



BAPPS

Supervision Review

*The Journal of the British Association for
Psychoanalytic & Psychodynamic Supervision*

Sexuality in Supervision

Winter 2011

Contents

Foreword

*Christine Driver and
Eleanor Creed-Miles*

Articles

Supervision and Sexuality

Dr. Elphis Christopher

Gay Supervision

Bruce Kinsey

*Encounters across the divide : Gender
dynamics in group supervision of work with
older adults*

David Richards

Book Review

*A Practical guide to Transformative
Supervision for the Helping Professions:
Amplifying Insight. Nicki Weld*

Bruce Kinsey

End Note

Foreword

Lead Editors: Christine Driver and Eleanor Creed-Miles

When the theme for this edition of the Supervision Review was suggested by Eleanor it felt both exciting and challenging as it touched on an area that seemed hard to talk about or admit to; that is, sexuality and its ramifications in clinical and supervisory work.

At first suggestion it appeared as if Eros and sexuality would provide a contrast to the previous edition regarding retirement, endings and Thanatos. Certainly the often disruptive and very present energy that issues around sexuality, sexual identity and gender evoke is reflected in this edition. Wise, thoughtful and challenging material is put to us and allows us to reflect on containment and holding of this potentially disruptive and certainly lively set of issues in practice. The initial difficulty in getting articles reinforced this, as though revealing how we think and relate in relation to gender and sexuality was too difficult or taboo.

However, ideas were obviously stirring in people's minds and the result is three fantastic and fascinating articles. Dr. Elphis Christopher begins by looking at supervision and sexuality with special reference to erotic transference and countertransference. Dr. Christopher gives some interesting background theory and then illustrates with some clinical work and especially work with couples where sexuality is an issue. The next article by Bruce Kinsey explores the experiences and dynamics of being a gay supervisor. He challenges assumptions made from inside and outside the gay community and looks at some experiences of supervising gay therapists. The final article by David Richards considers gender dynamics in group supervision and provides some helpful examples as to how gender can influence and interweave with the dynamics of the supervisory process.

These are rich and exciting articles and we are grateful to the authors for their creative work. Have a good read.

[contents](#)

Supervision and sexuality

Dr. Elphis Christopher

Abstract This paper examines supervision and sexuality with special reference to erotic transference and countertransference. Case histories are given to illustrate the themes.

Keywords supervision and sexuality, erotic transference and countertransference

Introduction

Societal changes during the last 40 years, the so-called sexual revolution, have meant that there is a greater degree of openness about sexuality, both hetero- and homo-. The latter is no longer regarded as a perversion to be treated. Individuals and couples are more able to complain explicitly and seek help from counsellors, psychosexual therapists and psychotherapists for sexual difficulties; where there has been sexual abuse, gender uncertainty and sexual addiction including the use of Internet pornography. Paradoxically, the foregrounding of sexual difficulties may hide intrapersonal and interpersonal problems unrelated to sex. Those individuals manifesting perverse sexual behaviour (especially if this brings them into contact with the law) may seek help from psychotherapists and psychoanalysts. Despite the openness there appears to be great anxiety about sex.

Psychosexual problems may not be complained about directly but rather may be revealed during the course of counselling or therapy

Mollon (2008) suggested that “psychoanalysts today do not talk about sex very much, preferring to focus on issues of attachment, dependence, fears of abandonment, aggression and envy.”

Analysis and sexuality in the past: historical considerations

The significance of sexuality and the erotic was understood from the earliest years of analytic work. Freud initially worked with patients, mainly women, who had suffered sexual abuse which he originally thought was the cause of their neuroses. Later with his own self-analysis he abandoned his seduction theory and focused on the inner psychic world and the Oedipus complex. Freud recognised transference love and its importance very early on when thinking about Joseph Breuer's patient, Anna O. The case revealed the erotic psychodrama that took place. Anna O developed an erotic transference to Breuer and thought that she was having his child. Breuer panicked and had her admitted to a sanatorium. Freud later commented that Breuer ‘held the key in his hand but dropped it’. Would supervision have helped Breuer not to panic but to ‘stay with’ and try to understand his patient's involvement with him?

Jung had a similar passionate encounter with his patient Sabina Spielrein who he was treating using Freud's method of analysis and his own word association test in 1904. Jung, ashamed and guilty, wrote to Freud explaining that his patient was threatening to cause a scandal because he refused to have a child with her. Was this Jung's attempt to get supervision? Certainly he needed help. Freud attempted to reassure Jung "our cures are brought about by the fixation of the libido prevailing in the unconscious transference most readily observed in hysteria – the cure is affected by love" Later he added "these experiences help us to dominate countertransference which is a permanent problem for us". Freud regarded countertransference feelings as requiring more analysis rather than providing valuable insights which Jung later maintained was the case.

Modern views on erotic transference and countertransference

After these early experiences psychoanalysts became understandably wary of erotic transference and countertransference. Searles writing in 1959 was a brave exception noting that towards the end of analysis he usually felt erotic desires and wished to marry the patient. The analyst's own inner awareness of these feelings is crucial.

The analyst David Mann wrote a groundbreaking book published in 1997: *Psychotherapy: An erotic relationship: transference and countertransference passions*. He posited that the erotic pervades most if not all psychoanalytic encounters and that it is largely positive and transformational. Mann also thinks that the therapist's countertransference is not merely a reaction to the patient's transference: analysts (and supervisors) have their own erotic desires and sexuality. However, they need to think about them rather than act on them.

Women analysts have been reluctant to write about erotic transference and countertransference (Wrye and Welles 1994), focussing more on the erotic nature and sensual bonding of the pre-Oedipal experience between mother and child. Women are less threatened by regression into a boundaryless state. In contrast, male therapists are more able to see themselves as objects of Oedipal sexual feeling with greater difficulty tolerating regression and bodily longings of and for the pre-Oedipal mother.

The powerful dynamic that is set up between two people, one of whom learns about the other in the most intimate way while the other projects all kinds of longing and yearning upon the other, means the temptation to act out is very powerful. Sexual boundary violations are sadly not uncommon. Gabbard and Lester (1995) found an incidence of around 20%, mainly older male analysts with younger females. All of this needs to be held in mind and boundaries maintained by both the therapist and their internal supervisor and the actual external supervisor.

Issues relating especially to supervision and sexuality

Oedipal issues, seduction and betrayal, enactments with the risk of boundary violations are important.

Thought needs to be given to the following:

- 1) What kind of therapy is the supervisor supervising: psychosexual therapy, couple therapy, individual therapy? These might require different approaches and emphasis. For example, psychosexual therapy might need a more directive approach.
- 2) What is the setting: clinic, with an agency, private practice?
- 3) Is the supervisee in training, or recently qualified, or more experienced where perhaps consultation is more appropriate?
- 4) Is the supervisee receiving personal therapy or has in the past or relying solely on supervision? Personal therapy helps the individual to explore their own sexuality, orientation and relationships.
- 5) Does the supervisee work only with individuals, couples or both?
- 6) Does age and sexual experience matter?

There needs to be comfort in talking about sexual matters in an open and non-judgemental way

Thus the supervisee/supervisor needs to be regarded both as a sexual as well as a professional person.

Therapists engaging in couple work may have additional training to offer help with psychosexual problems using sex therapy techniques based on the work of Masters and Johnson. Such a person may need help to explore the blocks and resistances to the 'home work' given and to understand their meaning in the context of both the individual and the couple relationship.

Case example

A supervisee presented a couple who desperately wanted a child but had given up having sex (not an infrequent situation in couples experiencing fertility problems) The supervisee thought that this particular couple had given up sex as they despaired of getting pregnant. She carefully set in train a series of sexual homework exercises monitoring how the couple performed them. All seemed to be going well with the couple enjoying pleasuring one another but as the exercises progressed towards the possibility of intercourse the woman appeared to be sabotaging the therapy. The supervisee began to feel useless. The supervisor questioned the couple's motivation and possible ambivalence. Initially this was vehemently resisted by the supervisee. Eventually she was able to see that there might be mixed feelings which allowed her to question the couple. This allowed the woman to talk about her mother's painful childbirth experience and to express her own fears and anxieties which she had previously suppressed.

Patients presenting to a psychosexual clinic see a doctor or nurse specialising in psychosexual medicine trained by the Institute of Psychosexual Medicine in which the doctor/ nurse learns to understand the unconscious communications given by the patient through the doctor patient relationship in the 'here and

now'. The genital examination, done in a psychological as well as physical way, can reveal the anxieties and fantasies that a person has about the body, its function and themselves. Past sexual abuse can be revealed at this examination. A woman may express the fear that she is too small. This may relate to her vagina but also to herself, that she regards herself as a girl rather than a woman. Sometimes the complaint, for example, painful intercourse can get into the consultation so that it too is painful and difficult. The training takes place in small groups and it is the group members who help the doctor /nurse presenting the case to reflect on the feelings (the doctor's and patient's) occurring during the consultation. The doctor learns that it is all right not to know and not to be the expert and have all the answers. This is a form of peer supervision which initially grew out of the Balint groups for G.Ps applying psychoanalytic concepts in a practical way. Personal therapy is not required.

In the examples of supervision given above the erotic transference and countertransference may occur but is more muted and not central to the work. That is not to say that there might not be sexual attraction or Oedipal rivalry with one of the partners in the relationship so that the therapist may fantasise that they could better enable the partner to perform sexually. The supervisor needs to be alert to this in much the same way so as not to disable the supervisee by giving the impression that they would do a better job with the patient.

Pre-Oedipal/ Oedipal issues regression seduction and betrayal

Dyads - mother and baby, therapist and patient, triads - parental couple and child, the supervisor, the supervisee and the patient or couple are the stuff of therapeutic work that need to be dealt with on many levels. There is also the centrality of the body with its capacity for sexual arousal or disgust.

Case example

A male supervisee working with an attractive and seductive teenager found himself getting an erection as she described in graphic detail what her uncle had done to her sexually. It was only in supervision, after a great deal of shame and embarrassment, that he was able to acknowledge his sexual excitement and with the supervisor's help realise that this had blinded him to the reality and pain of the abuse allowing him to experience more 'maternal' feelings towards the girl.

Another male supervisee presented a woman patient, who was flirtatious and provocative, to a female supervisor. His evident arousal and excitement had the opposite effect on the supervisor who found herself switching off and feeling increasingly cold and indifferent. She examined these feelings and realised that she was quite jealous and felt betrayed and excluded. This led her to wonder at the patient's sense of exclusion from the Oedipal couple and put this to the supervisee at the next session. Following this he relayed that his patient was quite tearful and talked about the loss of her mother when she was quite young.

Two Jungian women analysts, Schaverien (1995) and Covington (1996) have written explicitly about their experience of erotic transference /countertransference feelings. Schaverien admitted how she almost acted on

her feelings and spoke of the difference between erotic and eroticised transference. She thought that the erotic is neurotic with a symbolic function while the eroticised transference is delusional with no imaginable space, no 'as if'. Mann (1997) likewise differentiates between the two. The eroticised or sexualised transference and wish to seduce the therapist may hide the deeper yearning for regression and maternal love. Failure to understand this may lead to acting out by patient or therapist or abandonment of therapy.

Case example

A female supervisee presented a male patient with a Don Juan complex. He regaled her with his sexual conquests and she found herself feeling aroused and jealous. She began to compare herself to those other women. It took some time for her to present this patient to a female supervisor who took an instant dislike to this man (an example of 'split' transference and counter transference). This made the supervisee very protective towards her patient and secretive. The supervisor became anxious and wondered if her supervisee had been seduced and had acted out in some way. She deliberated whether to confront her about this. The following session she noticed the supervisee was near to tears and gently asked her what was happening - she confessed that her patient had abandoned her and left therapy. She felt confused and she also admitted to being attracted to him. She then revealed more of his history. He was the only son of a glamorous mother who had abandoned him when he was a teenager to go off with her lover. Hurt and humiliated, he sought his revenge on women and by abandoning his therapist made her experience what he had felt. The supervisor realising that she had picked up the patient's unconscious hatred felt maternal towards the supervisee who had had to learn such a painful lesson. The eroticised transference had covered up the patient's need for maternal love that he was unable to acknowledge.

Same-sex attraction may be equally problematical with added dilemmas if the therapist is heterosexual and the patient homosexual or vice versa. Flower(2007) describing his work with a 50-year-old gay man stated how he disallowed the erotic currents that ran through the work, drawing attention to his own discomfort and prejudice and eventually allowed himself, through his internal supervision, to experience loving and erotic feelings towards his patient from work on the dreams his patient brought.

Conclusion

Sexuality has appeared to have resumed central stage in therapeutic and analytic work. This emphasises the need for careful ongoing supervision both to help the patient and to minimise the risk of sexual boundary breaking.

Freud thought of the libido as sexual, in contrast to Jung who thought of it as life force. Jung also thought that to equate Eros with sexuality was mistaken. Eros has a wider remit concerned with the entire spectrum of emotional attachment. It is Eros who makes the gods – the archetypes - loving, creative and involved.

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[contents](#)

Gay supervision

Bruce Kinsey

Abstract This article explores some of the experiences and dynamics of being a gay supervisor. It challenges assumptions made from inside and outside the gay community and looks at some experiences of working with gay therapists. It also tries to grapple with the legacy and effects, as therapist or client, of growing up in a predominately straight world.

Key words gay, difference, recognition, Pink Therapy, reparative therapy, supervision

When trying to explore the dynamics of supervising men who identified as 'gay therapists' for the purpose of this article, I am aware of so many pitfalls and caveats in language, definitions and terms that it is almost a struggle to say anything. There are so many comments or ideas that seem to need footnotes requiring explanation, qualification or expansion. Whilst typing this, I have pounding in my head a life history of well-meaning conversations with people thinking they were helping me [or the debate] by asking for clarity of what 'gay' might mean... "Aren't we all a little gay?", "Aren't we all in minority groups?" These are questions and stances that the modern metro-sexual likes to ponder. But although I can run with this [for a bit] there is a shadow side for me about this inclusive, all embracing, approach. By trying to get gay men to define their terms so precisely, it feels more like being silenced rather than being heard. The experience is of being driven into an intellectual cul-de-sac.

Being gay is different from being straight. You don't have to 'come out' to your parents either as a woman or as part of a racial minority, and although the gay community has benefitted hugely from the literature and thinking of both feminist and race liberation thinkers, this journey of self discovery and acceptance has its own path and flavour. Being gay is also very similar to other experiences of exclusion and partial acceptance and, indeed, many of us can point to being excluded or marginalised in one way or another in society. I am not claiming that being gay is any worse than being anything else, but being stigmatised for one's sexual orientation has particular effects for one's professional, as well as personal, life.

For this essay I am going to try and explore my experiences as a supervisor who has had therapists seek him out because he is known by them to be gay. Often these therapists bring their work with gay clients, but not exclusively. In some cases my name has been passed on by another supervisor trying to help the therapist feel more 'at home'. As one such referred-on supervisee recently said to me "it is like being recognised, and rejected and helped, all at the same time". This cacophony of experience is not uncommon for gay men, and perhaps why so often they will seek help from known territory – creating its own

potential pitfalls. Many also come to see me having no idea about my sexuality [I presume] and some women have sought me out as a 'safe man' with whom to work ['castrated' I have often wondered]. Sometimes I have supervised straight supervisees who are struggling with gay clients and seem to need a translator, as though they have lost their normal competency and capacity to hear when it comes to such work.

The need for recognition and understanding is a profound one. Although I have no personal photos in the room where I work, one supervisee arrived and literally explored the space seeking clues for rejection. He was just starting his psychotherapy training and was hoping to start to see clients soon. He talked about the subtle intrusion of 'happy therapist with family photos' that had filled his own therapist's room. In reality I knew the room, where there is one small photo, but for this trainee it filled the space and lined up with his sense of injustice and rejection as a gay man. Books also needed to be scanned to see if they included the pro-gay classics of therapy. He certainly didn't approve of some of my titles, "I don't know how you can have those books in this space", as if he or I was going to be contaminated by their ideas. His rage was palpable, and the history painful, and sadly this is not an unusual story. Internalised homophobia is not unusual in itself, but it was important to explore the meaning of his behaviour rather than simply pathologising it. There is at least one distinct flavour to growing up gay in a straight world: that sense of being an outsider and observer and not part of the norm.

For many gay supervisors and therapists seeking a theoretical home in the myriad of psychotherapeutic trainings and orientations, there is a feeling that we have to 'make it up as we go along'. There has not been the wealth of material that there might have been in this area, and I wonder how many trainings include sexual minorities as a theme for supervision training? Fortunately the last twenty years has seen much more material available, often forged in the furnace of the AIDS pandemic which adds a particular energy to the culture. The publications and work of Pink Therapy[i] has been a powerful force, and there is some good thoughtful material around when you know where to look.

One male therapist sought me out for supervision because he felt couldn't bring his work to his former supervisor, who seemed to want to understand why the client was gay. He kept on experiencing the supervisor as asking questions concerning the client's relationship to his mother, and lack of father influence. Although interested in all aspects of the person's life, this therapist struggled to see the place of this in the current situation his client was in. Listening to the material, I wondered to what extent this therapist – understandably wary of pathologising his client - was able to explore some of the key areas of the client's life without feeling he was betraying the gay community and its struggle towards identity. The complex history of therapy with gay men [which is well rehearsed in the literature] and the appalling reparative therapies[ii] still available have created a potential blind spot in some therapeutic work. The traditional drive for aetiology has been the bane of many a gay man's life. The work of Isay[iii] and others has challenged this, but few outside of the gay community seem au fait with modern gay-affirmative therapy. Many straight

therapists seem happy to see gay men without any exploration of/ or engagement with the issues involved. However, it seemed easier to explore the client's issues when my supervisee knew that his supervisor was reading from the same page. There were useful questions to be asked about the parental foundations of the client's life, which needed careful unpacking and exploration, but not concerning the cause of his sexual orientation - rather how these experiences affected the development of other relationships in his life, especially emotional and sexual. It had felt difficult for my supervisee to engage with these issues when he thought that his supervisor was linking the sexual identity of his client to parental dysfunction.

Another therapist brought his client's abundant sex life to supervision. His client seemed keen to talk about his various conquests as a sort of trophy of his success as an active gay man. The therapist said that in the session he had felt intimidated, old and a failure in comparison. The therapist had struggled to recognise what was being said by his client as he, the therapist, was "off on a journey of my own one of being rejected, of not being loved". When I tentatively suggested that it was important to notice what was happening to him in this process, in case it was also saying something about his client, it was hard for him to hear. This therapist was an experienced professional but somehow the material had got to him in a way that prevented his more usual ability to think and explore. The client was bringing his sex life to therapy in order to understand what was going on, not just to parade sexual triumphs. The story had got in the way of the meaning, and had hit the therapist 'below the belt'. He needed to reclaim his potency to be able to engage, challenge and help his client. He felt unable to challenge the life-style of his client because "well that is how gay men live, the successful ones anyway". He had to digest his envy, and avoid the temptation to attack. He began to see that his client had sought him out as a gay therapist, just so that basic acceptance would be there, but then he could go beyond that into meaning. It was not a moral judgement, or moralising that was going to help clarify the situation, but rather a bid to understand the meaning of all these conquests alongside the client's claim to want to find someone to quietly settle down with. It was this discord in the client's life that needed to be heard.

On another occasion, the same therapist had bumped into a client in a gay pub [and a well known cruisy pick up place]. In supervision, he felt the need to explain to me that he didn't normally go to those sort of places [fearing a moral condemnation from me?], but had had a bad day and needed 'a pick me up' "or a pick up" as I suggested. He said that he nodded to his client in acknowledgement, but there had been no response. He had felt so condemned and embarrassed that he left soon after finishing his drink, feeling even worse. He now feared that his client would not return to the next session of therapy later in the week. I asked if the client had ever talked about going to that pub, recalling he had complained about never going out. As the therapist reflected on the situation, he remembered that the client's partner was out of the city and that the embarrassment could have been both ways. The client did turn up for therapy [late] and had felt very bad about "being caught there", imagining that

his therapist had been checking up on him whilst his partner was away. For both of them the incident tapped into different aspects of their stories and demonstrated how guilt, judgment and despair were close companions for them both.

One supervisee was 'Out and Proud', as the tee shirt proclaimed which he wore to his first session with me. He was VERY OUT, not just assertive but sometimes rather aggressive too. In fact I got the impression that the whole gay movement would collapse without him and his prophetic work. He had a young man referred to him as a client from a traditional rural background. He struggled not to preach to him, to "give him some of the energy I feel he needs". For my supervisee, the only way to live as a gay man was to be like him, sexually explorative in the city. He needed to step back and consider the journey this man was on, and that there was more than one way to live a life and develop through it. For my supervisee, being gay was a remarkably clear path and, although he wanted to help, his strident anger ["I prefer to see it as an energy to bring change"] made it impossible for his client to be heard, let alone feel heard. The therapist was filling the space with his own agenda. The client, understandably, finished his therapy after four sessions. "He will come back when he is ready for the truth" my supervisee asserted. "Or he might go elsewhere to find his truth", I suggested.

This therapist was later referred an older married man who was struggling with his fantasies and sexual identity. This client's children were now leaving home and forming relationships of their own, and he was concerned that they were not making good choices. My supervisee had difficulty in understanding why he did not respond well to his comment that "You don't want them to make the bad one you did". This man had had a happy marriage and had loved his wife and children; the situation in his day was very different, but he had not felt it was a bad choice. The therapist's dismissing judgment was harsh and unthinking. Much to my surprise this supervisee told me that his own father had been gay, had left his mother, but never really got himself together and had little contact with his son these days. The therapist's agenda not only got in the way, but was all too often about him rather than about the people who came to see him. Interestingly he himself had struggled to bring some aspects of his life to his own therapy, as he feared a greater unravelling. His struggle for identity was much more fragile than he had wanted to admit to, but now realised. His straight therapist was better with him than he had previously allowed, and in the end proved powerfully redemptive, challenging and healing him in a very creative way.

It is true that my work with gay men has had a particular liveliness that comes from a sort of tribal affiliation. There is much shared and much different, but the communality of experience in the gay world brings a deep understanding that can't just be learnt: it has to be lived.

It also feels rather strange to be writing an article about 'gay supervision' as if there was such a thing, and that my voice could represent it. I am not a spokesman for such a thing, nor is this the only perspective there might be. It

feels odd to identify with the part of me that makes me different from, rather than all that is ordinary or the same as anyone else. Yet it is that difference that I have been asked to write about.

I recently went to see a film with a colleague called 'Beginners' starring Christopher Plummer and Ewan Macgregor. The story tells of Plummer coming out more overtly and forming a gay relationship after the death of his wife. Every now and then there was something overtly gay, the cover of a magazine, a kiss between men, a loving comment, and whilst watching this film in the liberal city of Cambridge these scenes drew laughter or giggles from some parts of the audience, and a little part of me felt that it had died. I mentioned this experience to a colleague and he said "it is to be expected". Over the next week or so several supervisees came to see me saying that they had been to see this gentle film but had had similar experiences in London and elsewhere. Small wonder then, that we seek understanding and acceptance that goes beyond mere tolerance and rights, small wonder too that gay therapists seek gay supervisors in the hope of being engaged with seriously and truly listened to.

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[i] See further Davies, D. & Neal, C. (1996) Editors of *Pink Therapy: a guide for Counsellors and therapists working with Lesbian, Gay and Bisexual Clients*. Buckingham: Open University Press.

And James Pett: *Gay lesbian and bisexual therapy and its supervision*: in Davies, D. & Neal, C. (2000) Editors of *Therapeutic Perspectives on working with Lesbian, Gay and Bisexual Clients*

[ii] It was suggested by one reader of this article that I should explain what is meant by reparative therapies and I am grateful and intrigued by the suggestion. As a gay man these ideas shout for my attention and yet I know for others that they are out of earshot. By reparative therapies I mean those treatment programmes which are created to help someone change their sexual orientation from gay to straight. Often associated with conservative Christian groups they remain controversial and I believe damaging to the healthy development of mature gay men.

[iii] Isay, R. A. (1989) *Being Homosexual: Gay men and their Development*. New York: Avon Books

[contents](#)

Encounters across the divide: Gender dynamics in group supervision of work with older adults

David Richards

Abstract

This paper examines some central themes related to gender dynamics in group supervision, using the setting of an older adults agency. The value of the supervisor's countertransference is noted as a way of exploring the clinical material; and case material is described as illustration of the thesis that the gender identity of each participant in the supervisory group setting has an important meaning and exploring this can help develop understanding.

Key words Group supervision, countertransference, gender identity, gender relations, sexuality, older adults.

Introduction

Gender relations are central to our understanding of the dynamics of the therapeutic relationship, and have always been a significant element in thinking about what happens in the therapeutic encounter. From Freud's case studies (1905, 1920) onwards, psychoanalytic practitioners have explored the meaning of this contact between the sexes and how it affects the unfolding process of therapy. In more recent writings issues of gender difference have also been examined in the light of socio-political and cultural contexts (Frosh, 1994; Maguire, 1995) and as a profession we remain very interested in and affected by the fact of gender and its many relational elements. As Freud himself said in his early case study of 'Dora': 'We are obliged to pay as much attention...to the purely human and social circumstances of our patients as to the somatic data and symptoms of the disorder' (Freud, 1905, p.47).

In supervision equally we encounter this relation and its playing out, but here have the opportunity to address it rather differently, as positions and tensions around gender can be named in a more explicit way because we are not focusing primarily on the transference relationship nor working with it in the way we would expect to in therapy. In supervision we can more directly embrace the external as well as the internal meanings and resonances of gender and how they affect the individuals in the room. In group supervision such dynamics are likely to be more complex and more powerfully played out than in individual supervision, and hence are valuably brought to the conscious attention of the group and allowed space for reflection. I am concentrating on gender but feel that this implicitly also embraces sexuality and the erotic, and I will consider thoughts on the erotic discussed by Schaverien (2003) in passing.

My thesis is that the identity of supervisor and supervisee in terms of gender and sexuality is of central importance, and can be used (not least through the countertransference of the supervisor) to develop understanding of the therapeutic work and relationship being discussed. While it may be unhelpful to concentrate exclusively on the embodied fact of male or female, I think the meaning of gender for all three parties involved (patient, therapist/supervisee and supervisor), both in terms of general associations and the specifics of the individual's history, is fundamental. Again, within a group such meanings and resonances are multiplied.

Difference and dynamics within group supervision

The group setting inevitably confronts us with issues of difference: issues which are in fact always present in any supervisory situation due to the nature of the enterprise, but are more explicitly available to be thought about in a group where the members of the group can themselves represent specific elements of difference such as gender, age, race, culture, sexual orientation and so on. Whether or not the supervisor or group members name these differences and elements of identity they will be active in the group process, and will find a way of declaring themselves. Every group is a unique unit of identity, with as it were its own pathology as well as its own developmental process (Driver, 2002). Further, we valuably keep Bion's thoughts about group life and process in mind: what he calls the work group (the task of the enterprise) and the basic assumption group (largely unconscious feelings of fear and anxiety that may be experienced and indeed enacted within the group). These two elements are present in any group and inevitably prompt tensions and struggles (Bion, 1961). Feelings of anxiety, envy, threat and rivalry are to be expected in a group, particularly at an earlier stage and especially if the supervisees are less experienced therapists, and may be sufficiently conscious and so available to be thought about, especially with encouragement from the supervisor; but unconscious feelings, fears and dynamics can be more powerful, and may become obstructive or even destructive if left unexamined.

Clinical illustrations of gender dynamics

I will describe a first brief vignette of group dynamics to offer some illustration of the power of gender relations in action. This group consists of two female and one male supervisee, all trainees, in an agency working with older adults (age representing another significant element of difference). The two women are strong in their practice, thoughtful and expressive in presentations; the man quieter and seeming less confident, and initially not presenting his work in a very coherent way. The women make a bond which feels to me intended to push out the man, and tend to present their work to each other; I feel thus placed in a kind of kinship with the male supervisee, and wonder about a gender power split which places me, as the male authority figure, in an inferior position. I also wonder how or indeed if to address the tensions I feel are developing. In addition cultural differences are also at play: the women are both white and the man black. Thus again there is a sense of splits and power oppositions: the black man pushed out; and as the only white man I feel again a

sense of representing the external majority/authority and possible resistance on the women's part to that.

I address the man's presenting style because it is clearly something that needs to be thought about, as his work is not coming across clearly enough, and he is able to share that he struggles with presenting in groups and gets very anxious, and it seems likely that he does not do himself or his work justice as a result. I am able to help him think about preparing more for supervision, and in fact quite quickly his presentations do improve. I also later make an observation about the dynamics in the room, including the rather excluding way the women tend to talk to each other, and this serves to break the tension. I wish to try and find a balance between exploring dynamics that might inhibit the work of the group (basic assumption symptoms of anxiety and rivalry in Bion's thinking) and yet to maintain the central focus on the actual work (Bion's work group). By and large I feel I am successful and that the group develops; but am left with a shadow of my own place in this, the degree to which I am discomfited by the sense of being made a second rather impotent man in the group, identified with the weaker male supervisee, overshadowed by the superior women. Perhaps my wish to address the dynamics is not only a desire to try to make more conscious the basic assumptions, but also to regain my potency through asserting my masculine presence and power.

It is important to note that my maleness is a vital element in this scenario, and that a female supervisor would not only have been involved in a different gender balance but would have experienced and potentially reacted to what happened differently. Schaverien argues that the gender and sexual orientation of supervisor, supervisee and patient have a significant impact on the experiencing and exploration of 'erotic' material, and encourages awareness of this within supervisory discussion. One of the elements she emphasises is the 'analyst-as-person' which can come into play at times of significant erotic material, leading to a challenge of the therapist's self concept and sense of professional identity, making it harder to address in traditional clinical discussion. At such times she suggests the supervisor's countertransference can be helpful in unpacking what is going on in the therapeutic relationship (Schaverien, op. cit.).

An interesting example of this theme is in the first supervision of a new case presented within another group in the same agency, where a woman in her 60s talks in a rather sexually disinhibited way to a male therapist in his 40s. She is quite flirtatious in manner and uses strong sexual language to refer to body parts, including in relation to her mother's behaviour as a younger woman, and I find myself ultimately warning the therapist that this work will be very tricky and that he may need to withstand an erotic onslaught from this patient. Essentially the patient seems to present with a strong narcissistic defence, related not least to her historical relationship with her mother who had neglected and equally intruded upon her, and in the patient's eyes had even fought her for the attention of men. Her own relations with men have tended to be rather brutal and unsatisfactory, and none have lasted.

As we discuss I am aware of my own ambivalent countertransference, a sense of something both slightly titillating but also distasteful, and recall that the patient had been assessed by a male colleague who in his write-up had seemed rather irritated by her; thus male assessor and male supervisor both react with some disturbance to her at first encounter, and take as it were a critical stance. The male therapist, on the other hand, has a warmer feeling towards her, and this helps us to explore her initial presentation, in some ways unappealing but actually desperate for attention; and the therapist's attitude shows the potential for engaging with her vulnerability and developing empathy, getting beneath the flashy adolescent surface she presents to the genuinely painful narcissistic wounds it covers. The one woman in the group on this occasion is less able or willing to say very much (although her presence as the only woman is noted): perhaps she needs to hold a quiet sensitivity to the bruised female psyche under discussion by her male colleagues, or is wary of in any way seeming to identify with this patient who is being critically evaluated by the senior males in the agency.

It is also worth noting age in this scenario, namely that assessor and supervisor are in their 50s; whereas the younger therapist, faced with a cross-generational eroticised encounter, so often alarming for supervisees in my experience, is here able to acknowledge and potentially hold the patient's needs. This may thus lead to a healthier experience of penetration for this woman, bruised by her mother and hence subsequently left struggling with her own painful experiences at the hands of men.

Case study from a supervision group

I will now describe another case from this same supervision group, looking in more detail at the dynamics of the clinical material. This group contains three trainee therapists, two females and one male. The patient is a male (whom I call G) being seen by one of the females (whom I call S); he is in his early 60s, she in her mid-30s, further highlighting themes of ageing and life stages. Details have been changed to preserve confidentiality.

G is an African man with significant deprivation in early life, an absent father and overworked mother with a large family; G ultimately running away from home and living on the streets, before travelling to the U.S.A. as a young man and marrying his first wife with whom he has a son (although they have not had contact for many years). He presents for therapy now with his future more consciously in mind than his past, having separated from his second wife in England and wanting to establish a better foundation for himself for his later years, including a desire to help disadvantaged children who suffer as he did as a boy. The work has addressed past traumas and their ongoing impact, but has also increasingly touched on his relationship with his mother, now dead, and the highly ambivalent feelings he retains, including both love and rage. S has been able to contain his rage as well as acknowledge his yearning for love, which has been missed or lost within two marriages as well as within his family of origin, and she has characteristically worked in a gentle but firm way which one could see as essentially a model of good parenting.

The transference that has developed is both maternal and subtly erotic in quality, and has been able slowly to find its voice in the unfolding work. S has herself felt increasingly attached to him, and a particular experience of this was expressed in supervision about two thirds of the way through the year of work, when she reported G's recently developed relationship with another woman. He had moved temporarily into a hostel, prior to being re-housed, and had become friendly with a fellow resident. This woman seemed to be nothing more than a friend, but S presented the scenario rather critically, as if with a feeling of betrayal; and when I commented on this, and that she might be jealous, she was initially rather embarrassed. As we talked she became able to reflect on the active feelings and dynamics, and her shock at hearing of a positive relation in G's current life to another woman, as opposed to his second wife, with whom he had a very acrimonious relation and with whom he had previously been living. A sense of S wanting to be the only good woman in G's life became clearer, linked specifically to a warm containing feeling on her part, tinged with something loving and also erotic, reflective I think of his lack of both sufficient maternal and romantic love.

The group approached this material rather tentatively at first, but in the course of discussion we were able to unpick some of the threads of the mutual attachment and the importance for G of this reaction on S's part. A picture developed of her woundedness, which we could relate to the stage of the abandoned mother who, having done a fine job of nurturing her vulnerable son, has to allow him his freedom as he becomes more stable and looks out to the world of grown-up relations, including potentially sexual intimacy with another woman. The power of S's experience of this reflects the significance of G's internal process of growth; it also of course dents the idealised quality of the maternal transference. A further interesting element is that the two female supervisees are actually parents, as they have disclosed: something of the external reality seems to tinge the internal meanings, and the women pondered in passing tender maternal feelings towards their own children. Perhaps there is some echo here of the lost son of the patient, the son who would now be in his 30s and, as G hopes and wonders, making his adult way in the world more successfully than G had been able to do. Themes of guilt, loss and reparation are clearly significant here, linking with the shift in the transference and a move outwards as G's therapy nears its end.

Classical definitions of male and female

It is important to reference traditional gender definitions, expressed historically within psychoanalytic thinking, and to recognise the need to move beyond them (Frawley-O'Dea & Sarnat, 2001). We are familiar now with thinking that emphasises character and qualities beyond simplified gender limitations: authority and leadership are not exclusively masculine positions, nor nurturing and care-providing exclusively feminine ones. Characters and personal qualities are much more varied and complex than this.

Equally, however, we must acknowledge the embodied reality that can be so powerful in therapeutic relationships between the opposite or same genders, in and out of the transference. In the case above, the therapist's gender clearly

had a significance for the patient in concrete terms, including in a reparative way; it is also the case I think that the therapist's varied qualities of containment and challenge, irrespective of gender, contributed to the positive progress of the work. There is a complex interrelation between the two.

Conclusion

In conclusion, I would reference the notion described by Ogden as 'dreaming up the patient' in supervision: an opportunity to allow the person taken in by the therapist to be as it were recreated during the supervisory session (Ogden, 2005). This implies a degree of fluidity through the process of internalising the patient and then presenting him or her in supervision that could be seen as rising above restricted notions of identity such as gender.

However, I also propose that my presence as a male supervisor has its own meaning, and that my maleness plays its part in developing understanding, not least through embodying gender difference as well as naming it. In the supervision of the other female therapist in the second group, for example, her relation to me as a man had a somewhat deferential quality, which I would link to a sense of her vulnerability towards her male patients and to personal insecurities that were discussed in the group; whereas S, as a generally more assertive character, related to me more straightforwardly, warmly but not uncritically, and we could link this to her stronger relationship with her patient G.

Gender is an embodied fact of life; and equally a shifting matrix of meanings rooted in our individual history and conscious and unconscious experience. By paying close attention to our own maleness or femaleness, and by listening carefully to how others relate to us and how they present their own gender identity, we can develop our thinking and understanding; and in supervision especially allow time and space for the multiple meanings these differences may have.

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***David Richard** is a psychodynamic psychotherapist and supervisor, and a professional member of the Foundation for Psychotherapy and Counselling. He has worked extensively with older adults as both therapist and supervisor, and has a particular interest in issues of identity and sexuality.*

[contents](#)

Book review

A Practical guide to Transformative Supervision for the Helping Professions: Amplifying Insight.

Nicki Weld

Jessica Kingsley, 2012 £15.99 Paperback

Reviewed by Bruce Kinsey

I like having a sense of optimism and much to my surprise found myself enjoying the heady energy of this small book, and kept on thinking 'I know who this would be good for'. Full of practical ideas and insight, it is not a book of supervision as we would normally consider in the psychoanalytic tradition. Rather it more generally scans a variety of perspectives, and in places felt more Rogerian in tone, and new age like in its drive and message to work holistically.

I have often been asked by teachers and social workers about the work I am engaged with in supervision and this book acts as a good introduction [outside of the therapy world] advocating in a non technical or threatening way the advantages of a reflective practise. It gently introduces ideas that we often are over familiar with, or take for granted, and applies them in fresh and creative ways.

The author is from New Zealand and it's the insights from here that I found especially interesting and inviting. The use of Maori ideas and concepts I found a refreshing way of engaging with what often feels like well worn material. The concepts of mana [respect] wairuatanga [spirituality] whanautanga [family and relational connections] and manaakitanga [intentional respectful processes and care for others] as influencing and underpinning social; work practice that works form a relational foundation. 'Welcoming, taking time, noticing what needs to be attended to, providing care and support, finishing well, and overall considering the supervisee as a holistic being with physical, spiritual, emotional and relational aspects is essential to supporting relational trust.' [p30]. At times the New Zealand perspective can read as being a bit parochial, and conferences, events, or people are referred to which seem rather irrelevant to the argument, and more like product placement.

This book is also an advocate of U theory developed from work in the Netherlands and popularised by Sharmer and then taken further in the book *Presence*¹. By using concepts of sensing, presencing and realising, the U movement encourages the process of 'letting go and letting come' which then carry forward into moving into action and trying out new learning and discoveries. Popular in management circles and used to bring about organisational change many of the ideas will be familiar to those of us who have worked in groups or institutions. This process or methodology is one of attentive listening, not being caught up in the other issues and people that crowd and

populate our world. In many settings as supervisors this can be the case; in more management, industrial, and social settings this is more frequently so.

This is a practical, hands-on book, and there are several clearly spelled out ideas and suggestions made to improve the work of supervision. This aspect of the book was, I thought, helpful and clear and with a bit of translating easy to see how the ideas could be readily used in a therapy context.

One idea I did find especially thoughtful, [perhaps it was with the thoughts of Christmas and New Year approaching] perhaps because in one of my roles I face and deliver annual 'professional development' interviews. 'If you observe that a supervisory relationship appears to becoming comfortable and less challenging, begin a new year of supervising by having the worker name their personal and professional goals for the year. Then ask how they would like supervision to help support these goals and how we can best work together to achieve them. This helps create a mandate for transformative change, and can provide us as supervisors with the opportunity to make relevant observations and connections, seek places of expansion and provide constructive challenge.' [p49]

I found myself reflecting and thinking about the ideas, and sharing them with people who have worked in various settings before working as therapists. This joining up of past and present lives is what this book encourages and naturally, holistically achieves.

¹ Senge, Peter M., Scharmer, C. Otto, Jaworski, Joseph, Flowers, Betty, S. (2005) Presence: Exploring Profound Change in People, Organizations and Society. London: Nicholas Brealey Publishing.

[contents](#)

End note

From Newsletter to Supervision Review

When I first came onto the Publications Committee in 2003 (Chris) the Newsletter consisted of a number of stapled A4 sheets consisting of BAPPS news, an Ethics Forum, a supervisory challenge, a book review and other information. Getting articles was quite a challenge. This began to change when themes were introduced and Annie joined the committee in 2005 and Lynda in 2006. Since then the format has revolutionised into the smart A5 booklet form and the continually creative ideas for themes keeps the articles flowing in. It has been a rich and rewarding experience for us all and we would like to thank everyone who has helped with this over the years.

The growth of the Review as a vehicle for thinking about supervision has been inspiring; the task of editing has included the pleasure of working with first time authors as well as senior figures with many books to their name. There has been particular pleasure in publishing papers by members whose generous accounts of their work have taken us straight into their consulting rooms. The learning opportunity offered by these fresh clinical papers is invaluable.

Now, in 2011, Annie, Lynda and I (Chris) are standing down from the committee and would like to express our thanks to such a creative and hardworking team and also to all the contributors, without whom a Supervision Review would not be possible, and the administrative support notably from Catherine who took the review from final draft to completed posted document.

We would like to welcome Bruce, Eleanor and Frances as Editors as they take hold of the reins of the Supervision Review and its next chapter. We all wish them well and hope you will continue to support them with your articles and ideas.

[contents](#)

Contributions to future Journals

Spring/Summer 2012

Working with Adolescents and Young People

Lead Editor Bruce Kinsey

Copy deadline 26th February

As therapists working with young people there are often remarkable dynamics of energy, change and challenge; these can so often be lost in the encounter in supervision. If you work supervising those who work with young people, students and adolescents what have you noticed that is different, distinct or special about this work? How do you handle the 'if this was my child I would want her to be told' which is hard enough as a therapist, but you feel the supervisor is being too indulgent or too tough? How do we pass the Goldilocks test of it neither being too hot or too cold but just right? If you have experience in supervising in this area and would be willing to write an article please contact Bruce Kinsey brk1@cam.ac.uk.

Autumn/Winter 2012

Supervising in Unusual Settings

Lead Editor Eleanor Creed-Miles

Copy deadline 20th October

Do you supervise therapists working in a settings which might be 'unfamiliar' or 'unusual' for many:- perhaps in a hospital, a hospice, a prison, the armed forces, a chaplaincy, a refuge, a refugee centre, the emergency services, a drop-in centre, home visiting service or others.....? Or is the nature of your supervision distinct from the 'classical' psychotherapy and counselling disciplines; for example- are you working in Art, Music or Drama Therapy?

In what ways does the work of supervision remain the same and in what ways are the issues different? What lessons can be learned and shared? How do the special circumstances of this setting impact on the frame and how can supervisors provide containment in a challenging environment? How do the particular anxieties of the client group work their way into the supervision?

If you have experience in supervising in this area please do consider sharing the wealth of your experience with others. Please contact either Eleanor Creed-Miles or Bruce Kinsey (brk1@cam.ac.uk) to discuss ideas/the possibility further.

Articles for 'Supervision Review'

General guidance

Spring/Summer 2012

Working with Adolescents and Young People Copy deadline 26th February
Lead Editor Bruce Kinsey

Autumn/Winter 2012

Supervising in Unusual Settings Copy deadline 20th October
Lead Editor Eleanor Creed-Miles

Theme: Articles need to address the theme from the perspective of psycho-dynamic / psychoanalytic / analytical psychology and focus upon supervision (vignettes may be from the perspective of supervisor or supervisee).

Copy Deadline: This allows time for editing/checking queries prior to the committee meeting and 'Supervision Review' going to print. NB. If you would like feedback on a late draft please let the lead editor know beforehand and agree an earlier deadline to allow sufficient time for this process.

Article length: Articles are usually 2,000 words (approx), although where appropriate and by negotiation we can offer flexibility with this wordage up to 3,000 (approx). 'Nuggets' i.e. more informal / shorter pieces are also welcome.

Format: For articles please include the following:-

- **Title of article and name of author**
- **Abstract** – a one paragraph summary
- **Six key words** - The key words are for use by the internet search engines for the e-journal
- **Main text**
- **Bibliography**
- **Biography** - a few sentences of personal biography.

E-Journal: Please note that any published article will also be included in the e-journal on the BAPPS web site.

Copyright: If you wish to include/use any of your material previously published in a book/journal please ensure that you liaise with your publisher to obtain permission.

Lead Editor: This rotates between Bruce Kinsey, Eleanor Creed-Miles and Frances Hawkswell. The role of the lead editor is to provide support & constructive feedback during the process of writing & submission. Please do not hesitate to contact us if you have an idea for an article & would like to sound someone out or if you have any other queries.

[contents](#)

