



British Association for  
Psychoanalytic and  
Psychodynamic  
Supervision

# Newsletter

Summer 2008

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# Foreword

*Chris Driver (Chair)*

As Clinicians or Supervisors we have all written notes at some time or another but how often do we really think about their significance, what they represent and their unconscious meaning?

In a fascinating series of articles seven authors have written about notes in supervision. Annie Power considers the significance of words and notes as a channel for enhancing effectiveness; Rose Stockwell considers what notes hold and their meaning in relation to anxiety; Julia Vellacott looks at how process notes can be used to examine and explore the movement, patterns and links in the patient's internal world; Richard Wainwright takes the theme of evocation, representation and witness; Anna Bravesmith looks at the dynamics of writing notes and the transference and countertransference issues contained in this; and Tim Bond looks at the significance of working with notes in supervision. Elizabeth Richardson raises questions and invites debate concerning the types of record to be kept of supervision sessions and how long these should be retained

So, rather than give you any more snippets I would suggest you take the plunge and read these fascinating articles which together give connected but unique reflections on the nature and meaning of notes in supervision.

I would also like to draw your attention to the themes of the next two editions of the Newsletter; working with 'difference' in supervision (Winter 2008) and supervising 'groups' (Spring 2009). In addition, the Autumn Conference and AGM on Saturday 8th November will be another exciting conference and the AGM will be an opportunity to contribute to the work of BAPPS. There will be a number of vacancies including on the Conference and Ethics Committees and the positions of Hon Secretary and Chair will become vacant. Your contribution to the work of BAPPS is very important so do think about it.

All the best for the summer and the coming months.

**Chris Driver, Chair BAPPS**

## Clinical Notes – a neglected channel for enhancing the effectiveness of supervision?

*Anne Power*

The matter of how we as therapists write clinical notes and we, as supervisors, encourage our supervisees to use them as preparation for supervision, can sometimes appear to be a rather dry and peripheral issue. There are important practical and legal aspects to note-keeping but in this paper I want to explore the ways that notes may enhance the therapeutic relationship both through the reflection and self supervision which they spawn and through their use in the supervision session.

### **What Are Notes For?**

The familiar metaphors which come up around records and note keeping reflect how the activity of writing can feel mechanical: we 'store' or 'sift' information; we also 'handle' written material. This latter verb points to a more interactive relationship, and perhaps a kind of holding - though one in which the handler is in charge. What is it that we are handling on the page when we write down and store our responses to a session? Plaut (1999:382,386) suggests that writing up session notes is akin to writing up a dream and this matches Ogden's idea (2005) of the analyst and supervisor dreaming up the patient. A common phrase is 'putting' experience into words and I think this reflects the slightly brutal nature of the process; in order to get our miscellany of responses onto the page, we do have to force them a little to fit the words at our disposal.

One of the commonest assumptions about notes is that they help us with recall, both through the process of creating them, and through the end product which is some kind of a store of our thoughts. Bion warned us to beware of *memory* (the conscious attempt to recall) in contrast to *remembering* which is the kind of unbidden recognition which we have of dreams. Dreams seem to be the analogy which analysts fall back on to describe the many layered and encoded material which emerges from a session. The simple assumption about recall being assisted by notes may not hold good. Some therapists report anecdotally that they remember better when they have not entrusted the material to paper and ink. In a similar way Plaut suggests that the Zeigarnik effect may operate; this predicts that an incomplete task is better remembered than a completed one (1999: 384). More harmfully, the intention to recall the session could impact negatively on our engagement with the client.

Most therapists believe that notes can help us process difficult dynamics. I have heard on the one hand, "When it feels like someone has left something in me – it helps to put it down" and contrastingly, "It helps to burn it into me".

In writing we might be addressing an implicit question – even if the question is only "what can you recall of the session?" For trainees the questioner may be a fierce supervisor; for supervisors it might be the student's college who require a progress report. It must be useful to be alert to these dynamics which influence how we write our notes and often it will be our own superego which shapes the kind of notes we produce.

Some supervisors favour structured approaches which insist on a distinction between content and process or may require the therapist to identify their interventions by category. I have found that these kinds of demands detract from the usefulness of writing notes, creating another tier of thought and anxiety. However for beginner counsellors it seems that simpler guidelines can enhance their self observation – for example one could suggest that they notice how often they ask questions rather than making statements. Part of the value of a verbatim is perhaps that it doesn't set up that kind of a false dichotomy which can occupy the therapist's mind with an arguably extraneous task.

### **Verbatim**

The verbatim is generally the main stay of notes in a training analysis and is somewhat a misnomer since it is never accurate as a record of dialogue and needs to include 'visual' and 'sound' tracks which tells us how the pair were looking and sounding. Its value must largely depend on how it is used by the supervisory dyad in the session; of course the way in which the supervisor responds to and uses the verbatim one week hugely influences the way a trainee constructs it for the week following. There does seem to be a danger that the focus of effort on recall reduces the effort going into reflection, so that curiosity about the session is actually drained away and bogged down rather than piqued.

The main pitfall for supervisors seems to be treating the verbatim like a forensic record, or using it as a springboard for word games which forget that what we have on the page is a fraction of what took place. I'm thinking of the kind of instance where the client is reported as referring to red geraniums in her window box and supervisor focuses the session on this image, demonstrating how inventive she can be with 'red', 'geraniums' and 'box', leaving the supervisee feeling abandoned to struggle alone with what had felt important to her.

Whilst not sharing Walker and Jacob's sanguine view of taping, I am grateful to them for their informal research which has indicated how a verbatim must not be treated concretely as a record of the session.

*"For counsellors who tape-record their work, it is a useful exercise to compare their verbatim recording with an actual recording. Having attempted this ourselves, and worked with others who have tried this, it is a salutary experience to be faced with how little can be recalled and how much is forgotten."* (2004: 18)

One of the reasons most psychodynamic practitioners are chary of taping is that our aim is not to bring to supervision a forensic style report on the work. When Ogden writes about supervision as dreaming up the analytic relationship he makes the case for the honesty and accuracy of dreams. Writing about a consultation with Searles he comments "That experience of guided dreaming with Searles reflected the way in which dreams cannot lie – they may disguise, but they are incapable of being dishonest." (2005: 1275) Such a meeting of two exceptional practitioners can hardly offer us a general model for supervision but whatever our level or stage in the profession, supervision is about achieving what Arlow calls "a dynamic account of the interaction between the therapist and the client" quite different from a "courtroom type of transcript." (1963:588) If the verbatim is treated as concrete evidence on which the supervisor-judge pronounces sentence, there will be no room for play and the creativity it brings.

I have sometimes found it helpful to make more specific demands on a supervisee, either in relation to all her work or that with a particular client. I might ask her what she feels she needs to put into the notes in order to help us think more effectively about the relationship with this client. My own preference is for plenty of direct speech and extra focus on the beginnings and endings of sessions. Some supervisees need to increase their comment on their countertransference and some to keep it in balance with more direct observations about the relationship.

Most supervisors would agree that verbatim are valuable, not for their 'accuracy', but because they provide a springboard for joint reverie and thus the opportunity for material to be represented in the supervision room through unconscious processes. Plaut indicates how supervision takes up where notes leave off:

*"Talking is closer to the primary mental process – we make noises and talk before we learn to write – and therefore nearer to the important un- or pre-conscious exchanges between analyst and client."* (1999:375)

This neatly indicates how parallel process occurs, allowing unconscious dynamics to be represented in the supervisory relationship.

## Poetry

I am grateful to Jane Kitson for the idea of using poetry as a way to process challenging dynamics in the therapeutic relationship. Her reflections on the way that poetry and prose work make the case for the place of both in clinical notes. "We need prose to explain, to describe, to build up the narrative, to fill in the gaps, to make a coherent story in time; prose is linked to the declarative, episodic memory." (2007:151) "Poetry does something different; it captures moments of being and feels their depth; there is a link with our procedural non-verbal memory." (151) Various writers decry the limitations which the use of words necessarily brings with it; when the toddler acquires language they will never again enjoy such a direct experience of themselves and the world. In therapy and supervision we try to get round this by staying with unknowing and it makes sense that that concept of *negative capability* which we value so highly, comes down to us from a poet (Keats: 1817).

We know from the visual arts that *thinking* we know what something is, gets in the way of our perceiving it and experiencing it more deeply. A figurative artist seeking to represent a still life composition of tea pot and cups does not see 'tea pot & cups' but a pattern of shapes and tones. If she tried to represent 'tea pot & cups' she would be accessing an idea from her left brain rather than maximising her intake of unlabelled perceptions which can be processed without words in the right brain. Unlike the visual artist who can rely so heavily on their right brain, in supervision we do need to resort to words and our challenge is therefore to bridge the right and left brain functions. Poetry could make a useful contribution to preparatory notes for supervision; prose may keep us too much in the left side where we can begin to believe too concretely in the meaning of our words.

In our work we try to ford that gap between right and left brain with reverie and play and the use of metaphors; when we set down our ideas on paper then reverie, play and metaphor more or less adds up to poetry. In suggesting the idea of poetry as a way to free associate on paper, I do not mean to propose an additional literary burden on supervisees, but rather a freer way of putting words on a page. This kind of poetry is distinguished more by its unstructured nature than by its polished metre or impressive rhymes. However the process of playing with the poem, of trying out alternative words and images could help bring up pre-conscious ideas.

Prose and poetry are most simply distinguished by the different use of lines and page breaks, the different use of grammar and the amount of metaphor. Jeremy Holmes also supports the value of poetry in bridging the gap between word and experience: "Poetry's means to make those connections are rhyme, rhythm, metre, repetition and above all simile and metaphor." (2002: 138-140)

## Agreement or Stipulation about what supervisees will bring to supervision

The demands made by supervisors usually vary according to the level of experience of their supervisees. It seems useful to me to hold some flexibility in this depending on the inclination and learning style of the supervisee. I think a negotiated approach to the kinds of presentations which will be made is likely to support the supervisory alliance. In contrast too authoritarian a demand by the supervisor risks eliciting passive compliance on the one hand or rebelliousness on the other. Any agreement about the mode of presentation needs to be subject to periodic review and this can be a useful tool in the trainee's apprenticeship. I am thinking of a supervisee whose default style in his notes and presentation was a detailed narrative of the client's troubled life; with each of his clients it felt like a battle to elicit a sense of the relationship and to coax him onto telling me about him and the client rather than the client in their world. Repeated suggestions that he bring more dialogue, failed to yield a result - it needed more attention from the two of us on why he was so wedded to this long winded narrative style.

## Supervisor's Notes

The requirement for a supervisor's log will depend on various factors including the setting and the possible need to write reports on trainees. There will be times when for legal or practical reasons a record of sessions is needed but my focus here is on ways in which notes may enhance practice.

After the original assessment details and an essential anchoring image of the client, the most helpful thing to note seems to be actual dialogue. I make occasional notes during sessions of the words the supervisee uses and what she reports the client as saying. As a supervisor and as a supervisee I have felt the power of the actual words of the client or the therapist being read back weeks later. As I re-introduce a client not spoken of for many weeks, my supervisor registers whom I am speaking of and checks, "you said '.....' about her?"

This is powerful because firstly I know I have been heard and taken in; the fact that my supervisor used paper and pen to assist her recall does not at all diminish the experience of my work being remembered. Secondly, hearing my exact words spoken back to me – perhaps an 'off the cuff' expression of countertransference – helps me to catch a glimpse of the then and the now with this client. As a supervisor I have seen how affirming this can be to a supervisee and it also helps the group to reconnect with the story and with their responses to this relationship.

## Conclusion

Perhaps something most writers agree on is that notes need to be about the session rather than about the client's problem. There are many areas which I have not touched on; an important one of these is the relative value of handwritten or computer notes. My own strong preference is for handwritten notes; the issues of

confidentiality are less complicated and spontaneity is greater. The way we put ideas on the page using circling, heaving underlining, arrows and other non-verbal symbols may help with the right/ left split. When everything else has been weighed in the balance a note taking system is more likely to achieve its purpose if the supervisee can evolve a reasonably satisfying, even enjoyable, method of recording something of their experiences with clients.

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## Writing notes

*Rose Stockwell*

My ideal supervisor does not write notes - the whole complex multidimensional process is managed in the mind. S/he can recall the details of the patient's history. S/he senses the emotional atmosphere of the therapeutic relationship and processes this readily for the resonance in the supervisory relationship. The relevant bits of theory float freely to the surface of his or her mind and the whole of the therapy experience to date with this patient, the whole supervisory relationship with this supervisee and the pertinent aspects of the supervisee's personal and professional history are all available. The supervisor sits in reverie, present and yet thinking, and offers pertinent new insights into the unconscious processes effecting the therapy. Usually I do not work like my ideal supervisor because, more often than not, I write during supervision sessions.

I always gather facts about the supervisee when I start supervision work and these are the first notes I write. They include personal and profession information and I have found them invaluable for writing reports and for reminding myself of the supervisee's experiences prior to working with me which in turn helps me to remember what can be taken for granted.

Currently my supervisees have large caseloads with few longer pieces of work. Many patients come and go in short-term work and get presented once or twice if at all. All of the supervisees have fortnightly supervision and this sometimes opens up large gaps when there are breaks or illness. Some work in educational establishments and additionally have long academic holidays. I have adopted my supervision style accordingly and because of the complexity of, and changes in, patients I write down more of the patient's history as a memory prompt than I used to. For all of these supervisees I am expected to give feedback to the employers and in light of this I sometimes write phrases or comments for myself to use for this. I also use my supervision file as a basic record of the supervisee's attendance jotting down at least the date of the session and the names of the patients presented. If a session is missed I jot this down too.

Other than as a memory prompt and basic record why do I write?

Primarily I write because it helps me assimilate and consolidate things jumping around in my mind. Paradoxically the writing enables me to let go of the thoughts in my head and focus on what is emerging. In some states of mind I do not look at what I write but work from what is in my mind. In other states I refer to my writing repeatedly scanning what I have written trying to hold and further gather my thoughts and feelings. The degree of my ability to process sometimes only reflects my mental state of being more or less collected. At other times it is part of what I use to understand aspects of the supervisory process. Less ability (and much writing and looking at what is written) may be an identification with a patient's fragmentary inner world or a therapist's fumbling understanding of a patient or perhaps an reflection of the supervisee's way of presenting or relating to me as the supervisor. All of this I find a helpful way to utilise my need to write and I think my supervision notes help me move closer the state of reverie I aspire to. I also think they enable me to keep the patient / therapist relationship to the fore.

But sometimes I write to manage my anxiety. For example I might write more if I am concerned about the patient's mental state and fear that I may be asked to account for the supervision I offered. For a few lines the "notes" become a "record" where I might concretely write down what I said to the supervisee in relation to the patient.

And sometimes I write to identify recurring themes in the work over time or in certain situations such as when several patients are presented in one session.

And occasionally I write notes after a session. Most often this seems to be when the supervisee /supervisor relationship has perplexed me and I need to reflect in the absence of the supervisee.

I also vary in how much and what I write with different supervisees and this seems to reflect something about their style of presentation, what they are looking for in the supervision and the nature of their relationship with me.

And always my notes are an eclectic, personal collection of randomness. They are of no use to anyone else and do not represent an accurate record of the session. When given the information I draw a family tree. I write bits of the patient's history; phrases which seem to give clues to counter-transference; words that hint about the nature of the transferences; words that come to my mind as I listen - perhaps a feeling, an idea, a bit of theory or a hypothesis. And then there often comes a point when I stop writing and just listen as if I have gathered up enough of the foundations and patterns to assimilate further information.

Finally I write and keep my notes because, even in their chaotic and incomplete form, they are a great help when, several months or years after the end of the supervision a supervisee asks me for a reference or to fill in a BACP accreditation form.

***Rose Stockwell is in private practice in Shrewsbury.***

## The Importance of Process Notes in Psychoanalytic Supervision

*Julia Vellacott*

Process notes are generally accepted as the basis for work in psychoanalytic supervision. Sometimes of course they are thrown to the winds – the therapist speaks off the top of their head with the freedom of whatever comes to mind. But it is in fact only through a detailed account of the full stretch of one or more sessions that a supervisor and supervisee can work together at conscious and unconscious levels to piece together an understanding of a patient and their interaction with the supervisee. This is the *stuff and material* of that work. In this short piece I wish to spell out how and why process notes play such a vital part in the work of supervision and what avenues might be explored if they are not provided.

First, an appreciation of analytic supervision at its most rewarding and inspiring. Consider the situation: isolated as we all are as therapists in the intensity of our work, immersed in the unconscious life of another person and its play upon our own, prone to inevitable feelings of insufficiency, we come into a setting where we can spread all this out in the presence of a person who at one greater remove and often with a great deal more experience can look with us at the broad scope and minute detail of the situation, helping us to see more clearly into the confusion, turmoil or blankness, drawing on both rational and unconscious thought. It is a kind of master class in which even a single session can provide insight and a model of understanding for a long time to come.

For this master class to take place the piece must be played from opening bars to final chords – there must be a detailed record of the session from beginning to end. I contrast this with the situation in which a supervisee brings 'a few issues' to do with a current patient. No account is provided of how a session started, how it developed through its own perambulations, what happened in response to certain words or other interventions from the therapist, how it concluded, the feelings that it provoked in the therapist. Without this sequential detail we do not hear about how at a certain point the patient's voice suddenly fell. How after a particular remark a patient sat up on the couch complaining of a pain in his back. How another routinely reaches down from her chair to take a sip from her bottle of water, laboriously unscrewing and rescrewing the bottle, halting the session and bringing it under her control – we have no sense of the exchanges that lead up to this interruption of

proceedings. We do not know at what point two dreams were told: in the first half of the session, or seven minutes before the end? How did the session end? The patient, her eyes constantly checking the clock, scrambles up before the therapist has time to say 'It's time now' and bundles herself out of the door? The patient carefully gathers up his bags, papers and shoes and tiptoes apologetically to the waiting room? The patient leaves the consulting door wide open, silently indicating, 'Look what a gap you're leaving me with!' In short we do not hear about unfolding dynamic of the session in which there is as much meaning in the developing process as in the manifest content: for it is the *interaction* between patient and therapist that expresses and enacts transferentially the history and conflicts and experience that have gone before.

The same sequential attention to detail will illuminate the therapist's way of working. Notes from the whole session may make it clear, for example, how far a therapist is able to trust to the analytic process, listening and observing without unnecessary intrusion. Can he or she wait long enough to hear what the patient is saying, not interrupting a rambling but important series of free associations, heading the patient off from their trajectory and sending them down some half-way by-route more relevant to therapist than patient? Some patients stick to their purpose; others are easily diverted.

The fact is, some supervisees do come to supervision without process notes or even notes at all, despite these having been asked for. This can provoke in the supervisor as the weeks go by a powerful feeling of something withheld, of being controlled. It also robs them of the pleasure of engaging in a common project in which both parties have the opportunity of new insight and learning.

Why might a supervisee withhold notes in this way? Does this failure to provide a full record of a session mirror an aspect of the patient's inner world, lived out in their relationship with their therapist? And is this being unconsciously enacted as a parallel process between the supervisee and supervisor in the supervision? There might be things that are too painful for a patient to know about or say; a conviction that they won't be listened to; an overload of shame and secrecy.

Of course something in the supervisee's own circumstances may lead them to withhold notes. If their training has not included an analytic therapy they may have a difficulty in understanding how an account of the overall process, not just a list of contents, will help them to see what is going in a patient and the important ways in which this is played out in the session. For example, it might become clear by looking at a full session how repeatedly and readily a certain patient *agrees with* the therapist; how the therapist may feel gratified but unsatisfied.

Does the therapist, especially if still in training, fear being exposed and shamed in their work? There are times when a supervision is not of a person's choosing, is provided by a training or place of work, and may or may not suit them. A supervisor may be intimidating or apparently too closely wedded to their own way of working. A training supervisor I once had, and feared, left me for a long time with the instruction that 'you shouldn't ask questions' of a patient. I am pretty sure that I took care to cut out or turn round any questions I did ask. Even with a sympathetic and gentle supervisor the therapist may be nervous of giving a full account of their work. Viktor Sedlak, in an excellent paper, 'Psychoanalytic Supervision of Untrained Therapists' (in the NHS) discusses a case in which a patient suffering from unconscious, unspoken suicidal guilt provoked in the therapist a countertransference of an enormously self-persecutory, guilt-laden kind, involving fantasies that the patient would kill herself and he would be terribly disgraced and shunned. Sedlak recommends discussing this type of situation in terms of 'we': 'This way of talking... as well as being an honest reflection of the fact that the supervisor knows from his own experience that such emotional strains are hard to bear, also communicates that one is talking about a professional difficulty inherent in the work and not a private personal problem. Furthermore, describing a problem as one common to all of us helps the supervisee with his own difficulties about shame and the narcissistic vulnerability that exposing oneself in supervision entails.' (Martindale, 1997)

Negative countertransference feelings may cause particular difficulties and reluctance in writing notes. Remembering and recording any session means in some ways reliving it and possibly having to return to all sorts of irksome or painful emotions: 'I was so fed up, I couldn't listen properly', 'I felt under such pressure, I couldn't think straight', 'She's so despairing, I sort of agree she's never going to get better.' The role of the supervisor is to create a space for thought between the supervisee and patient.

Does the lack of notes spring from a wish for the supervisor to do the work, on the lines of 'Here are some problems with this patient, tell me what to do, just give me some nuggets of advice to take away'? Leo Grinberg writes of supervisees who 'admire and envy the supervisor's capacity, experience, and cleverness but do not try to assimilate his teachings; instead they try to "swallow" him so that they may become the absolute owners of what he possesses.' (*ibid.*) Failure to provide notes in these circumstances may constitute in my view an actual refusal to engage seriously with the work. Viktor Sedlak writes, in the paper referred to above, of people 'who might seek the status of doing psychoanalytic psychotherapy without putting in the hard work this activity entails.' He continues: From my experience one recognizes such people in a relatively short period of time. Most notably, they have a great resistance to bringing process notes and undertaking close scrutiny of their clinical work. If one is prepared to take this up with them and, if necessary, terminate their supervision, then it is possible – although

at times unpleasant – to extricate oneself from a situation in which one feels one is colluding with something false or indeed even corrupt.

I feel it is very important that such situations be clearly addressed, it having been made clear before the supervision started that the work cannot proceed without process notes. This situation may arise for all sorts of reasons. A practitioner, whose supervisee attended supervision very sporadically for three to four months 'without providing anything approaching a process account', was asked whether they would give a reference for a job in the public sector. 'I felt that I had to decline on the grounds that I had insufficient familiarity with his clinical work. He then decided to terminate the supervision. With hindsight, I think that the purpose of his seeking supervision might have been precisely to gain that reference.

The exclusionary, hierarchical nature of our profession may well encourage abuses of this kind. But it is not the analytic profession that disqualifies non-analytically trained practitioners from receiving psychoanalytic supervision - see for example Sedlak's article quoted above on the analytic supervision of untrained therapists in the health service. Given the extreme shortage of psychoanalytic psychotherapy in the NHS this kind of supervision should in fact play a very important role.

This said, it can be difficult and daunting to write verbatim notes on a whole session. With this in mind I have made enquiries with a number of colleagues about their ways of approaching the task and have come across a number of methods which I put down here for the record: *A* makes a spider diagram. He writes the first thing he remembers in the middle of the page, and how the session started at the top. He then puts spider legs out from the central item for all the other things he remembers, leaving room for additions. When as much as possible is noted he looks at the whole page, moves things around, makes adjustments and then writes it all out. *B*, using lined paper with a margin, writes four or five words at different levels of the page, then notes down at the right levels as much as she can remember. 'In writing up the session you notice all sorts of new things and how they connect with your own unconscious thoughts.

Writing verbatim notes for supervision has definitely strengthened my memory and powers of concentration.' *C* similarly makes a column from top to bottom of the page and notes the start and finish of the session. He then writes notes on both sides of the column, rearranging material with arrows before writing it up. *D* cuts paper into a pile of small slips and writes down everything that comes to mind in the order that it occurs to her, each bit on one slip. At the end she puts the slips in the right order. If there's no time to write up the final version she takes the slips clipped together to speak from in supervision. 'I find this random, free-associating way of putting things down makes it much easier to remember the session, even several days later.' *E*: 'You may be shocked, but both my therapist and analyst had a notebook and took notes in my sessions, so that is what I do. I don't tell patients in advance. Quite often they ask what I am writing and then we discuss it. I tell them I am taking a few notes as an aide memoire for myself and to help me think about them. And that is what it is. I have only once had trouble – with a borderline paranoid patient. If I am writing verbatim notes of a full session to take to supervision I do so after the session in the normal way.' *F*: 'It is like a reel unfolding, a spool of film or audiotape, an almost unconscious mindless activity, definitely not cognitive. I do it all over the place – on the bus, in the kitchen when all sorts of other things are going on. I tell my persecutory ego to shut up and just trust to unconscious memory. Each bit picks up multiple associations. If something is in the wrong place I put an asterisk and make it an insert.'

It is clear that remembering proceeds not just at a deliberate, rational level. One item is remembered from the middle of a session, leading to another at the start, or the finish, and so on – a jigsaw is slowly pieced together from a piece of sky, a bit of sea, a stretch of verdant grass, a human hand. Thus, in writing process notes, as in working with a patient, formal mechanisms of intellect are involved, but memory is fundamentally a psychological process, a part of the analytic process itself.

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## Some Reflections on the use of notes in supervision

*Richard Wainwright*

I would like to offer a few reflections on the uses and possible abuses of notes in supervision. Rather than focus on content or the method of composition, I am more interested in what kind of object notes can become in the

supervisory scene when the supervisee comes well prepared or over prepared. The experience of being the recipient of relentless session recordings will no doubt be familiar to most supervisors.

I am particularly interested in how the supervisee can be encouraged to release her/himself from a sense of obligation to offer slavish recitals of what happened, born of anxiety to get things right, which is often betrayed through premature flights into knowing and understanding. The work privileges a willingness to disinter conversations in supervision from the official language of clinical discourse in the interests of cultivating a capacity to evoke experiences of persons and scenes in the spirit of dreaming with another. This could also be described as a way thinking about presentations as imaginative fictions. In this sense supervision is a creative collaboration in the service of fictions that emerge from a *feeling for what happened*. It is an opportunity for play in the creative sense of allowing something, or anything to be seen, to have a voice, a presence in contrast to the self conscious work of showing, or demonstrating knowledge.

### **Cartoon**

She tells me there is a lot to do. We begin at the beginning. I hear about the referral process at the counselling centre, the first phone call, the making of the first appointment, the first meeting. She allows herself a moment to tell me what impression the client made when she walked into the room. She is middle aged and dowdy, appearing through the gap allowed by the sense of a semi colon. I am interested in **Dowdy** and what it might feel like to be with her before she is dismissed in the service of narrative progress. In a few minutes I am informed about her childhood, the parents who didn't protect her from her brother's abuse, 'her father was a womaniser', her leaving school, her career as a secretary and latterly personal assistant to various successful men. I am left in no doubt she is a 'puella' with a 'weak ego' who needs to find 'a sense of agency' if she is to have a chance of becoming more 'individuated'.

Before we get any further I suggest we pause and look at the various persons who might like to come in. She tolerates my intervention with the proviso she will be able tell me about the rest of the work since the first session. I suggest we need to go a little more slowly so we can attend again 'a bit more freely' to what was going on between therapist and client and what it felt like when the parents, the brother and various others arrived. Feeling slightly disconcerted by her pen which is clearly ready for action, I add that it might help her to keep this consideration in mind as the work unfolds. She records what I've said, letting me know in the process how 'useful' it is. I am hoping to have a conversation and find I am an authority. It's difficult to have a conversation with an authority. She's right there is a lot to do. There is a lot for both of us to do. For instance the supervisor will need to keep open the offer of conversation and the supervisee will need time to distinguish between an invitation and a demand.

### **Commentary**

The person who is anxious to get the material in and is glued to their notes might indicate a defensive refusal to engage with the other (supervisor). It might also reflect the supervisee's assumption about what they are expected to do, particularly if they are a trainee, or perhaps a therapist with a new supervisor whose ways they don't know. They may also have learned this way of presenting the material, as if they weren't there, from their training institution. The feeling of transference anxiety is obvious, but as supervisor and supervisee get better acquainted hopefully things will loosen up.

Writing notes is obviously useful for grounding experience and aiding reflection, but they don't have to become the basis of a recital. Having written them it would be more valuable to second sight what they contain by loosening the author's grip in order to allow other voices to come in. In supervision the process of imagining with another allows for the play and inter-play of thoughtful associations. It can allow the supervisee, like the actor who is situated between the author and the text in another kind of play, to re-appropriate the text in the interests of revealing not only what the author might intend, but more importantly – what the author may be suppressing.

Notes used as aids for the defence might be constructed to address the supervisor in a language the supervisee assumes to be correct. It might also reflect something of work with a patient, or client who is anxious about the prospect of trusting their own mind. Perhaps the therapist might have difficulty in dealing with a demand from a patient/client to explain, know or understand. One of the biggest impediments to creative exploration and experience is an anxiety about getting things right, as if there was a right way to do things. If that's the conviction then the supervisee is under huge pressure to demonstrate they know what it is.

Hopefully the supervisor will be able draw attention to some of the ways in which notes and the use of notes are inhibitors of reverie. Do notes and the use of notes in a session evoke, or re-create experience? If the supervisee has experiences of supervisory reverie they may feel encouraged to keep different kinds of notes rather than remaining in the limited repertoire of a recital of what happened. The recital format alone might draw supervisor and supervisee all too readily into the roles of psychic detectives.

The supervisor will need to assist the anxious supervisee to distinguish between showing and allowing something to be seen. Clearly the supervisor's supportive attitude and capacity for encouraging the supervisee into a state of play will be essential. Trust takes time to establish.

The process of 'dreaming up the patient' in supervision will entail a variety of interrelated requirements: for instance, disclosure of clinical material, descriptions of work, reflections on personal process, space for free associations to material presented, attention to the shape, texture, rhythm and cadence of what is said – and often unsaid, thus cultivating a sense of having eyes in our ears. We need all of this for supervision to give us a handle on realising what we say through the process of second hearing, or second sighting of what can only be located in dialogue with another or others. When the supervisory alliance is enlivened by feeding and feedback, the patient is more likely to come to life and draw forth a host of bodies who might otherwise not turn up, but whose presence keeps us open to new meanings and new possibilities.

One of the most valuable functions of the supervisory alliance is to be able to refresh theory in the particulars of clinical and analytic encounter. The idea of dreaming together to dream things on in the supervisory/analytic space allows access for con-versions of revered others (authorities) into the idiom of the self by turning prescribed versions over and turning them round in the light and dark of experience. In other words, freedom of thought requires dedication to particulars if the familiar, defined by the habitual, is to be approached in the spirit of exploration rather than confirmation. Supervision is not a confirmation class.

**'Perhaps the function of psychoanalysis in the future will not be to inform but to evoke' (Adam Phillips: p164 1994)**

There are some interesting implications for the practice of supervision in the way analytic psychotherapies have redefined clinical practice by giving priority to therapeutic interactions between therapist and patient as the focus of the work. Instead of privileging the fiction of analytic objectivity and non affected neutrality psycho analytic theory situated itself in the relational field analyst/patient in which both are participants in a mutually engaging process.

There is however a problem in professional therapeutics concerning how experience is represented. If I pick up a professional journal I'm often inclined to read a few paragraphs and lay it aside. The clinical reporting is efficient, the theorizing seems to fit and the writer shows me he/she knows what they are talking about. They are not defensive in the sense of concealing difficult material, it's there, but I have little or no feeling for it and am left with a sense there's something I haven't understood, as if understanding is the issue. My experience is one of being denied access to experience so I remain un-in-formed.

I think professional representation has little to do with what happens in a therapeutic encounter, but not because the writer is trying to mislead. They're not able to communicate the experience perhaps because they're representing it with a view to what it means. Representation subjects the body to the semantic and semiotic. It orders it into a certain form without evoking the experience from which avowed meaning is derived. Evoking involves us while representation keeps its subject at a distance. No matter how detailed, representation raises fundamental questions about power. Who and what is being represented? Is anybody there?

In contrasting the principles of representation and evocation I am referring to how speaking *about* and speaking *from* experience derive from two different discourses, the semiotic and phenomenological. In the mode of speaking *about*, language and experience are polarised for it is assumed experience can only be 'represented'. This polarisation is a function of a representationalist theory of language that largely predominates in analytic discourse. Of course the word *representation* resonates with a different sense if it is thought of as *re-presenting* or making present again. In the latter sense re-presentation is informed by an evocative mode that discloses the presence and aliveness of experience. In this sense 'language gives access to a world of experience in so far as experience comes to, or is brought to language' (T. Csordas: 1994 p11).

Hopefully the supervisory alliance will allow the speaker and listener freedom to inter-imagine, to collaborate in the work and play of finding and being found in language that registers the idiom of experience. In this 'potential space', as Winnicott coined it, both supervisor and supervisee might renew their relationship to language as a living field rather than an already fixed box of meanings. A creative relationship to language is not about searching for new words but of attending to the significance of the words we already use and to the life they authorise when speaker and listener are open to the shape, feel, rhythms and reverberations of words. Thomas Ogden reflecting on the Art of Psychoanalysis captures this I – Thou dimension of 'sensing something human' in the relationship between writer and reader:

'What it means to bring a person, a feeling, an idea, to life in writing is to be found in the reader's experience of reading or hearing the words and sentences being said (written) by the writer. This is the challenge of all literature and of all analytic writing since both are fundamentally concerned with the task of using language to capture something of human experience. If we as readers cannot sense something human, however faint, in the experience of reading an analytic paper, poem, an essay or a novel, then we come away empty handed. The work of the analytic writer, like the writer of poetry or fiction, begins and ends with his effort to create *in* language the experience of human aliveness. If an analytic writer contents himself with talking "about" aliveness or deadness, his efforts will certainly be in vain.' (T.Ogden: 1999 p5-6)

Perhaps supervision could be understood as a form of dedication to speaking *from* experience, rather than speaking *about* it. In attempting to speak *from* experience we need to keep in mind both Jung's and Ogden's acknowledgements of a need for the discernment that mediates with in-between space if we are to move beyond the confines of our habitual perceptions. (C.G. Jung: 1916/58 CW 8 paras. 131-193 & T.Ogden: 1994: p97-106) Being open to whatever is present is perhaps a gift of being *good enough* to be free enough and still enough to divine the delicate and epiphanic nature of imaginal bodies inhabiting our temporary recoveries of *inner sense*. That's probably the best we can do in order to surrender to the complexity of analytic process.

*This article draws on material from my chapter in a new book ('The Quest for Supervision' ed. D.Mathers) coming out later this year. The chapter is titled: 'Representation, Evocation and Witness: Reflections on clinical scenes and styles of presentation in supervision'.*

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## Writing Processes in Supervision: process notes

Anna Bravesmith

### Introduction

By way of introduction, I want to mention a fascinating radio broadcast (R4) in 2006 in the series on science called *Material World* which discussed the effects of reading on the brain. Reading is, of course, the corollary of writing and what we write we, and others, also read. At the university of Liverpool professor Phil Davis has researched into the relation between word shifts and neural pathways in the brain. Word shifts are unexpected uses of words so that verbs and adjectives, for example, get changed into nouns as in Shakespeare. This produces what is called 'excited thought' in the reader or listener, known in the theatre as 'dramatic effect'. The point is that through neuroscientific research we can now actually see that particular word usage affects the brain and stimulates thought.

Let's relate this to writing in supervision. It suggests that when we write about patients or supervisees, and the process of our work with them, our particular words can be thought provoking and the more individual, idiosyncratic if you like, the better. The more surprising our metaphors are, the more original, personal and subjective our idiom is, the better. This is part of constructing an imaginative picture of a patient or supervisee, or process, for shared reflection between supervisee and supervisor which cannot, I believe, be created by using standardized recording techniques. Counsellors and psychotherapists employed in NHS settings may currently be advised by managers to refrain from making 'subjective' notes on patients in their own words and told, or encouraged, to record only facts and often to complete tick-box forms instead. These are blunt tools and cannot capture the realities of work with a patient but managers prefer them because it is possible that there could be legal consequences to keeping notes of a 'subjective' kind under the Data Protection Act of 1998. I shall return to this point later but first would like to consider some of the underlying dynamics of writing. It is likely that the wish to avoid the difficult dynamics of writing in an original way in notes predisposes managers and practitioners to conform rather rigidly to the legal restrictions.

## Dynamics of writing

Complex transference/countertransference dynamics manifest themselves in the way notes and reports are written by supervisees and in the way supervisors read them or hear them read aloud. They may be used defensively or avoided or function as effective *aides memoir* and encapsulations of the liveliness of the analytic work. It largely depends on the capacity for containment in the supervisory relationship but I suggest that there are additional factors which may either inhibit or encourage effective writing which have roots in primitive internal states associated with self expression.

As supervisors, one encounters harshly critical super-ego aspects of the supervisee's personality which attack and undermine their capacity to keep notes and utilise them in supervision. It can seem to supervisees as if notes constitute evidence 'against' them or should be written in a particular 'right' way. A persecutory over-emphasis on accuracy can be one of the most unhelpful attitudes for a supervisor to hold and process notes may be written more effectively using a more relaxed approach. The supervisee might say 'for all practical purposes this is the gist of what the patient said' or 'this is the gist of what I said in my interpretation'. The use of notes cannot realistically be seen as an objective record of sessions. I once had a supervisor who called the process notes 'minutes' and required 3 copies of every session to be made before each supervision - one for her, one for me and one for 'the file'. In my supervisory practice I prefer to let supervisees communicate their work freely in whatever form they choose unless this represents an avoidance, undue vagueness or hostility towards the rational authority of the supervisor.

Considering the value of process notes of the "he said ,I said" variety, Ekstein and Wallerstein said in 1958 'Useful as the data are for many purposes...what one wants most to know of the therapist's conceptualization of the case is not expressed in his verbalizations.' (p273, ChXV The Utilisation of Recordings in 'The Teaching and Learning of Psychotherapy') It is the underlying thinking that may not always have been verbalized to the patient that is often most useful. However there are also occasions requiring an analysis of exact words or structures spoken in therapy sessions and that is a different matter. I find supervisees usually bring these directly as they were uttered, sensing the need to do so. For example recently a supervisee brought to me material his patient had described in which her child had severe constipation and she herself 'could not stand her bad behaviour'. She went on to say that she knew she was 'far too much' for the supervisee and that his need recently to cancel a session 'was only to be expected'. The therapist commented to the patient that he thought she was hurt and angry to have been let down by the cancellation. She changed the subject, apparently, and began talking about the Peabody Housing Association and loud noises in the building where she lives. My supervisee said the word 'Peabody' stuck in his mind and he commented to the patient that her use of this word suggested to him that while her daughter was constipated, she herself had 'pee in her body' and after his cancellation had felt 'pissed off'. Since she thought it would be too much for him if she expressed being pissed off she was keeping the pee 'in her body'.

James Astor writes (2005) about 'unacknowledged revisions' that occur when we write and compares these to the creation of a 'self-invented personality' from which we write in a way that feels truthful *to us* but is not necessarily objectively accurate. In some trainings audio and video tapes are made during therapy sessions and played to the supervisor thus, apparently, leaving no scope for deception or self-deception. Searles refers to recordings as '...of only sharply limited value. When used frequently... there develops an inter-personal distance, a distraction of the supervisor's attention from the student's needs of the moment...' (1962,p603)

It seems to me that electronic recording can be intrusive but, more importantly, it cuts out an extra stage of processing that happens in writing notes. It reduces the inner transitional space where material can be played with and digested before presentation to third parties. In this space therapists might play with what occurred in a session and reach a deeper understanding of it. In relation to this there are some interesting ideas about 'the third' in a paper by Nick Barwick, in which he postulates that writing itself can constitute a third. Indeed, I think, that is partly why we cannot easily reproduce objectively precise material for supervision without moderation, since through writing we have achieved a *new* position in relation to the material. There are no longer only two parties - the writing self is a third.

There is a link, at least in fantasy, between madness and writing and the anxiety that it will drive us mad. How often do we 'forget' to write notes or say something like "writing this paper's driving me mad"? This is a prevailing fantasy. Ordinary and extraordinary anxieties, one might say, are always present and have to be managed by the writer who tries to stay in touch with his or her good internal objects while creating a tapestry of words. Will the tapestry turn out an incoherent tangle of threads, or, worse still, never begin to be woven at all? Can we let the internal experience of processing therapeutic material become external words on paper? Can we let go of what we do not select to include in notes? (1993). Pontalis says that to write is both to dream and to mourn as we dream of being able to say everything and to capture experience in words and we mourn each time we do not realise the dream:

'Hence the feverishness and melancholy, sometimes the one, sometimes the other, that always accompany the act of writing.(pxviii)

## Conclusion

The culture in which we practice is in the process of major changes and while Ekstein and Wallerstein, some 40 years ago, wrote about recording therapy with patients in detail and retaining these records this is now considered a dubious practice. Registering bodies in UK have somewhat different guidelines and I am familiar with those of the British Psychoanalytic Council which ask analysts in private practice to destroy process notes as soon as no longer needed. Despite the absence of test cases in UK, legal advisors have deemed it inadvisable due to the Data Protection Act to keep permanently anything more than a record of the patient's name, address, basic details eg. age and gender and starting and finishing dates of psychotherapy. Peter Jenkins and Steve Potter explore the challenges to recording in student counselling, following the Data Protection Act of 1998, in their paper *No more 'personal notes'? Data protection policy and practice in Higher Education counseling services in the UK*. Much of their findings apply also to counselling and psychotherapy in other kinds of services. Patients need to be asked to consent to records being made and have access to their notes; there must be a rationale for time limits regarding storage of notes and retention of records, arrangements for security and eventual disposal of records. The content of notes kept may be challenged by patients or their families.

It seems to me vital that the art and skill of writing as a part of analytic work and analytic supervision survive in a culture which seems to be narrowing down what might be called the 'right to write'. It is as if the superego has become externalized in a new and complex way. There is a tendency for a splitting process to develop so that writing is seen as either a compliant activity or a subversive one. Overall I am trying to find some middle ground where we encourage our supervisees to retain the right to write, if it is helpful and creative, and also the right not to write when they may need to keep material as internal experience in order to digest it and bring it into consciousness in their own time.

***This is an altered version of a presentation given on the SAP supervision course 2007 and 2008***

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## What's in a Record? Working with therapy notes in supervision

*Tim Bond*

My supervisees often arrive with brief notes of issues that they wish to raise in supervision and sometimes they bring extracts of client records as an additional point of reference to help recall complex interactions or histories. As my supervisee sits with these notes close to hand, I tend to focus on our active communications and my 'felt-senses' that these evoke. My preference is to work with my supervisees through their oral accounts of their work. In my experience, this works well for the personal and relational challenges of our work and communicates parallel processes that can be so valuable in supervision. However, as result of co-writing 'Confidentiality and record keeping: recording confidences' (Bond and Mitchels, forthcoming) I have started to review my own practice and whether or not I ought to be working more directly with the notes that someone brings to supervision. Is my unspoken assumption that the supervisee's notes are merely part of the background rather than the foreground of the work adequate for contemporary therapeutic practice?

The starting point of these reflections is a growing awareness of how the steadily advancing professionalisation of counselling and psychotherapy has changed the public expectations of our role in favour record keeping. However, the real driver is an increased appreciation of how records have taken on multiple functions, some beneficial, others tangential with little effect on the primary work, and some potentially harmful to therapy. It's as though my practice in supervision over records has not yet caught up with other areas of my experience and knowledge. My current practice of not intruding into the records that inform presentations in supervision is based on an increasingly outdated view that those records are unlikely to be seen by anyone other than the therapist and perhaps some well-disposed colleagues if the therapy is provided in an agency. I have also assumed that the quality of presentation in supervision matches the quality of the records and so seldom look behind the oral presentation to the written records unless invited to do so or I have become seriously concerned – a fortunately rare event in my experience of providing supervision. I suspect that I am not alone in this 'hands-off' approach to record-keeping in supervision, from what colleagues and acquaintances tell me, so I am taking the invitation to write this article as an opportunity review and question my own practice in the hope that others will be provoked to do the same, even if they come to different conclusions.

In this article I want to ask:

1. What is the appropriate significance of the supervisee's records of their therapeutic work with clients in the supervisory process?
2. What is the significance of any supervisory records and whether or not supervisors ought to be keeping routine records?

My points of reference for considering these questions are primarily legal and ethical. As this is an area where both ethics and law are complex, sometimes uncertain, and frequently contested, I am hoping to provoke debate and exchange of experience rather than offer authoritative guidance.

The supervisee's developmental stage as a practitioner is a critical factor for answering both these questions so I will start with supervision of trainee therapists. When working with trainees, supervision takes on greater ethical significance because the trainee is to some extent dependent on the supervisor to guide them about adequate standards of practice and how best to achieve these. Supervision helps to protect the safety of clients and the adequacy of services provided. This ethical dimension of supervision is matched by corresponding legal requirements. The law of negligence requires that trainees achieve the standard of a reasonably competent practitioner and that there is comparability of *care* offered by trainee and qualified practitioners. Both ethically and legally, the supervisor carries a degree of responsibility for the standard of therapy offered by the trainee and therefore a correspondingly high level of accountability for the work undertaken with clients. In such circumstances, it is prudent for the supervisor to keep records of the supervisory work undertaken. These records should normally be brief factual records that demonstrate attentiveness to

- the adequacy of the standards of therapy being offered including any evidence used for assessments or evaluations of that practice, both positive and negative;
- teaching and mentoring to assist the professional development and practice of the trainee; and,
- supporting the trainee with emotional and personal responses to the work.

The adequacy of the trainees own record keeping to support the planning and delivery of therapy is a significant professional issue in contemporary practice and arguably should be explicitly considered as one of the tasks of supervision and reviewed like any other aspect of the role and noted in the supervisor's records. Where the supervisor's observations and evaluations form part of the professional assessment of the trainee to become professionally qualified, issues of fairness and equity in these assessments suggest that it is ethically and professionally desirable for the supervisor to keep records. Without any records, there is no direct

contemporaneous evidence to support the judgment of the supervisor if it were to be challenged by appeal or in the courts. The discipline of keeping records directs the supervisor's attention to considering the basis of any assessment of a trainee and a full record draws attention to the basis for any contrary evaluations. Both the trainee's own records of work with clients and the supervisor's records of delivering supervision are of sufficient potential significance to merit systematic attention in how they are compiled and periodically reviewed.

How would supervising an experienced and adequately competent therapist change the ethical and legal analysis? Here, the working alliance is no longer one of the experienced person's dependence on someone who is better qualified and more experienced. The relationship is more analogous to one of mentoring between peers with a corresponding reduction or even elimination of any accountability of the supervisor for work undertaken by the therapist. Responsibility for work with the client rests primarily, if not exclusively, with the therapist. Although it may be desirable for the therapist to periodically review the quality of writing therapeutic records and to update practice, the responsibility does so rests on the therapist as part of their professional standards and general accountability. The presumption within supervision is that the therapist is capable of meeting the requirements of a) the standards and care of a reasonably competent therapist and that the therapist carries responsibility for achieving this independently of the supervisor. Similarly, the level of significance likely to attach to the supervisor's records of supervision is likely to diminish: but is it eliminated? Supervisors are often asked to provide references; may be asked to provide evidence in malpractice or disciplinary cases; sometimes are requested to provide supplementary evidence in litigation by a third party against a supervisee. It is not always possible to anticipate when contemporaneous records would be useful.

Although the weight of responsibility for the work with clients is likely to be considerably diminished, supervisors remain, at least to some extent, guardians of the normative standards of the profession. Some of the most challenging circumstances for a supervisor arise when a supervisee uncharacteristically falls below the accepted standard or acts unethically. Perhaps one of the most challenging of situations arises when a well respected therapist suffers a decline of standards due to illness to the point that standards decline below not only their own standards but those of the profession. Adequate records help to determine the level of risk and to secure humane and proportionate responses. Ethical and legal considerations favour the supervisor keeping records of supervision sessions. However, the nature of these records might be more varied according to circumstances and perhaps more skeletal for routine supervision of an experienced and competent practitioner in comparison to those concerning a trainee.

There is a strong ethical and legal case for granting the supervisee access to a copy of the supervisory notes either on request or routinely in accordance with the way the relationship has been constructed, but especially if these records are available to others such as the supervisee's employer or form the basis of professional reports. Data protection, human rights and the long established legal principles of equity all tend to point in this direction.

At the beginning of this article, I disclosed that I seldom ask to see the records compiled by any of my supervisees. I think my practice in this respect does look outdated and inadequate so far as trainees are concerned unless I know that this aspect of the work is being adequately overseen and developed, perhaps by a tutor or service manager. As a result of having been immersed in recent developments in the ethics and law of record keeping, I think the case for the supervisor keeping records of all supervision sessions is very strong when working with trainees and is increasingly advisable with more professionally established therapists, although the type of record might vary according to the circumstances. Perhaps the only person for whom the keeping of records is truly optional is the supervisee but even this might not always be wise advice to a supervisee – but that is another story.

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***Professor Tim Bond is Head of the Graduate School of Education at the University of Bristol, UK. He researches and writes extensively on professional ethical issues. Some of this writing is prompted by issues raised in his work with clients, trainees and supervisees.***

## Supervision Notes –how long should they be retained?

*Elizabeth Richardson*

Given that the theme for this newsletter supervision is notes, I would like to raise some issues - with a view to encouraging mutual reflection. My concern relates to the length of time supervisors' need to keep copies of their notes since it could be argued that these might be requested as part of a legal process or complaint involving a supervisee's patient.

The data protection act of course requires us to destroy notes as soon as they are no longer required. The difficulty is how long that might be. With respect to therapy notes, the NHS specifies a six year rule and this time-span - the so called 'six-year rule' - is frequently quoted in therapeutic circles. In addition with patient records, a two-tier system is often recommended with factual information being kept longer term (type A notes) and personal reflection/process notes (type B) being kept only for as long as strictly necessary.

The situation with supervision notes does not appear to have received the same attention. I have not heard for example of similar guidelines in terms of type A and type B notes. Yet, a supervisor's notes whilst containing a different quality of information to that of the therapist are no less revealing. They may include comments about the transference between supervisee and patient, or how the supervisor experiences the transference and countertransference between supervisor and supervisee as well as reminders about practicalities e.g. boundary issues. These notes potentially hold detailed information that may/ may not have the same safeguards around them as analytic notes. In this context I wonder.....

- For how long should supervision notes be kept?
- Should there be different guidelines according to whether the supervisee is a trainee or a qualified therapist/counsellor?
- If the supervisor retires, do the notes need to be kept and if so, for how long?
- If the supervisor dies, can the notes be shredded immediately by the clinical executor?
- To whom do the supervision notes belong if the supervisor is working for an agency? Would the clinical executor have to return the notes to the agency?

It would be so interesting to share the thoughts and perspectives with each other via the newsletter. I look forward to your responses.

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## BOOK REVIEWS

**Impossible Training: a Relational View of Psychoanalytic Education**  
**Emanuel Berman**  
**The Analytic Press: Hillsdale NJ 2004**

*Reviewed by Anne Power*

Berman writes in a clear accessible style to set out the case for a relational style of training in psychoanalytic work. The chapters were very specifically focused so that the book reads rather like a series of essays – but I enjoyed it none the less for that. Berman seems to enjoy using a historical exploration to make sense of his material and I found this a very helpful perspective. The three opening chapters give us solid historical background starting with an overview of the development of drive and relational models in psychoanalysis dating from the two original training institutes – that of Ferenczi in Budapest and the institute in Berlin founded by Abraham and Eitingon. Ferenczi's training institute, founded in 1919, was the earlier one and Berman suggests that psychoanalysis might have developed differently if political changes in Hungary had not led to the closure of this programme and the subsequent dominance of the more hierarchical Eitingon model.

The following chapters look at two highly generative and conflictual relationships among our psychoanalytic forebears: the twenty five year relationship between Freud and Ferenczi and the equally long relationship between Klein and Winnicott which he casts in a similar vein,

*"In this dyad, again the senior partner had a fertile influence on the younger one, also valued him and was willing at some points to learn from him – but later, when the younger partner became too independent, grew angry at him and was unable to appreciate his original thought."* (2004:70)

Berman trained first in New York and now practices in Israel so it is interesting to read his outsider perspective on this local conflict in British psychoanalysis.

Another historical chapter chronicles the more recent debates and developments at the Israeli Psychoanalytic Institute; Berman presents this as a case study exploring the question of "whether training based on the 'Eitingon model' can be transformed from within – whether its toxic effects, such as paranoia and infantilisation, can be detoxified." He details the IPI's own 'controversial discussions' which took place in the 1990s and describes how unlike other English speaking institutes, the IPI has moved into alignment with the more liberal traditions in French speaking psychoanalytic bodies.

Though Berman is looking at the educational method in psychoanalytic institutes, the issues he raises are paralleled in psychodynamic trainings for psychotherapists and counsellors. He considers the following: admissions policy (the fallacy of believing that our criteria are 'objective'); personal analysis (the boundary with supervision and the triangle which the trainee has to manage); training supervision (he believes trainees can cope with and benefit from supervision with different theoretical perspectives); methods of evaluation (how 'rigorous' does this need to be and does rigorous evaluation lead to infantilisation). On the issue of curriculum he comes down firmly in favour of including the various strands of psychoanalytic theory. He recognises the danger of the relational tradition itself developing 'inbred groups' with 'party lines' and 'school loyalties' (2004:6); his hope is not for a new relational school to evolve but for the intersubjective influence to help support a freer professional and intellectual climate. He acknowledges that there are risks in a multitheoretical approach but convincingly argues for a historical perspective to give context to diverse ideas.

*"Of course it is inspiring to learn Klein from a Kleinian and Kohut from a Kohutian, but, if instructors are too strongly identified with their mentors, the divergent ideas will remain isolated and idealized."* (2004:243)

At many points I felt there was a correspondence between Berman's thesis and that of Colman's paper *The Supervisor and the Super-Ego* (Bapps Newsletter April 2007). Berman focuses on the impact of organisational dynamics and the way candidates internalise hierarchical values. He draws on Kernberg's *Thirty methods to destroy the creativity of psychoanalytic candidates* to describe the processes by which candidates are tamed. An observation I found particularly valid was the way in which "an elaborate evaluation system may allow a supervisor to avoid the stressful moment of expressing criticism within supervision." (2004:112) Kernberg sarcastically advised supervisors to use indirect communication which better reinforces paranoid attitudes in their supervisees. (Kernberg 1996: 1037) Berman deplores the conformity of overly neat final case presentations but ponders the degree to which they really represent a false analytic self or are rather "a deliberate, conscious decision that has little to do with the candidate's inner world." (2004: 118)

Perhaps the most interesting chapter for BAPPS members is that on training supervision; in this Berman forcefully puts the case for a relational model of supervision - though he adds a caution:

*“Supervision becomes more personal and less guarded, making it more difficult at times but increasing the chances that supervisor and supervisee will form a fertile transitional space and become a generative dyad.”* (2004:24)

He argues that because the transference will be influenced by the analyst’s actual personality and behaviour, it is essential that there be space to explore relevant aspects of these. With the supervisor’s own object relations stirred into the mix, we are dealing with “a triadic intersubjective matrix” (2004:190 referencing Brown and Miller, 2002). It is acknowledged that this matrix of object relations cannot be fully deciphered within the dyad, but Berman argues for the importance of acknowledging all these levels and making them legitimate potential targets of attention. This is a long chapter and it explores many of the ‘old chestnuts’ of supervision: idealisation; the tendency for the triangle to be flattened by the emergence of a pairing – between any two of the three players; the impact of the setting and the organisation’s agenda; boundaries with therapy. On parallel process Berman has a pithy observation of the mantra which might be voiced by a supervisor who misuses the concept: “The trouble you and I seem to experience is not really our own; it comes from your patient, and, if you solve it there, we’ll be okay too.” (2004: 205)

I found at least half of this book extremely interesting; the chapter on supervision is masterly and the historical sections were hugely informative and enjoyable.

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### **On Supervision; Psychoanalytic and Jungian Perspectives**

**Ed. Ann Petts and Bernard Shapley. Karnac. Paperback**

*Reviewed by Lynda Norton*

With the burgeoning literature on supervision available I often find myself wondering about the distinctive contribution any new book might offer to the existing library. In this case, the collection of papers offer a sound grounding in key areas for those new to the discipline and thought provoking pieces to stimulate more experienced supervisors. This book arose from presentations given as part of the BAP course ‘Developing Supervision Skills.’ In consequence, the style and format of the chapters vary - some being detailed articles which stand alone for individual personal reflection whilst others more readily act as springboards for further debate in a wider group. The inclusion of both psychoanalytic and Jungian perspectives is an especially welcome and refreshing contribution to the genre.

The book is divided into three sections. The first section, ‘Fundamentals of supervision practice’ includes chapters on beginnings; boundaries and confidentiality; and ethics. **Lou Corner’s** chapter ‘**On beginning a supervisory relationship**’ is a helpful exploration of issues to consider from the outset in any situation and especially where the supervisor is working in different organisational contexts. **Heather Wood’s**, ‘**Boundaries and confidentiality**’ considers dimensions of difference in supervisory relationships such as the theoretical model and the stage of development of the supervisee. A range of boundary dilemmas are also explored and the pressures to breach boundaries are considered using the theoretical perspectives of Langs, Money-Kyrle and Grinberg. **Hester Solomon’s**, ‘**The ethics of supervision**’ draws on her extensive writing on this topic regarding the development of ethical awareness. She cogently argues for the ongoing role of supervision/ consultation in facilitating the maintenance of this stance. Utilising archetypal, developmental perspectives she considers this in the context of triangular space in supervision.

The second section ‘**On supervisory techniques**’ builds on many of the themes in the first section and provides a sound foundation for current perspectives. **Susan Howard’s**, ‘**Models of Supervision**’ provides a thorough, systematic review of current models culminating with the process model of Hawkin and Shohet’s interlocking foci. **Jean Arundale’s** ‘**Supervising trainees: teaching the values and techniques of psychoanalytic psychotherapy**’ takes a refreshing line in an era where focus upon techniques might imply a paint by numbers approach to the work. She argues for a ‘maturing in the vat’ approach, in order to internalise core psychoanalytic and emphasises an apprenticeship model with regular feedback to the trainee in which any concerns are addressed in the ‘here and now’ rather than stored up for the final report. **Mary Twyman’s**, ‘**Some dynamics of supervision**’ reflects upon the role of the supervisor especially when supervisees, new to psychoanalytic approaches, revert to more familiar modes of operation as they encounter challenges in the

transference. She provides three, short clinical vignettes to illustrate how these issues can be teased out and deeper understandings facilitated. **Sue Johnson's, 'Some personal experiences of supervision'** offers lively sketches which capture the essence of different types of supervisor/supervisee relationships and reflects upon the implications. I could envisage this being usefully used within a discussion group of trainees exploring expectations and fears of supervision.

In the third section, '**On aspects of supervisory relationship**', I especially valued the detailed clinical vignettes utilised to explore themes. **Denise Taylor's 'The supervision triangle'**, builds upon the symbolism of the triad and considers the implications of skewed triangles, where one party becomes too closely identified with another often resulting in conflict, rigidity, collusion or rivalry in the supervisory relationship. Variations include the 'deadly protective triangle' where there is a terror of letting go of the patient and the 'as if' triangle where supervisee anxiety may result in 'turning a blind eye' with flight into omnipotence. BAPPS members who attended David Hewison's conference will be familiar with this latter dynamic.

**Joscelyn Richards'**, excellent chapter '**The role of supervision (internal and external) in working with the suicidal patient**' addresses in a clear and thoughtful manner the range of dilemmas faced by a therapist when the threat or hint of suicide arises in the work and the tasks and resources of the supervisory role. The impetus to act rather than remaining open to patients' communications is recognised together with the importance of processing and understanding the countertransference. Two detailed clinical examples elegantly facilitate further consideration of the issues and possible ways forward.

Few topics can generate as much heat and mobilise the defences as rapidly as that of race. **Helen Morgan's**, chapter tackles the '**The effects of difference of 'race' and colour in supervision** and spells out from the outset - with a number of clinical illustrations and research findings - the implications for a black trainee/patient when a 'colour blind' approach is adopted and racial difference ignored. Morgan recognises the discomfort of thinking about race and difference. There is a temptation to either retreat into a defensive position that denies the problem or get enmeshed in 'an obsequious guilt which undertakes reparation (towards the oppressed object) regardless of price' (Lousada 1997 quoted in Morgan p196 *ibid*). Two detailed vignettes together with a thorough discussion, eloquently illustrate dilemmas engendered for black and white therapists alike. It caused me to reflect in depth upon aspects of my own experience in this arena.

The agony and the ecstasy of group supervision is highlighted in **Margaret Hammond's, 'The many 'ifs' of group supervision'**. Using a number of clinical illustrations she addresses the way in which group dynamics such as high anxiety and competitiveness (or its absence) can place differing demands upon the role of the supervisor. Clinical and theoretical issues are considered to ensure the analytic task remains the primary focus.

The symbol of Janus, the ancient Roman God, keeper of the gate of Heaven and hence guardian of gates and doors is beautifully utilised by **Maureen Chapman** to reflect upon the assessment process; '**Janus as a metaphor for the assessment process**'. She thoughtfully outlines the pivotal role of the supervisor and emphasises that carefully considered criteria are crucial. She poses and explores the fundamental question:- 'What is being assessed by whom?' Last but not least she turns Janus' scrutiny upon the assessor and briefly looks at the unconscious processes and judgement of the supervisor.

I found this book to be a useful single source reference book for reviewing current thinking about technique in supervision. In addition, several chapters address topics and /or offer clinical vignettes which stimulate new reflections upon both neglected and familiar areas. A worthwhile read.

**Lynda Norton is a Jungian Analyst in full time private practice based in Welwyn Garden City, Hertfordshire.**

## Is There Anything Super About Supervision?

*Report by Ruth Barnett*

Review of BAPPS annual conference on May 10<sup>th</sup> 2008 at which Dr. David Hewison gave a paper titled "When thinking, knowing and acting get in the way of supervision".

Thirty four participant's minds were riveted on Hewison's remarkable paper as he delivered it. His focus on Sophocles' three plays about Oedipus seemed to evoke everyone's imagination as in the coffee break many people were saying they felt a need to re-read the plays. The fruits of the impact that Hewison's paper made was evident in the small groups after the tea break in the intimacy and potency of the discussion.

Oedipal thinking, feeling and knowing have an unconscious influence in families resulting in a pattern across the family of similar language and styles of thinking. In supervision, oedipal thinking knowing and acting can take the form of evoking in the supervisor anxiety and desire to know too much too soon. Bombarded with anxieties of the supervisees and their difficulty with wanting to know too much too soon, how can the supervisor hold and help the supervisee (s) bear uncertainty and not knowing to allow something to emerge without needing to force the pace? We struggle to know what we already know against the forces that make us not want to know. Hewison reminds us of Money-Kyrle's three 'facts of life' we struggle with are the supreme goodness of the breast, the creativity of the parental intercourse, and the inevitability of time passing and bringing death. In our difficulty to bear the truth we resort to various ways of not knowing or states of un-knowing, distorting or denying the truth or simple lying to avoid unbearable shame.

How far was Oedipus responsible for what happened to him? Did the oracle's prophecies mean that the gods ordained his fate or did he have a free will to choose his actions? His parents' oedipal knowing made them misinterpret the oracle and seek to get rid of the son the oracle foretold would kill his father. Likewise, Oedipus, not knowing his parentage, misinterpreted the oracle and thereby fulfilled it. The people of Thebes knew the oracle but did not question who was the stranger and where did he come from just at the time that their King was slain? No-one questioned the young Oedipus marrying a woman old enough to be his mother. As in every human drama, it was the bystanders who were the majority and enabled the perpetrator by 'turning a blind eye'. They played a part in the unfolding of the oracle.

In the first play "Oedipus Rex", Oedipus blinds himself at the end so that he can no longer see the unbearable truth of what he has done as the oracle foretold. In the next play, "Oedipus at Colonus", he distorts and denies the truth, claiming to be the innocent victim of the Gods. How often do we wish to blame someone else, even the person/client/ supervisee we have let down rather than bear the truth of our own part? How much do we put upon God to evade our own responsibility? The third play, "Antigone" is the most complex of the three and deals with Oedipus' legacy – the effect he has on his children that are his siblings, and the conflict between different 'truths' – the morals of the gods of the upper world versus those of the gods of the lower world. Can we bear and process this split within ourselves? This is perhaps the greatest 'good' we can give our supervisees or as parents to our children.

I was left after this excellent conference feeling, if psychoanalysis is the impossible profession then supervision holds the impossible until something becomes potentially possible.

Thanks are due to Carolyn Couchman and her committee for the comfortable unhurried but 'spot on' time keeping, the delicious lunch and making it all happen so smoothly.

***Ruth Barnett was a teacher for 19 years and then a psychotherapist for 28 years. She now combines both careers by dialoguing with school students and adults on prejudice, racism and raising awareness of the Holocaust and other genocides. Her book "Ruth and Ruthchen" will be published later this year.***

## UKCP Conference Report "Supervision: things we keep in mind"

*Nigel Williams*

On June 7<sup>th</sup> Nigel Williams attended the UKCP Supervision Conference.

This was a fascinating and stimulating day in which BAPPS members were much in evidence, both as presenters and as participants. I've tried to present a small segment of my own experiences and as a BAPPS member have attempted to go to events that were not run by presenters of my own background and modality. I hope this gives a wider view of the practice of supervision across the profession. Any mistakes, omissions and confabulations in recounting presenters' ideas are my own!

The key note speakers, Peter Jenkins (co-director of Counselling and Psychotherapy, University of Salford) and Vernon Yorke (Training analyst member of SAP) offered a very contrasting perspective on supervision, which got the conference off to a challenging start. I have focussed on the main points of these two speakers as much of what then unfolded during the day went back and forth between various aspect of the interplay of clinical and ethical issues in supervision.

A further ten workshops were on offer in the morning and afternoon representing both different modalities and various themes. I've mentioned my experience in two of these briefly at the end of this review.

### **Holding Ethics in Mind**

Peter Jenkins surveyed changes in the practice base and market for supervision services, under headings of "Private Practice", "Consultancy" and "Supervision within an organisational context."

He suggested that most of the changes in recent years had occurred in the latter two categories. In consultancy for instance, now alternative health practitioners sought supervision, various other professional groups have begun to seek coaching. In supervision occurring in an organisation he identified a range of new ethical challenges, having to do with the tensions between "therapeutic" and "risk" cultures which can vary dramatically from one organisational context to the next.

In the more familiar arena of private practice direct fee paying contracts, triangular relationship between supervisor, supervisee and client, and the supervisor's dual responsibilities toward supervisee and client has provided a familiar working model for supervisors.

The organisational setting ushers in a fourth element, that of the supervisor's responsibility to the agency or training institution. The workings of the clinical rhombus in the supervisory relationship are critical here (Driver & Martin eds, Stewart 2002, Ekstein and Wallerstein 1958).

Organisational anxieties are expressed via the question as to who holds clinical responsibility, and if it is shared, in what way. Medical and legal discourse will often mingle unhelpfully with the therapeutic at this juncture. Jenkins identified another key issue in the organisational context as one of fidelity; that is the problem of confidentiality and sharing of information. Here an aspect of the supervisor's task is to defend the therapeutic frame, keeping leakage to a minimum.

The clash of therapeutic and risk avoidance cultures was examined, and examples given of the presence of supervisors in schools, NHS, and Universities. The role of the contract was discussed, and the need to have appropriate consultation over its drawing up.

The positive aspect of supervisors tied into organisations via their support of therapeutic services was the spread of therapeutic culture within that organisation; however the priority for risk avoidance could also powerfully constrain the therapeutic. The duty of care isn't the same thing when rendered legalistically; it isn't always the same as that of clinical responsibility. Also the duty of care discourse can be a powerful lever from management to get supervisors to do other things, which are actually closer to the role of line management. Jenkins reminded us of the impact of the compensation culture on supervision. We seem to have lost sight that as a society, cycles of human error are normal, and we consequently live under the tyrannical belief that if only the politics, management and care are right risk can be avoided.

The most interesting part of his talk was in the section where he took us through why we don't learn very well from previous enquiries into tragedies.

The first reason is to do with the failure to share information (this always costs privacy and confidentiality and potentially reveals neglect and poor practice). Another key failure for professionals is to be unable to assess the significance of what they know. This is usually made worse by the absence of a collegial space for developing sound professional judgement, (a good argument for independent clinical supervision).

Conversely the rise of a culture of reporting, aimed at identifying risk at an early stage, can also come at some considerable cost in terms of poor decision making. His example here was social services protocols for reporting perceived risk with two hours. Linking risk management and professional judgement in such a direct way can be very dangerous. Supervisors can make a key contribution in helping to balance these decisions by generating reflective processes within organisations.

How can the supervisor respond to these pressure points? He suggests that supervisors need to be custodians of the secrets of the client/patient in the organisation. The supervisor needs to be cautious of the model of supervisory transparency where the client and the manager should be able to know at any point how the supervisor and therapist view the progress of therapy. Also in a warning he suggested that the legal profession while not yet interested in the supervisor's notes will at some point become so.

He encouraged supervisors to respond to these ethical challenges by reasserting the value of supervision in different contexts and settings as professional consultancy of the highest order. Supervisors also need to promote research into the outcomes of supervision. He suggested a need for extended case studies into the efficacy of supervision in large organisations.

He ended on a hopeful note that recent legal developments especially around the Naomi Campbell case had indicated that the public want confidentiality and privacy in relation to the use of therapeutic evidence. This is

helpful to us as supervisors and returns to our role as ethically informed practitioners defending fidelity, therapist/client autonomy and the “supervisory frame”.

### **Holding Nothing in Mind**

By contrast Vernon Yorke’s presentation was an example of how holding nothing in mind can promote the supervisory process. He spoke of the subtlety that can be reached in a meeting of minds on behalf of another using Freud’s notion of the “lowering of consciousness”, and adopting Bion’s approach of “without memory or desire”.

The presence of a third party tempts us to “want to know”. Recording can’t reveal the complexity of levels of psychic meaning. Supervision in this sense is not a representation of another situation, from some other place, psychic material can only be revealed by psychic practice.

Reverie, the holding of unfulfilled receptivity can promote what Bion calls the emergence of the “selective fact” that binds the reverie together initially with rhyme, but no reason! Reverie he suggests is easy to reject as neurotic countertransference, but attending to its emergence, allows for the possibility of the supervisory object to be an initially unknown, and an emergent property of the supervisory pair, and as such represents a huge field to hope to become orientated in.

He also suggests that the presence of theoretical frameworks in supervisor and supervisee, generate another massive range of possible material to draw on or get entangled in.

So what are the applications of this intuitive method? The first Yorke suggests is the usefulness of fostering skills with reverie with trainees. The second is in promoting a deepening understanding of the supervisory field in general.

Reverie is practical but illusive. The supervisor’s task is to open a channel of communication in the supervisee’s psyche, promoting the holding of fleeting images that can re-organise as experiences.

As far as deeper psychic material goes, in Bion’s method the supervisor’s countertransference is important to discovering meanings. The slightest remark, the oddest, tiniest, strangest personal memories are “proto reveries” and have to be handled as part of supervision, not part of psychotherapy.

Reveries are not theories. Sensing for instance a sexual atmosphere after a patient had mentioned the attack on the world trade centre, had led to locating a moment in time when the patient’s narcissistic transference onto the supervisee had collapsed.

The supervisory object is something that grows between the supervisor and the supervisee, but its practical working through in clinical work is the job of the supervisee. In this sense it is important for the supervisor to have trust in the supervisee.

In group supervision, reverie can jump from one case to another and one supervisee to another so that material can be understood simultaneously in its place in the work and its place in the therapist’s mind. An example involved a supervisee’s comment that her patient’s mother “Wore him like a badge of her sin” this gave rise to a further understanding of the patient’s outsider status not only in terms of gayness, but in terms of accessing the new thought that he might not think that he was human. This arose from a reverie from a previous case leapfrogging as it were from the previous patient to this one.

Yorke suggests taking intuition seriously, can be difficult to tolerate, our desire to rationalise it gives us explanations but not meaning, but it is the latter which is more useful to the supervisory project.

### **Post discussion plenary**

In the discussions following the two papers a range of points was made concerning the breadth and depth of the presentations.

Points were made about the tensions between narrative truth and external truth in supervision. This has a key bearing in issues of confidentiality because some people understand one kind of truth but not the other.

The subtlety of reverie was difficult to square with the demand for evidence based practice, but seemed to be good example of practice based evidence, however narrative itself is anyway only part of supervisory discourse and is not to be confused with reverie.

The value of writing one’s own supervisory contract was discussed, as was the educative role of supervision within organisations that could bring about shifts in thinking in the organisation as a whole.

### **Holding issues of diversity in Mind**

Shila Rashid (Chair of UKCP’s Diversity and Equalities Committee) invited us to think about things we keep in mind but keep out of discourse. The fate of prejudice and ripe opinion is often for it to be “kept back”.

We were invited through a series of exercises to explore what we did and didn't ask about colleagues in the group as we got to know them a little. We were challenged to think about how we could think about how to keep issues of diversity in mind and in dialogue with supervisees. This led to a rich discussion about risk taking, saying the wrong things, the pressure to get it right and to deal with hurt and misunderstanding straight away rather than to let it emerge and have meaning. This was in the context of supervisors and supervisees of different ethnicity, gender and nationality.

We were uncomfortably reminded that the average psychotherapist and consequently also supervisor is 45 years of age, female, white and middle class.

Trainees and supervisees of different minority groups sometimes feel either that they have to express the values of their group or conversely feel taken for granted and ignored. This requires much thinking about and negotiation to get right in supervision, but it can't be anticipated in advance.

We were encouraged to see prejudice as normal and it seemed that the challenge was to consider the ways in which we can develop both a holding of diversity in mind, whilst also being able to have free expression of our thinking and feeling about difference, easier said than done!

### **Action research in supervision**

Biljana Van Rijn (Metanoia Institute) challenged us to think about how the supervisory relationship could be researched. She gave a literature review showing the paucity of research literature, and its concentration largely on the role of supervision in training. Research has now become a political issue; the dearth of research evidence as to the value of supervision regarding client outcomes is now a problem where psychotherapy and counselling services are frequently put out to contract.

She posed two questions we might like to consider as possible examples of research questions: "What is the outcome of supervision for the client", and "How do I know what I know as a supervisor?" This led to a series of lively discussions between participants as to how it might be possible to know more about supervision via research.

Very little agreement emerged unsurprisingly! But I found myself in the middle of an emerging idea about researching "Thirdness" and of using an action research method, ie that of a participatory approach to some of my supervisees to research the idea of researching this. Sounds convoluted? Well many of us were struggling with the idea of researching supervision at all! I'll keep you posted!

Others shared current experiences of writing biographical case studies of supervision that linked to supervisors' sense of their place in their personal and professional life cycle. The idea of the links between supervision and grandparenthood was a key motif here.

Biljana spoke about aspects of her own research, and how her supervisee's enthusiasm had added further and unexpected dimensions to the process. Some had started to keep a diary of supervision and then a further one after sessions with the client so becoming co-researchers in the process. She has started to hear about things she has never heard about before, for instance details of the impact of her and her supervisee's relationship, around the holding of a very angry client. She can't yet tell whether this research is getting her nearer to be able to say what it is that the supervision does for the client, but she feels she has established a richness in dialogue with her supervisees that may lead to new evidence for the efficacy of the supervision emerging.

Others spoke about the place for "no mind" and reverie in research. We were encouraged to get fired up and curious about research indeed including being passionate about not doing it; this links back to the need for the supervisor to maintain the therapeutic frame and the profound ethical issues of unwittingly involving clients/patients in research without consent.

I was reminded of something Patrick Casement said at the end of a particularly challenging presentation of live supervision, which was to the effect "Now go home and forget you have had this experience lest you disturb your patients!"

### **Plenary and Epilogue**

The final conference plenary discussed the issues of accreditation for supervisors, and the standards for education and training that are currently out to consultation via UKCP committees. There will shortly be a paper going out to all member organisations about these issues.

Carmen Ablack reminded us that as registrants we can all be involved into the inputs into the training standards committee, and reminded us of the forthcoming special edition on supervision in the UKCP journal "The Psychotherapist".

I wanted to echo the vote of thanks again to Carmen Ablack, Kathy Murphy and Anita Saunders for organising and chairing a stimulating and thought provoking conference and to all the BAPPS members who contributed. I

also wanted to acknowledge the work of Christine Driver who although unable to attend had been instrumental in the background planning.

***Nigel Williams is Senior Lecturer in the Centre for Psycho-Social Studies, at the University of the West of England. He was a founder member of Somerset Counselling Centre, and has worked as a supervisor/trainer since for a number of years.***

# AUTUMN SEMINAR & AGM

**Saturday 8<sup>th</sup> November 2008**  
**at 10<sup>a.m.</sup>**

## **SUPERVISION AND IMAGINATION**

**ANNA BRAVESMITH**

**Anna Bravessmith** is a Jungian analyst and member of the Society of Analytical Psychology. She is an experienced supervisor of psychotherapists and counsellors, and was co-ordinator of the SAP Supervision training until 2006. She teaches at: LCP, AGIP and SAP.

This paper explores the role of imagination for the supervisor & examines the differences between the supervisor's use of creative & defensive imagination. It is suggested that reverie & imagining play a central role in supervision but that these need to be harnessed in the service of the reality principle. It is argued that the Jungian emphasis on the ego-self relationship provides a context for this process. A clinical example of work with a supervisee is described in which hidden aspects of a strong erotic transference/ counter transference were revealed in the supervisor's imagining & became available for reflection.

9.30	Registration and coffee
10.00	WELCOME & SPEAKER
11.00	Coffee & biscuits
11.30	SMALL GROUP DISCUSSION
12.30	LARGE GROUP DISCUSSION
12.50	Lunch
2.00	A.G.M.

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### **Change of Name for the Newsletter?**

The Publications Committee has been considering the possibility of changing the name of the Newsletter and we would very much appreciate hearing members' views. We have thought that it would be appropriate to have a name which better reflects the content of the Newsletter – being professional papers as well as news and reports. The options so far are *Supervision Forum* and *Supervision Review*. Please email us with your thoughts on these suggestions and with other possible titles. Thinking about this now gives BAPPS a few months to consider the options prior to a possible motion at the AGM.

***The Newsletter is prepared by the Publications Committee  
Chris Driver, Lynda Norton and Anne Power.***