RELATIONAL SUPERVISION – HEATHER FOWLIE

Frawley-O’Dea and Sarnat (2001) in their book on relational supervision, quoting Fiscalani (1997) define supervision as “a relationship about a relationship about other relationships”, which seems similar to Gilbert and Evans 2000 pictorial depiction of the “multiplicity of relationships involved in the process” (pg 7) of supervision.

Building upon this and the several descriptions in the literature regarding the nature and purpose of supervision, (Barnes, 1977; Erskine 1982; Cornell and Zalcman, 1984; Clarkson, 1992; Holloway, 1995; Gilbert and Evans 2000; Tudor, 2002; Cox, 2007) I propose that the main supervisory challenge, for someone like myself who defines myself as a relational practitioner is: -

To offer a relationship that will stimulate and enhance the supervisee's personal and professional development, awareness, knowledge and skills, so that s/he can develop and sustain a therapeutic relationship and attitude with his/her client, which is beneficial and within which the client can, where appropriate reassess and re-work any internal relational patterns and dynamics that are unhelpful to her.

Placing relationship at the very heart of the supervisory and therapeutic endeavour in this way, suggests the need for a supervisory model, which mirrors this. Holloway's (1995), System’s approach to supervision: (SAS) does just this. Law (2007) suggests that her model “provides a structure into which virtually any theory may be fitted” (pg 123) and in this way I find it a well-designed, inclusive and thought provoking model for providing a framework, (with my own adaptations and inclusion of other model’s) to meet the supervisory challenge that I outline above.

Holloway’s model as can be seen below has seven factors, which are represented as six wings connected to what she calls the “core factor” that of RELATIONSHIP. FUNCTION and TASK are the most prominent wings with the more covert influences of SUPERVISOR, SUPERVISEE, CLIENT AND INSTITUTION in the background. The central RELATIONSHIP column she describes as the “container of dynamic process” Pg 41, which embodies and influences all the other factors. Due to space I will very briefly describe the first two wings of her model and my adaptations and then go on to illustrate how I use the RELATIONSHIP column in particular to inform and frame my particular relational style of supervision.

The Supervision Relationship
(Core Factor)

Holloway lists five main supervisory FUNCTIONS, which are similar to Kadushin (1985), Proctor’s (1986) and Hawkin’s and Sohet’s (2006) functions. I personally prefer the simplicity of the latter. She also lists 5 TASKS, which refers to what the supervisor focuses on as a means of achieving the supervisory challenge as they define it for themselves. Instead of using her 5 tasks I prefer Hawkin’s and Sohet (2006) “Seven Eyed Process Model”. I find this model compatible with both Holloway’s model and with a bit of poetic licence, my own relational model of supervision.

The container through which all of the above is negotiated and contained Holloway (1995) refers to as RELATIONSHIP and it is here for me that the model really comes into its own. She divides this “core factor” into three inter-connected areas, the first of which she calls STRUCTURE, referring to the way power is negotiated between the supervisory pair.

I find Holloway’s acknowledgment of power constructive and agree with Law (2007) that her approach of “power with” as opposed to “power over” ‘describes’, encourages and supports the process of supervisee empowerment. I would go further here however and suggest that not only is it effective in fostering learning, but that within a relational model a “power with” or egalitarian approach is in fact the only one that is compatible, as I explain below.

Relational theory asserts that reality and truth are perceptual, arising in the main out of the way that we in response to the relational experiences that we have had, have come to construct and arrive at meaning. With an emphasis on the therapeutic relationship, relational psychotherapy is concerned with a respectful and thorough exploration and explication of these meanings.

Like the relational clinician, the relational supervisor acknowledges that she has no special knowledge or access to the truth about the client (or the supervisee or the supervised work) and that in fact her own version of the truth and reality will be perceptual and limited. Therefore and without discounting the greater experience that she brings to the exchange, or her role in helping the client integrate theory into practice, the relational supervisor, instead of asserting what is ‘true’ or stating how things should be done, rather accounts for, seeks out, considers and explores with the supervisee the insights and meanings that she identifies with, (and that the client emphasises) and then trusts the supervisee to take these meanings, once they have been expanded upon back into the work with the client, in her own particular way. This can be seen most clearly in Holloway’s (1975) model under Case Conceptualisation and Emotional Awareness and in the Hawkin’s and Sohet model (2006) under Focus on the Client, Exploration of the Relationship between the client and Supervisee and Focus on the Supervisee.

This is not to imply that I trust in the supervisee’s abilities naively or support poor work or that in relational supervision both parties have equal responsibilities, the supervisor, for instance has both an evaluative and gate-keeping role which reflect inescapable and legitimate power differentials, but it means instead that I place emphasis upon and have a commitment towards, ever increasing mutuality, negotiation, and distribution of power and authority within the supervisory relationship.

In relation to the evaluative power that is inherent in the supervisory relationship, (located in Holloway’s (1995) model under tasks), I feel that it is important to initially address this aspect of the supervisory early on. I would do this by talking about it openly with the supervisee, outlining not only how supervision might proceed but also how I approach the evaluative part of it. I would expect to cover the following kinds of issues in that conversation, namely that I expect and am likely to view a supervisee more favourably if they have taken risks and discussed their difficulties with me and that I am committed to helping them to consider and learn from those parts of the work that have particularly challenged them. That if I feel there are problems that I will discuss these with them as they arise and long before a formal evaluation takes place and that I am also willing and open to hearing any feedback that they might have for me. This fits most closely with Holloway’s (1975) Professional Role and Monitoring and Evaluating and Hawkins and Sohet’s Wider Context.
Whilst such an invite alone, does not necessarily make it easy for a supervisee to feel comfortable in giving me feedback, the invite is important and will hopefully when placed in the context of a power sharing relationship bear fruit. To assist this process I will occasionally use self disclosure, revealing how my own “dumb, blind and hard spots” (McLaughlin 2005) have been problematic in my work as a therapist or supervisor which I feel can both demystify and normalise the struggles every therapist faces when she uses herself in service of the work in this way. It also facilitates a more collegial atmosphere of mutuality and shared vulnerability.

Holloway (1995) lists the cultural characteristics of the supervisor, supervisee and the client as one of the contextual factors that can impact upon the supervisory tasks, Hawkins and Sohet (2006) also name this under the Wider Context. A relational view of power, which as stated views power as co-constructed and something that should be shared and negotiated, holds promise for addressing some of the gender/ race/, class/ sexuality/ability issues that can limit supervisees and impact upon the development of the supervisory and therapeutic relationships. I see that I have an active responsibility to attend to and speak about, rather than silently perpetuating, power dynamics that hold the supervisee back from realising her full potential and from either experiencing her power with me or psychologically expanding upon or diminishing that that is rightfully mine and/or the client's. Wycoff's and Steiner's (1976) equations around power provides a useful rationale as to the purpose of raising these kinds of discussion.

The degree to which power and authority can be distributed within the supervisory relationship is in large part connected to the second area that Holloway defines, that of PHASE. Like some other’s (Erskine 1982; Gilbert and Evans, 2000 etc) she identifies distinct phases that supervisee’s go through, which are largely dependent on where they are in their development. Whilst I find Erskine’s stages more readily accessible, I like the way that Holloway by implication suggests that if the relationship is good enough, so that it can evolve and deepen, uncertainty and as Gilbert and Evan’s (2000) emphasise, shame, is reduced. Two important factors which, are likely to enhance learning and encourage and enable the supervisee to risk both self-disclosure and the type of vulnerability that is needed for effective supervision to take place.

Placing the resolution of the supervisee’s own issues within the immediate stage of his model, Erksine acknowledges this as an important and legitimate supervisory focus. He does not expand upon what this means in practice however and I wonder if this is because, what is commonly referred to as the TEACH/TREAT issue evokes so much controversy, with some supervisors differentiating the supervisee’s personal development from her personal growth and asserting that the only appropriate place for these personal issues to be addressed is in therapy.

For the relational supervisor this distinction is both undesirable and impossible. The therapist’s experience of the client and the relational patterns that emerge between them, are so central in understanding and guiding the therapeutic process, that the supervision cannot be effectively carried out without addressing the supervisee’s countertransferences to her client, including those bits which McLaughlin (2005) calls the therapist’s transferences and because they also impact upon and influence the therapeutic and supervisory processes, her transferences to the supervisor and the supervisor’s countertransferences (and transfers) to the client and to the supervisee.

In this way it can be seen that a rigid demarcation between teaching and treating is incompatible with a relational approach. What seems important however is that supervisee and supervisor are clear with each other about the purpose of this kind of exploration (which relates to Holloway’s third factor - contract, see below) and that it remains, as Frawley O’Dea and Sarnat (2001) state: “indentured to the overarching goal of facilitation of the supervisee’s growth as a clinician” Pg 140. In a therapeutic relationship the purpose of exploring transferences and countertransferences, is to explore, deconstruct and reconstruct the perceptual meanings and relational patterns that emerge. In the supervisory relationship, the purpose of this kind of exploration is limited to encouraging, enabling and promoting
effective therapeutic work. This refers to both Holloway’s (1995) task of Emotional Awareness and Hawkins and Sohet’s (2006) mode of Focus on the Supervisee.

Two final inter-related reasons for promoting a more contemporary approach to the teach/treat boundary is that for those supervisee’s interested in adopting a relational approach in their own work, they get an opportunity to both witness and engage in a modelling of the process and secondly the relational supervisor, because they are working in a way that is compatible with their theoretical basis will be working and modelling the importance of congruence. Hawkins refers to this as Modelling and Hawkins and Sohet (2006) as Focus on the Supervisory Relationship.

The third factor in Holloway’s model is that of CONTRACT, drawing on the work of Inskipp and Procter (1989) she suggests that “the negotiation of norms, rules and commitments at the beginning of any relationship can reduce uncertainty and move involvement to a level of trust that will promote the degree of vulnerability needed for the task to be done” (Pg 52). Additionally, inviting the supervisee to discuss and negotiate the “content and characteristics” of the relationship in this way, is likely to encourage an increased commitment to its goals as well as to support and maintain an appropriate focus on the supervisee’s growth as a clinician, as discussed above. There are obvious links to the TA contract here, especially as Holloway suggests that it can and should be renegotiated at relevant stages throughout the supervisory relationship, as well as on a sessional basis.

In terms of negotiating the norms, content and characteristics of the supervisory relationship, a few things become prominent for me all of which need to be talked through and negotiated with the supervisee. The first is related to an acceptance of and welcoming of creative ways of presenting supervisory material. A central concept of relational therapy is an awareness and focus on unconscious process. Translating this into the supervisory relationship, with the assumption that these processes because they are repressed, dissociated and/or unsymbolised are often difficult to put into readily understood narratives, I would suggest that the supervisory space needs to be flexible and imaginative enough to help the supervisee feel secure enough to present and work through, such material. In practice this may mean being open to the supervisee presenting with regressive or dissociative experiences, via somatic presentations or the use of parallel processes and projective identifications and the use of dreams to name a few. To normalise this and make this acceptable this needs to be discussed openly with the supervisee.

Another issue that emerges here for me is that as well as the more usual focuses in supervision, that a focus on the relational patterns that materialise within the supervisory relationship should be legitimatised as a rich and useful focus of study. This obviously fits in with Hawkins’s and Sohet’s mode of Focus on the Supervisory Relationship as do the other three issues mentioned below.

A working assumption that underlies this is that the more fully the supervisee and Supervisor can discuss their own relationship, as it unfolds and deepens and in particular how it represents or impacts upon aspects of the supervisee/client relationship, the more completely and effectively the supervisee can engage with the client in identifying and speaking about their relationship. As Frawley O’Dea and Sarnat (2002) suggest, “The medium of supervision is consistent with the message of clinical theory, and the process of supervision parallels the analytic work” Pg. 62.

There are many factors that can impact upon the supervisory relationship, first are the relational patterns that emerge and are mainly reflective of the relationship between a given supervisor and a given supervisee. Second are relational enactments that take place in the supervision that are similar to those that are occurring in the supervisee’s or for that matter the supervisor’s own therapy. Third may be some kind of enactment between them which is related to the dynamics of the organisation in which the supervision occurs and lastly are those re-enactments of the relational dynamics that are at play in the relationship between the supervisee and her client, often refereed to a parallel process, which I will refer to in more depth later on.
In a similar manner to the issue above and in order to legitimise this focus in supervision, I will discuss this with the supervisee, usually, in the first instance, as part of the initial supervision session, stating why I think it is important and useful to discuss our relationship and follow this up by talking with the supervisee about how they feel about this, not only do I see this as an educative process, but also as related to the power-sharing process that I mentioned earlier.

Similarly linked and central to relational theory is permission to have, to value and to use countertransferential material. Not only can the supervisor’s counter-transference help to surface any unconscious material that may be attempting to emerge into the therapeutic dyad and/or that is influencing it, it can also via the use of judicial supervisor self-disclosure model the use and value of its appropriate use in the service of progressing the work. This has an obvious link to Hawkin’s and Sohet’s (2006) mode of the supervisor focussing on their own process.

The fourth issue that relates to much of what is written above, but I feel deserves a sentence or two of its own relates to parallel process. Parallel process is often seen as a negative thing, something that represents a stuck-ness, originating in the therapeutic relationship and enacted in the supervisory relationship, which requires a neutral supervisor who can spot it and stop it, by bring it to the supervisee’s attention.

A relational approach has a slightly different take on this. Firstly it locates the concept within all and every relationship, (the kick the dog syndrome). Secondly it suggests that parallel processes can promote positive outcomes, where for instance a positive healing relational pattern in the supervisee’s own therapeutic relationship can be paralleled into the relationship with the client. Thirdly that the parallel can arise out of any of the dyads, fourthly that it may represent one of the creative and imaginative ways in which unconscious material can find a way into consciousness and lastly that the supervisor, (assuming that the relationship being paralleled has arisen out of the supervisee-client relationship), rather than being a neutral observer may well need to enter into and get caught up in the enactment for a while, in order to understand more about and expand upon the multiple meanings that the original dyad might be struggling to convey and work through.

The final issue that seems relevant for me to mention here relates to an acknowledgment that my personal supervisory style has an undeniable impact upon the way that I do supervision and by association, on the supervisee. Within a relational framework there is an acceptance that we are not and cannot be neutral observers to a process that we are involved in and that it is not even desirable to try to be. What is important is that we recognise and discuss with each other how these influences may impact upon the relationship and to work at minimising any influences, which have the potential to impact negatively upon it.

As a natural part of developing our supervisory contract I would discuss all of the above with a new supervisee, discussing my personal style, the framework behind what I do, the reasons behind why I might focus on certain things etc. In this way I do not hide my personal style, in fact, I take into each new supervisory relationship a quiet confidence and commitment to it but this is balanced and tempered by an absolute belief in the supervisee’s right and need to develop their own personalised approach to the work. My commitment to them is to help them, develop the skills they need to think through their own approach to the work, so that instead of following my way of being a clinician they can instead find, justify, explain and commit to their own.

Casement P. (1985) – On leaning from the Patient. London; Routledge