never be a substitute for talking with colleagues or our own supervisor about specific supervisory problems, or for developing supervision skills by attending a course on the subject. But it might provide some help in identifying and thinking about areas of concern. Those receiving supervision – and possibly thinking ahead

PROOF

to possibilities for doing supervision in the future – might also find it helpful, if only in allowing an imaginative identification with the role of supervisor and a different way of thinking about their own supervision. Although the main focus of this book is to do with the supervisor's role, supervision involves a relationship – a supervisor cannot function effectively without a supervisee who is prepared to think about their role and take responsibility for their part in the process of supervision.

The task of supervision is complex. Supervisors are normally experienced therapists, but being in role as a supervisor means using this experience in a different way, to inform our interventions, resisting the temptation to interpret directly. The process is complicated by the fact that the main subject of the discussion is not in the room with us – in psychodynamic supervision we are meeting to think about a third, absent, person, the client or patient. When Zinkin (1988) wrote of supervision as the 'impossible profession' he was thinking partly of the difficulty for the supervisee of conveying, and for the supervisor of understanding, something of what has gone on in this other setting.

This three-person relationship is also reflected in the idea to which many writers draw attention, of the role of the supervisor in helping to create a triangular space, offering a third perspective to counteract the potentially regressive and enmeshed dyadic relationship of therapy (see, e.g., Solomon, 2007). Supervisor and supervisee necessarily have different viewpoints. The supervisor can take an overall perspective in that they are at one remove from the heat of the therapeutic situation, they are likely to have more experience of therapeutic work and more general understanding of psychodynamics, but the supervisee is the one with the immediate experience and everyday knowledge of the patient and the emotions generated by the interaction.

For both parties to communicate and develop an understanding of what is going on with the patient, in terms of unconscious dynamics, it is important that there is a basic level of trust on both sides, trust in terms of good intentions, a commitment to the process, and a desire to create an atmosphere of tolerance and openness, a space to think as many writers have described it (see, e.g., Mollon, 1997).

We need to create an environment where learning can take place; this cannot be taken for granted. The task is difficult partly because we can be lulled into a false sense of security. When supervision is going well, it is rewarding and interesting and there is a sense of a partnership, in terms of two people working together to try to

PROOF

understand something about the patient's emotional life. We can let our guard down a little, play with the material, speculate and free associate. When we are suddenly jolted into a different sort of reality, when a problem or impasse develops, it can take us by surprise. Sometimes this is because without realizing it a good working relationship has moved into something more collusive or complacent, which needs to be challenged.

This book considers the supervisory relationship and ways in which this can be facilitated or undermined by factors that may not be immediately obvious to supervisors at the beginning of their careers. Experienced supervisors also need to keep them in mind, as this is not simply a matter of conscious intention. We all bring our own difficulties, tendencies and habitual ways of relating to the task of supervision, not all of which will be known to us at any particular moment. Some writing on supervision seems to start from the point of view that the supervisor, aided by their own therapy, has been able to eliminate such difficulties, in contrast to the patient under discussion and the supervisee. But since we are all influenced by our unconscious, we have to take responsibility for monitoring our state of mind and thinking about our own continuing learning as supervisors, just as we do for learning from our work as therapists.

Difficulties may arise from idiosyncratic factors – people are very different, and a particular combination of supervisor/supervisee may give rise to frustration, deep conflict or impasse. We bring different expectations to supervision too, based on our own experiences and our individual differences. So we cannot ignore the individual qualities that we bring to the process as supervisors and supervisees. Nevertheless, I think that it is the complexities inherent in the process and in the situations being thought about which account for many of the difficulties. Some of these are considered briefly below.

The complexity of aims and purposes of supervision requires us to think about the boundaries of the task. Supervision has an educational function but is not the same as more formal teaching or tutorial support. We need to assess and monitor progress but when the monitoring function becomes predominant, it is a matter for concern, often implying a lack of trust in the supervisee. Supervision is not therapy, though we may need to acknowledge difficulties and take on a more supportive role at times. How do we begin to think about where to draw the line? As the following example suggests, sometimes there is a discrepancy – in this case quite an extreme polarisation – between the views of the supervisor and the supervisee.

PROOF

Tony, a supervisor in private practice, was approached by Angela, who was looking for a supervisor for her work in a counselling service. She explained that the requirement was for supervision once a month – that was all that was needed. Tony went along with this to begin with but as they began to work together felt increasingly uneasy; sessions tended to be used to present piecemeal fragments of sessions and queries about practice, relating to a number of clients, far more than could be realistically thought about in the time. He was finding it hard to get any sense of Angela's work, in terms of how she was with clients or how his supervision was helping her to develop as a practitioner. He thought about this and suggested they meet more often.

In the ensuing discussion it became clear that they had very different ideas about supervision. Angela initially seemed to feel quite insulted and infantilised at the suggestion of more supervisory hours; she thought it was a criticism of her practice and her readiness to work as a counsellor. When she expanded on her ideas she realised that she thought of supervision, once a person was qualified, as primarily a way of safeguarding the client, a monitoring function, rather than an opportunity for her to learn more. She wanted to know, in rather simplistic terms, what she should do in specific instances. She was open to being told what to do but did not see the need to think further about the detail or what might lie behind the suggestion. Tony however was much more concerned with helping her develop as a counsellor and saw supervision as primarily educational and supportive. At this early stage in their relationship, he didn't feel he could help in this way if they met only once a month. However, he had also found her approach disconcerting, particularly in relation to his comments and criticism – maybe he did need to be more curious about details of her practice.

Complexity of aims and purposes of supervision

The above example obviously raises a number of questions which are not only about the function of supervision. We might wonder about the way in which the supervisory contract was set up, and the level of experience and understanding of both of the participants for example. But there is inevitably a tension between the two aims of helping the supervisee develop as a therapist (the educational function) and safeguarding the interests of the patient (more of a monitoring function), which many writers have considered. Both of these functions can create anxiety in the supervisee; if the monitoring side of it predominates, they may worry that their practice might be

PROOF

found to be ineffective or even harmful. But developing and learning more as a therapist also brings its own anxieties, as we shall see in Chapter 3.

From a historical point of view, the educational function of supervision developed first, particularly in relation to analytic training (see below, and Chapter 4, on the relationship of supervision practice to developments in analytic theory), but the proliferation of psychotherapy and counselling courses in the last 30 years, and the pressures to regulate these, has also led to the monitoring function becoming more prominent. The British Association Counselling and Psychotherapy recognises this in the requirements for practising counsellors, including experienced practitioners, to receive a specified amount of supervision, on a monthly basis, throughout their working life. This has not always been true of some branches of the psychotherapy profession, where there has been a prevailing attitude that once qualified, a practitioner would not need supervision – indeed, getting a qualification implied a capacity to work independently which might be stifled if supervision continued. This seems to be changing; the introduction of continuing professional development requirements in organisations such as the British Psychoanalytic Council seems to have led to a reassessment of the importance of supervision for experienced practitioners. Hester Solomon (op. cit.) in a recent paper argues strongly for continuing supervision after qualification, seeing this as the expression of a mature and ethical professional attitude.

In practice, as Richard Jones (1989) points out, the two aims, of safeguarding the well-being of the patient as well as assisting the development of the supervisee, normally fit together well, since a therapist who has been able to build on their own learning and development is much more likely to work well with the patient. We might all agree that we aim first of all to help the supervisee to understand the patient and work more effectively to help them in their own understanding of their difficulties. Of course, being a trainee puts very specific pressures on both supervisor and supervisee which complicate the relationship, which we will consider in Chapter 3.

But Jones also draws attention to the possibility that these aims can be in conflict – and in practice different writers on the subject value these functions to a different extent. He quotes Robert Langs (1979) who is clear that the supervisor's first responsibility is to the patient. 'Any time a supervisor has an influence on a treatment situation, the

patient and his needs must come first . . . . I am stressing only that the supervisor must have as his first concern that the patient receive the therapy he needs' (p. 18).

In extreme situations, where a patient's life is in danger, the supervisor has to use their authority to safeguard the situation. But often the situation is less clear-cut; it may take time to develop a view as to what is in the best interests of the patient. In addition the supervisor can only work through the supervisee; no matter how 'correct' we may think ourselves to be, we are not the patient's therapist. A very common situation in supervision is that where the supervisor urges the supervisee to take up a particular aspect of the patient's thinking or behaviour in the session, and a level of frustration sets in on the supervisor's part when the supervisee is not able to do this, perhaps because they have a somewhat idealised view of the patient and the issues they bring to therapy. The supervisee in this situation can feel chastened and somewhat demoralised. Jones writes of the adverse implications of continuing to push the supervisee, and points out that as supervisors we have to be continually on our guard against nurturing any narcissistic tendencies to think that we always know best, at the expense of the supervisee's learning and their relationship with the patient or client. Sometimes it is a matter of experience; it can be very difficult, for example, for a counsellor beginning to see clients to understand how important they might be, at an unconscious level, to the client. This can result in the significance of absences and breaks not being fully appreciated; it might take some while to integrate theory and practice, as the following example shows:

Miriam, a counsellor working in a university brought Cassie, a student she was seeing long term, to supervision. The summer break was approaching and the supervisor, thinking of Cassie's history of losses and abandonments, emphasised to her supervisee the need to address the subject of the break. She was mindful of the fact that over three months would elapse before she could be seen again, since Cassie had to return home as soon as her exams were over to look after her younger siblings. The supervisor had a sense that Miriam wasn't in touch with the depth of feeling that this situation (the lost sessions) might engender. She made this point, but she had a sense of it not sinking in.

However, the psychic reality of the situation was soon brought home very forcibly to Miriam. She was sitting in her office in the last week of term, when Cassie appeared, half an hour before what would have been her last session before the holidays, had she been able to stay for it. She

PROOF

> *had taken her brother's car and driven a hundred miles to get to the university. She didn't think she would be able to see Miriam – she just wanted to check that she was there. (In the event, Miriam, horrified at the apparent risks Cassie had taken – she said she had driven well over the speed limit – was able to offer her some time.)*

Clearly this is a complex situation requiring a certain amount of unravelling – but Miriam certainly learned, in a very vivid way, something about the strength of her client's attachments. The experience made her able to think about similar situations and interpret breaks and absences in a much more cogent way, that made sense to her clients.

In this case, as will often happen, the supervisor was able to be patient with the supervisee and allow her to learn from experience. But the needs of the client or patient have to be thought about. Sometimes, focussing on the supervisee and their learning, rather than thinking about the impact on the patient, can result, as Jones suggests, in a collusive relationship developing with the supervisee, where there is implicit agreement that certain issues will not be challenged in supervision or in the related counselling or therapy. As he writes, giving priority to either patient or supervisee results in the 'drawback . . . that they entail a departure for the analytic attitude on the supervisor's part'.

This then is the central difficulty in supervision; how do we maintain an overview and a sense of balance – or an awareness – of all the factors which are working against this, not only in the reported interaction between the supervisee and the patient, but also in supervision and in the wider context of the work? We also have to be aware of our own characteristic tendencies, perhaps in the direction of avoiding conflict or alternatively, of pushing our own point of view. These questions relate to the question of the way in which we take up the authority which goes with being a supervisor, an issue which will be further discussed in Chapter 3.

The complexity of the aims cited above can result in tension in terms of the supervisor's role. Many of the readers of this book will also be involved in education, therapy and management of counsellors and therapists in other contexts, as well as supervision; when under pressure, it is easy to fall back on more familiar ways of relating. New counsellors and therapists often have to abandon other modes of working in helping relationships (see Chapter 2) and learn not to ask too many questions or give advice. In the same way, supervisors also have to think about and clarify what is required from

them as a supervisor. Below we consider briefly some further aspects of the different functions of supervision.

The educational aspect of supervision

As has already been stated, supervisors traditionally have an educative role. One of the main aims when working with supervisees at the beginning of their careers is to allow the supervisee to develop a lively sense of the elements of the psychodynamic approach by seeing how concepts relate to practice. This can be achieved in various ways, from a didactic approach involving specific suggestions to a more facilitative approach, where the supervisee is encouraged to come to their own conclusions. Both of these approaches have their place in supervision; when supervisees begin therapeutic work, they can find it very containing to have some concrete suggestions for interventions. But if this process goes on too long, or predominates in place of thinking together about the patient, then it can become irksome and constrictive. This draws attention to the need to think about the needs of the individual supervisee, in terms of the stage they have reached in the process of becoming a practitioner. We may also have to consider how we can help our individual supervisees to learn; some seem to be relatively prepared to take in what is being said, others have to learn by experience or by experimentation. As the above example of Miriam and Cassie shows, we all need the experience of working with clients or patients to bring alive and deepen our understanding of the theory. Ultimately we have to help the supervisee to find their own voice; as Mary Twyman (2007) writes, we need to value the qualities and previous experience of the supervisee and help them to develop to their full potential in their therapeutic work, not to impose a particular style upon the supervisee.

Jean Arundale (2007), considering the question of the qualities and experience that supervisors need, concludes that psychodynamic supervision involves above all the transmission of internalised psychoanalytic values; it is not a matter of techniques or skills but of establishing a relationship where beliefs and goals can be shared, having the quality of an apprenticeship for the supervisee. This implies a degree of maturity in the supervisor as a psychotherapist, and this seems crucial to taking up the supervisory role. By maturity I am not implying that a supervisor has the answers, rather the reverse, that they are able to tolerate ambiguities and uncertainties

PROOF

while being prepared to think about the patient and generate useful hypotheses on their situation.

Monitoring and managing

The monitoring function of supervision (in terms of their interaction with the client or patient) is one that often causes anxiety to new supervisors, particularly when they are supervising trainees or others where they have clinical responsibility for the well-being of the patient. There are additional difficulties if the supervisor has no input into the nature of patients that are allocated to inexperienced trainees. In this circumstance the supervisor may find they have responsibility for maintaining standards and safeguarding the interest of the patient but have no power to manage the situation at the beginning of the process. Many writers (e.g., Langs, op. cit.) advocate a separation of management and supervisory functions, arguing that the supervisor needs to safeguard a space where the supervisee can be free to be honest about their thoughts and feelings about the patient and their interventions without being overlooked on a day-to-day basis by a training organisation. But in practice, management and supervisory functions are often combined, and sometimes it has its advantages. When supervising placement counsellors, for example, being able to carry out assessments also means that the supervisor has some knowledge of the client and their issues, with which to compare the account from the supervisee.

Supervision versus therapy: supporting the supervisee

As we shall see in Chapter 4, supervision in the psychoanalytic tradition was originally seen as something that belonged in the student's own analysis. This was rooted in the assumption that the patient's difficulties could be considered independently of the psychoanalyst's experience in the session; any feelings that disturbed the analyst's ability to take up a neutral stance needed consideration in the training analysis. Since we now recognise the importance of thinking about our own countertransference as a guide to the patient's relationship with their internal objects, emotions experienced during sessions become highly relevant to our thinking about the patient. Currently, psychotherapists and most counsellors training in the psychodynamic tradition are expected to have their own

therapy while training, which makes it easier to draw a boundary between supervision and therapy. It also allows them to give some consideration to the origin of these feelings. But the question of where and how to draw the line continues to concern supervisors, particularly in circumstances where the supervisees are health professionals who have no experience of personal therapy.

There are a number of aspects of this dilemma. Supervisors may find themselves pressured at times to take up a more therapeutic stance, in the sense that they may find themselves commenting where they think that a particular characteristic of the supervisee is getting in the way of the work. When I am supervising I feel free, potentially, to make such an observation, but I try not to get drawn into detailed further discussion, particularly if the person concerned is in therapy.

In addition, supervisees will often let supervisors know of difficulties or crises in their personal life and I think that it is important to listen, and part of the supportive function of supervision, in the service of understanding the overall context in which the supervisee is working. I am prepared for the fact that some supervisees want to tell me that an aspect of their work has brought up a particular issue, and I will acknowledge its importance. On the whole I have found that supervisees are relatively bounded in their personal revelations; normally, they tell us as a point of information, not to challenge the boundaries. A common example is the situation where a member of the supervisee's family is causing anxiety, in a way which may echo situations with clients. Under these circumstances supervisees may feel they need the supervisor to keep in mind the kind of pressure they are under, and help them not to over identify with the client.

Supporting the supervisee is also an important aspect of helping them deal with the ever present anxiety of working therapeutically with people who present with difficult, complex issues; if the supervisor can listen to and tolerate their anxieties in supervision, they are more likely to be able to manage their anxieties in the session. In this respect, as so often, the supervisor can find themselves modelling a containing stance. I also find that all supervisees, particularly those working in institutions and having some management responsibility, sometimes arrive at sessions needing to begin by simply articulating their preoccupations and concerns – there is a cathartic value to supervision.

This brings me to a further thought on supervision, which is that sometimes when there are no patients to think about it can be useful – and ultimately helpful – to allow for time to talk about

PROOF

matters which are not directly related to clinical work; very often a theme develops which has a bearing on our understanding of the work. Thomas Ogden (2005), writing about supervision, considers this matter; under the heading 'On the importance of having time to waste' he writes of the necessity of valuing a state of reverie where ideas are allowed to float to the surface, and points out that in some circumstances, sticking rigidly to clinical material can have a defensive quality. It is a salutary reminder that being able to play with ideas and free associate is also an important part of supervision.

Some definitions and an outline of the contents of the book

The book looks at supervision from a psychodynamic perspective and this term needs further definition; in this context, I use 'psychodynamic' to refer to ideas that developed originally from psychoanalytic ideas. Any definition is bound to raise questions as well as answer them but I can only write from my own experience and the ideas that have informed my own practice as a counsellor, psychotherapist and a supervisor are those of Freud, Klein and Winnicott and others working in the same tradition. This implies, at its simplest, that I am assuming a dynamic relationship between our conscious and unconscious worlds, with all that this implies in terms of conflict, anxieties and defences. These dynamics can best be explored in a bounded, consistent setting where attention is paid to the effects of breaks and discontinuities. Also implied is the idea that past experiences will influence current relationships, including that with the therapist. Transference and countertransference are concepts which are central to my understanding of counselling, therapy and supervision. I am assuming that most of the readers of this book will be therapists working in this tradition; however, those wanting an account of psychodynamic ideas as they relate to counselling will find this in Laurence Spurling's book (2004) *An Introduction to Psychodynamic Counselling* in the same series as this book.

Readers will of course have their own favourite theories, and the world of psychoanalytic psychotherapy and psychodynamic counselling is beset with disagreements and at the very least differences in emphases. For example, practitioners within different traditions place a different emphasis on the inner world versus the external circumstances of the patient, and have different explanations for the difficulties the session reveals – and the way we conceptualise

PROOF

this will affect the interpretations we might consider in supervision. We may place a different emphasis on building an alliance with the patient as opposed to challenging them, and this may also affect what we think about the timing of interpretations. And, like our supervisees, we may have largely implicit, possibly unexamined theories about the way in which we conceptualise the work, which need to be thought about; this is a task for our own continuing professional development.

Throughout the book I have used case illustrations, sometimes small vignettes, sometimes more extended examples, to illustrate the points I am making. They have been chosen to represent common situations in supervision. In certain cases I have asked for permission from supervisees to write an account of a disguised situation, and have shown them the account. All of those consulted agreed, very generously, that I could include the material, sometime subject to small amendments. Other examples are composites, chosen to make a point about circumstances that can arise in supervision; they are based on my experience but there has been an element of creativity in putting together ideas, characters and circumstances. I have tried to convey the essence of the experience in a vivid way. Readers will probably have in mind their own versions of the aggressive supervisee who challenges their authority, and the supervisee who finds it difficult not to ask the client too many questions. But we also know that sometimes supervisors can unwittingly make things worse. I have tried to start from the assumption that supervisors are human and that being able to reflect on situations and practice can enable us to be a more helpful version of ourselves as supervisors. In writing the examples I have of course been able to draw on my experience as a counsellor, psychotherapist and supervisee over many years, as well as a supervisor, trying to remember and profit from earlier experiences. And in common with most of the people reading this book there is also at a deeper level the experience of having been a patient.

I use the terms 'counsellor', 'psychotherapist', and 'therapist' in relation to the supervisee being considered, and those they are working with as 'clients' and 'patients'. While these terms are by no means interchangeable, their use in a particular situation sometimes indicates context; psychotherapists working in institutions may be given the title 'counsellor', or vice versa, and those they are working with are also called 'clients' or 'patients'. However, the nomenclature may be significant in terms of the role of the institution but it does not necessarily indicate anything in terms of the sophistication

PROOF

or experience of the practitioner who is bringing work to supervision. And an analytic attitude can be used to inform work in any context.

As we have seen, supervision is a complex matter. In subsequent chapters we will consider aspects of the tasks of supervision in more detail, as follows.

Chapter 2, 'Beginning supervision', is intended for those who are supervising for the first time, and considers in particular the needs of relatively inexperienced counsellors or therapists. In this context we think about the importance of providing a bounded setting for supervision, partly as a way of modelling an attention to boundary issues for supervisees but also, crucially, as a way of containing our supervisees' anxieties about beginning therapeutic work. We also consider in a very rudimentary way the practical tasks of supervision, and what we might expect from supervisees.

Chapter 3, 'The emotional experience of learning and teaching in supervision', considers further the sources of anxiety in supervision; we think about what is implied in learning in this context, including the experiential nature of the process, difficulties in managing uncertainty, the contribution of different expectations and assumptions and the often unconscious anxieties relating to authority, particularly in the context of training and assessment. We consider how the attitude of the supervisor and the dynamics of the training institution can affect the level of anxiety in supervisees.

In Chapter 4 we explore the function of psychodynamic theory in supervision; it will be seen that developments of theory relating to supervision have been related closely to the development of psychoanalytic theory; in particular, the development of the concept of internal objects paved the way for a different view to be taken of relationships in therapy and the manifestations of transference and countertransference, leading to new ideas about the part these phenomena play in supervision. We also consider a model of the needs of supervisees at different stages of development, and ways in which theory can help us in supervision.

In Chapter 5 we return to a consideration of the process of supervision, and elaborate on aspects of the task of understanding the supervisee's work with the client or patient. We consider the role of the process recording in beginning to understand what has gone on in the session and the way in which this can lead to thinking in more depth about the nature of the countertransference. We think about ways of understanding and working with the inevitable enactments in the therapeutic situation. The importance of being aware of the

roles we take up in relation to the supervisee and their material is stressed, since this may be a reflection of the dynamics of the session with the patient.

The next three chapters deal with aspects of the context of supervision and the work being supervised. Chapter 6 looks at the particular advantages and complications of group supervision; this is likely to be the first experience of supervision for many supervisees and is often the first opportunity many of us have to take up the role of supervisor. We can see that group dynamics create their own difficulties, which I think about in terms of Bion's framework of basic assumption groups. But groups can also demonstrate a type of parallel process, which we have thought about in Chapter 4, where the functioning of the group can provide a clue to otherwise unnoticed aspects of the relationship between the client and the supervisee.

In Chapter 7 the subject of institutional dynamics and the supervision of those working in organisations is considered. Counsellors and therapists working in institutions are subject to additional pressures relating to the way in which the institution manages anxiety. I outline some theories that will be useful in this context, those based on psychoanalytic theory, group relations theory and systems theory and how these can inform supervision practice. Working in an institution may involve thinking differently about the transference, for example, and there is likely to be increased pressure on the therapist to take action rather than reflect.

Chapter 8, 'Working with difference', explores in particular the issues that might be involved in supervising work where the participants are of a different colour or ethnic group. The necessity of thinking about and addressing this issue is discussed, although it inevitably brings up very difficult feelings, whatever our own ethnic background. The implications of not doing so, however, might be to entrench existing disadvantages for members of minority groups. The chapter also considers the impact of gender and sexuality, age and disability on therapy and supervision.

In Chapter 9, 'Challenges and dilemmas in supervision', I explore in particular the difficulties of supervising therapists who are working with suicidal or seriously ill patients. This situation calls on all the resources of the supervisor, in helping the therapist to contain their anxiety, and it may also involve a more focussed approach in terms of thinking with the supervisee about appropriate interventions. Other situations, including difficulties within the supervisory relationship, are considered briefly. What all these situations have

PROOF

in common is that they challenge the supervisor's ways of working and thinking, making it difficult to keep a reflective stance.

The book concludes with an appendix of addresses of organisations that the reader may find useful.

Summary and conclusions

In this introductory chapter I have outlined some of the factors that make supervision difficult at times. I see these as relating primarily to the different functions that supervision is expected to fulfil. Supervision is not the same as teaching, management, supporting or therapy but yet there are elements of these processes in supervision. Supervisor and supervisee may have different views of where the boundary should be drawn. The chapter goes on to outline the contents of the book and provide some details of definitions.

The following points emerge from the discussion in this chapter:

- The tasks of supervision are complex and require the supervisor to keep in mind the balance between the needs of the supervisee, in terms of their education and development, and those of the client or patient they are working with.
- This implies that supervisors need to have got to the point in their own development when they have a degree of maturity as practitioners, with an integrated understanding of theory and practice, so that they can put their own anxieties aside and focus on the supervisee and their patient.
- Different supervisors will place different emphases on the balance between educative, and monitoring and other functions. These may relate to their own experience and that of the supervisee and also to the context in which they are working.
- While supervision needs to steer clear of moving towards a therapeutic function, there will be times when supervisees need to experience our support to allow them to focus on the patient.

PROOF

Index

acting out, *see* enactments
age, aging, 111, 141–2
aims of supervision, complexity of, 4–7, 76
Alleyne, A, 135
ambivalence, 39, 60
anxiety, in supervisee, 16–19, 32–5, 39–45, 71–2
  in group supervision, 89
  institutional, 110–15
  Oedipal, 42–5
  persecutory, 40–2
Armstrong, D, 116
Arundale, J, 8
assessment
  of patients, 164
  of supervisees, 86, 160
authority, 42–5, 60

beginners
  supervisees, 16, 59–61
  supervisors, 1–3, 16
Bell, D, 150, 151
Berman, E, 34–5
Bion, W.R, 14, 16, 52, 90–8, 128
Bollas, C, 99
borderline patients, 152–9
boundaries, 18–22, 83, 108, 163–4
breaks, 6–7, 30, 83
brief therapy, 122
British Association for Counselling and Psychotherapy, 5, 17, 170
British Psychoanalytic Council, 5
Brown, L and Miller, M, 58

Campbell, D and Hale, R, 150, 151
Caper, R, 85
Casement, P, 19, 57
catharsis, 10, 25–6
Cohen, M, 111
Coleman, W, 46
collusion, 7, 149
competition, 37, 87–8, 95–6, 104
confidentiality, 21, 102, 122–3, 156
consultation, 109, 126
containment, 18, 29, 32–5, 101–5, 149–55
Coren, A, 32, 112
Corner, L, 160
countertransference, 9, 27, 33–5, 43, 50–3, 73–80, 129–31, 140, 150–1, 157
  in supervisors, 76
  see also transference
Crick, P, 34, 38

Dalal, F, 90, 130, 132
Davids, M. Fakhry, 130, 131–2
defences, *see* anxiety
Del Pozo, M.M, 25
difference, 127–46
disability, 142
diversity, *see* difference

emotional dynamics of supervision, 32–47
empathy, 43–4, 79, 81–2
enactments, 43–4, 79, 80–2, 124–5
envy, 35, 64, 142
ethical issues, 5, 165

feedback, 46–7, 105
frame, 30 *see* boundaries, containment
free association, 10, 11, 57–9, 74–6
Freud, S, 22, 32, 39, 50, 63, 89–90
Frosh, S, 137
functions of supervision, 3–11, 57–9, 74–6
  consultative, in institutions, 109, 154–6
  educative, 3, 8–9, 103
  managing, 9, 149

PROOF

functions of supervision – *continued*
  monitoring, 9, 103
  supportive, 9–11, 165

gender issues in supervision, 137–41
Gordon, P, 128
Gosling, R.H, 94, 104
Gray, A, 19–20
group dynamics, 87–107
  as parallel process, 98–101
group supervision, 87–107
guilt, 129, 134–5
  unconscious, in supervisee, 115

Halton, W, 108
Hartung, B.M, 44
hate, in countertransference, 27
Hawkins, P and Shohet, R, 59–61, 104
Heimann, P, 51
Heyno, A, 148
Hinshelwood, R and Skogstad, W, 110
holding function, *see* containment
Holmes, J, 148
Howard, S, 58

idealisation, 112, 114, 136, 160, 162–3
identification, 10, 27, 38–9, 53, 77–9, 138–9
  see also empathy
identity, 127
infantilisation, 44–7
Ingram, G, 122
institutions, 108–26
  influences on groups, 105–6
  training, 45
interpretations, 29, 81, 84–5

Jacobs, M, 54
Jones, R, 5–6
Joseph, B, 82, 98–9

Kareem, J, 129
Kernberg, O, 46
Keval, N, 153
Khan, M. Masud, 34, 62
King, L and Randall, R, 45
Klein, M, 40, 51, 91

Langs, R, 5, 9, 20–2, 56–7, 69, 120
learning, 2, 33–5, 38–40, 59–61

Lemma, A, 128
Lloyd-Owen, D, 157
Lowe, F, 134

Main, T, 154
Mattinson, J, 98
McGlashan, R, 35
Menzies Lyth, I, 110
Miller, E.J and Rice, A.K, 117
Milner. M, 19
Milton, J, 81
Mollon, P, 2
Morgan , H, 128, 132–3
mourning, 141–4

narcissism, in relation to difference, 130
National Health Service, 108–9, 121
negative therapeutic reaction, 152

Ogden, T. H, 11, 29, 69, 80
organisational dynamics, *see* institutions
organisation in the mind, 116, 117, 123

Papadopoulos, R, 137
parallel process
  in groups, 98–101
  in individual supervision, 53–7
paranoid-schizoid position, 40–2, 91–2, 157–9
Phillips, S.H, 141
play, 11
  see also free association
primary task, 117–18
private practice, 164
process recording, 25, 68–73, 84
process of supervision, 24–9, 37, 67–86
  see also tasks
projection, 112–13, 131, 141
projective identification, 28, 43, 52–3, 80–2, 131–2, 139
psychoanalysis, *see* theories

questions, 18–19, 23

race and colour in supervision, 131–7
Racker, H, 77–9
reflective process, *see* parallel process
regression, in groups, 98
Richards, J, 149
Rioch, M, 97

PROOF

rivalry, 36–8, 71, 88–9
Roberts, V. Zagier, 115, 117
role of supervisee, 44, 147, 168–9
  in groups, 88
  of supervisor, 3–10, 34, 44, 109, 153
Rustin, M, 131

Salzberger-Wittenberg, I, 38, 40
Scanlon, C, 97
Schaverien, J, 140
Searles, H.F, 53–6
Segal, J, 143
setting, 19–22, 24, 29–30, 83, 116, 164
shame, 37, 105, 135
Solomon, H, 2, 5
Spillius, E. Bott, 53
splitting, 37, 95, 105, 112, 131–9, 151–4
  see also projective identification
Spurling, L, 11, 22, 157, 162
Steiner, J, 80, 91, 158
Stewart, N, 118
suicidal patients, 79, 148–56
superego influences, 43, 46, 134–5

Tan, R, 129–30, 131
tasks, of supervision, 24–9, 67–82, 90–2
Temperley, J, 138
Terry, P, 111, 141–2
theory,
  function of, in supervision, 49, 62–5
  group relations, 110–117
  groups, 89–98
  psychoanalytic, 10–11, 49–53
  of supervision, 53–62
  systems theory, 116–17
  implicit, 12, 62, 162
  integration of theory with practice, 16, 62–3, 77
  see also parallel process
Tillman, J G, 148
Timimi, S, 131
transference, 73–80
  erotic, 100, 140–1
  in institutions, 123–4
  to learning, 36–9, 44–5
  in relation to difference, 129
  to supervisor, 44, 59–61
  see also countertransference
triangular space, 2, 79
Tuckett, D, 82–3
Twyman, M, 8

Winnicott. D.W, 19, 22, 27, 51
Wood, H, 163

Zinkin, L, 2