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Foreword

Bruce Kinsey (Lead Editor)

I am a great fan of The Archers on the radio, and really find it rather disturbing when every now and again some article or news story presents the faces which produce the voices. THEY ARE JUST WRONG. Not sure what it is about it, but the faces in my mind are different.

I have another version of this when it comes to reading books and certain authors. In my mind I hear the voice of Alan Bennett, Wendy Cope or Garrison Keillor, when I read their words.

It is this foible that means I love hearing papers and ideas presented by the writers, and I then love to read this papers again remembering the event and the 'feel' of the day. I have recently been enjoying Adam Philips reading from his soon to be published book on Freud. Hearing and then reading is something I enjoy.

I was really pleased when we got the chance to print two recent papers from our conferences in Spring and Autumn last year in this journal and to have the chance to further respond to them. For me it is a really experience to go to a BAPPS conference, not just for the papers, but to meet up with friends and enjoy the experience of the day, and usually to drop by Karnac books on the way home.

The two papers presented here had a terrific feel to them both different, and to a certain extent you 'had to be there'. I hope the printing of the text goes some way to communicating one aspect of these lectures. But the feel of the day was also key for me. Together they are very different beasts one full of flights, they other more rooted. Together they sum up our tasks and enable us to think of our work freely and creatively. We invited attendees to comment on the experience of the day and have added these. Some wanted to do that anonymously which seemed a good idea if it encouraged people to write.

At *Spooky Actions at a Distance* with Gottfried Heuer caused such a stir and dynamic in the room and the groups that it kept my therapy fertile and refreshed for ages. It stirred something in many of us and the energy in the room was distinct and palpable. As one person who wrote to me commented 'the group sessions seemed to me to be marked by a freedom of expressing thought and feeling which was enjoyable. There was an intensity about the day, which was both refreshing and tiring'.

Ruth Barnett's paper *Ethical Practice in the Impossible Profession: The challenge of change, risk, safety and reward* was remarkable in a different way. Despite the topic we all felt very safe to explore some of the more awkward and difficult challenges of our work. She enabled a security and honest conversation that drove out fear, and make the risks inherent in our work see essential and worthwhile. Ruth provided material for us to work on in groups, and I include both her version of the workshops and how they were recorded in the comment given. We were able to talk about the business of our work and even at the end discussed the need for professional wills, and there was a request to have the BAPPS guidelines reprinted which we have done.

I hope you enjoy this edition.

Spooky Actions at a Distance

Parallel Processes in Analysis/Therapy and Supervision

Dr. Gottfried Maria Heuer, London

Different versions of this talk were presented to the AJA (Association of Jungian Analysts) Supervision Course, 16 July 2005; at the XVII IAAP (International Association of Analytical Psychology) Congress, Cape Town, South Africa, 13 August 2007; as the Keynote address, UKCP Supervision Conference, King's College, London, 6 June 2009; to the The Guild of Pastoral Psychology, London, 1 October 2009; and at the London School of Biodynamic Psychology, 4 June 2011; at the Placement Managers' Day, University of Roehampton, 26 June 2012; at the Spring Conference of the British Association for Psychoanalytic and Psychodynamic Supervision, The Tavistock, London, 18 May 2013; and published in *Zeitschrift für Körperpsychotherapie*, Vienna, Vol. 12, No. 43, May 2006, pp. 13 – 31; in Dale Mathers, ed., (2009). *Vision and Supervision. Jungian and Post-Jungian Perspectives*. London, New York: Routledge, pp. 164 – 182; as "Journeys through no-space, encounters in no-time: Parallel processes in Jungian analysis and Supervision" in Pramila Bennett, ed., (2009). *Cape Town 2007. Journeys, Encounters: Clinical, Communal, Cultural*. Proceedings of the XVII International IAAP Congress for Analytical Psychology. Einsiedeln: Daimon, pp. 194 - 210 (on the accompanying CD); and as part of "In My Flesh I See God" – Body and Psyche in Analysis. Guild Paper No. 303. London: The Guild of Pastoral Psychology, 2010.

Einstein's term "spooky action" came to my mind recently in connection with a synchronistic event that happened in supervision. The technical term for this is "parallel process", referring to events happening in either analysis or supervision, which are then unconsciously repeated in the other context. A supervisee of mine was describing a triangular sexual relationship between her woman patient, that woman's husband and her husband's lover. The emotional atmosphere described reminded me of Princess Diana — not someone I think of every day — saying in a TV interview, "You know, there were always three of us in the marriage, right from the beginning." I shared this with my supervisee, who later told me that in the session following our supervision her patient — unprompted! — referred to herself as "just like Princess Diana"! — We were both stunned.

Introduction

No man is an Iland, intire of it selfe;

every man is a peece of the Continent, a part of the maine

John Donne 1624 ¹

This presentation is about the specific transference phenomena between analysis and supervision that are called parallel process. Over a period of some fifty years now we have become used to working with this and other modes of transference.

¹ in Donne 1945, p. 538. Emphases and spelling here and throughout, unless noted otherwise, by the respective author.

Up to now, though, only descriptive terms were available for these phenomena which we could experience, observe and use in analytic work and discourse, but for which we lacked any real explanation. Only now, with recent discoveries in quantum physics and neurobiology, has a scientific explanation become possible. For the very first time in the history of analytic theory, this presentation provides the foundation of a scientific explanation for some of our most basic clinical tools.

After briefly introducing how I understand the clinical place of parallel process phenomena and the development of this concept, I shall present a Jungian perspective on analysis, supervision and what links these two, before presenting current research first in quantum physics and then in neurobiology insofar as they are relevant to my subject.

Some hundred years ago, with initial uncertainties as to their analytic and therapeutic value, transference and countertransference manifestations were discovered, after analysis gradually began to be understood more and more in relational terms. Initiated by Otto Gross,² this development culminated in the 1940's in Jung's diagram of a mutual dialectic between equals. During this time, based on experience and observation, ever finer differentiations were discovered and new descriptive terms needed and found for an increasing variety of relational experiences. When supervision evolved, further technical terms were coined not only for what happens in the supervisory relationship, but subsequently also for the relationship between analysis and supervision.

I have divided my presentation into four parts. Firstly, I shall trace the history of the use of these transference dynamics in analytic theory and therapeutic practice: from Gross' and Jung's work on mutuality to the initial descriptions of parallel processes by Searles and others fifty years ago and Doehrman's seminal dissertation on the subject in the 70's. Secondly, beginning with animal behaviour, I shall use aspects of cutting edge research in quantum physics and - thirdly - neurobiology to provide parallel process phenomena for the first time with a contemporary scientific basis by introducing some of the findings relevant to my subject in these fields. I shall conclude - fourthly - with clinical vignettes of the use of parallel processes.

Parallel Processes in Jungian Analysis and Supervision

A thousand fibers connect us with our fellow men.

*Herman Melville*³

I understand parallel process to be the unconscious influence of the transference/countertransference between analyst and patient on the supervisory relationship and vice versa, so that the emotional dynamics between supervisor and supervisee parallel those of the analytic situation. Aspects of the analytic psychodynamics are

² cf. Heuer 2004.

³ in Campbell 1995 (no page numbers).

being transferred into those of the supervisory relationship by the analyst/supervisee. Parallel process thus describes a specific kind of transference. Considering the correspondences between the two allows me to use current knowledge about transference for an understanding of parallel process.

In paralleling the psychodynamics of the analytic relationship within those of the supervisory relationship, *either* supervisor or supervisee can take on the role of *either* analyst or patient. If our work goes well enough, we become conscious of what we have unconsciously enacted and can then use our immediate emotional experience in the here and now of the supervisory situation to more fully understand and solve the problems that have previously arisen in the analysis.

Before we focus on the current usage of this concept, let us briefly look back at the history of the ideas that have led to this perspective that puts an emphasis on relational interactions in analysis, and, later, also in supervision.

100 years ago, the psychoanalyst Otto Gross laid the foundations for a relational psychology with his emphasis on self and other⁴ and with what he called "the will to relating"⁵. Influencing Freud and Jung, Gross opened the way from a one- to a two-person psychology that focussed on the relational aspects of analysis rather than on the pathology of the patient. Jung and Freud then fully developed the concepts of transference and countertransference, as they gradually recognised them as important tools rather than hindrances to the analytic work.

Initially, corresponding psychodynamics in supervision were also understood as a hindrance, indicating feelings of competitiveness or immaturity and inexperience on either side.⁶ In 1955, Harold Searles first described what he called "reflective processes" between analyst and patient on the one hand and analyst and supervisor on the other.⁷ Eckstein and Wallerstein in 1958 first used the term "parallel process"⁸ for these dynamics. Already in that year, John Gustin criticised: "supervision that does not make use of the unconscious interaction between the therapist and his supervisor is dealing only with the superficial aspects of learning."⁹ The theories of these pioneers were expanded on, then researched and described in Margery Jean Gross Doehrman's 1971 dissertation, "Parallel Processes in Supervision and Psychotherapy".¹⁰

My own understanding of the psychodynamics of parallel processing is based on Jung's ideas of "The Psychology of the Transference",¹¹ where he understands analyst and analysand as entering their relationship with transferences towards

⁴ Gross 1907.

⁵ Gross 1919.

⁶ Sachs & Shapiro 1976.

⁷ Searles 1986.

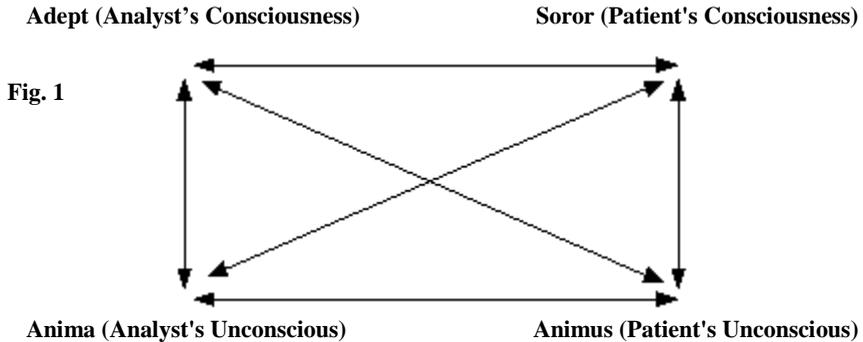
⁸ Eckstein & Wallerstein 1958.

⁹ Gustin 1958, p. 69.

¹⁰ Doehrman 1976.

¹¹ Jung 1945.

each other. This perspective starts from a basis of equality and mutuality that Jung had not only found in his study of alchemy but also in his work with Otto Gross who had introduced him much earlier to these ideas, that he based on the anarchist concepts of Proudhon and Kropotkin.¹² Jung created his transference diagram.¹³



We can observe here already a number of parallel processes as every interaction - portrayed by a double-headed arrow - resonates with each of the others. The external, interpersonal relationships thus correspond to, resonate with and hence parallel the intrapersonal ones. To my knowledge, this diagram has never been considered in these terms before.

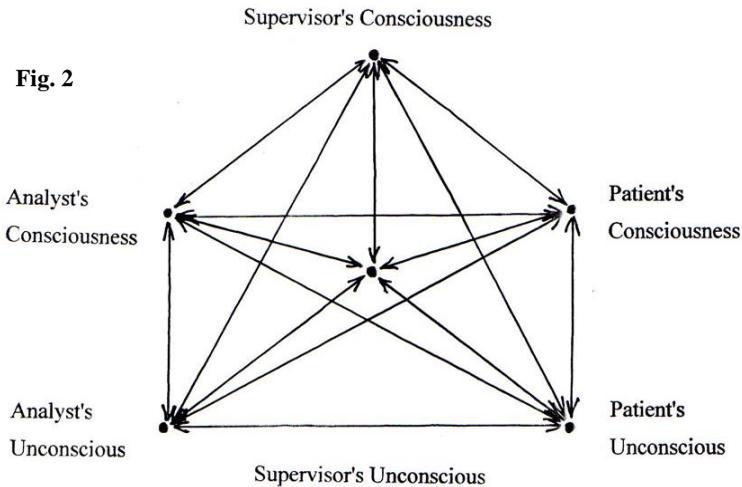
Of course, this dyadic diagram only includes analyst and analysand. Yet the therapeutic couple does not exist in isolation. In order to truly consider the complexity of the analytic situation, the same multidimensional and mutual links exist, resonate with and parallel each other not only between each of the participants but also between them and every significant other in each of their respective lives. In psychic reality, it seems, everybody can be seen and understood as being interlinked and resonating with everybody else. In the 1930's Jung said, "when you analyse a person, you have not only that individual on your hands, but it is as if you were analysing a whole group." He continues, almost echoing Einstein, "It has magic effects in the distance, even in people who are not immediately related to the patient."¹⁴

We can also use Jung's diagram of mutual interrelating as a model for the supervisory relationship. The dyadic relationship of the analytic couple then changes to a triadic one.

¹² cf. Heuer 2004.

¹³ Jung 1945, para. 422.

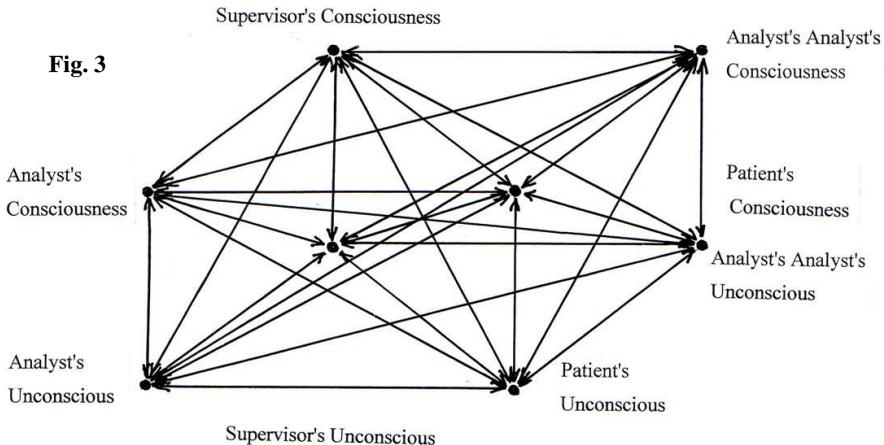
¹⁴ Jung 1930-34, p. 475.



In thus expanding the diagram, it is possible to understand the complex conscious and unconscious transference interactions and parallel processes between all three participants in their triangular relating. We might put a question mark to the conscious relating between patient and supervisor, yet more and more, being in continuous supervision for the duration of one's professional life is a requirement that patients might well be aware of. Or the analyst may choose to disclose this aspect of their work in the very beginning when they discuss the confidentiality of the work, to which supervision is an exception.

Just as in analysis the analyst needs to be open to understand every verbal or nonverbal communication also in its transference aspects, the supervisor should be open to consider every communication in terms of it also being a parallel process communication. For example, when in analysis a patient's dream contains a two-person interaction, I need to be able in my mind to creatively play around with the various possibilities present: our external relationship might be symbolically represented with either of us in either role, paralleling relations between the patient's consciousness and unconscious, as well as between various aspects of their or my inner self. The *same* applies to the supervisory relationship, only here the primary dyadic relationship has become even more complex by having become a triadic one.

If the analyst is a candidate in training, then this turns into a four-person relationship of mutual interrelating and parallel processing:



Again, in this diagram, the double-headed arrows of mutual interrelating show the complexity of transference links that the supervisor should ideally be aware of in the sense that they should be available to creatively be played with in the mind in order to arrive at the most appropriate, i.e. meaningful and mutative interpretation.

There is yet another way to read Jung's diagram: if we come to realise that this kind of transference influence of the supervisory process by the analytic one does not happen in one direction only, then we can also take the two sides of the diagram as each representing the totality of the analytic and the supervisory process respectively, or each specific situation of either at any moment, relating - resonating! - with each other in dialectic mutuality:

The upper horizontal double-headed arrow then stands for what is consciously transferred from the analytic to the supervisory situation *and vice versa*, whereas the lower horizontal one depicts the corresponding two-way communication on an unconscious level. Used in this way, the diagram portrays and draws attention to the by no means infrequent and sometimes rather uncanny experience by the analyst in the analytic session following a supervision: the patient almost seems to have been present in the preceding supervision! Thus a patient may start the session with a statement or even a specific term that seems to relate directly to the supervisory discourse, almost as if the patient had been able to follow it, or the patient may bring a dream that appears to symbolise a conclusion that has just been arrived at in supervision. It does seem to make sense to assume that on an unconscious level parallel processing is happening all the time in supervision. In Jung's diagram, the lower horizontal double-headed arrow denotes a permanent *two-way* unconscious communication. The vertical and diagonal double-headed arrows, denote the analytic process of raising material from the unconscious into consciousness. This is what analysis is about. Could we say that, correspondingly,

in supervision it may well be a primary task to reflect upon the unconscious parallel processes that equally happen *permanently* between analysis and supervision?

As mentioned, the terms we have been using so far in this respect to think and communicate about what happens in psychodynamic practice, have been descriptive: resonance, transference, projection, introjection, etc., etc. - attempts to name *what* is being observed. Yet, "Little has been done to elucidate the mechanism at work".¹⁵ What these terms do not tell us, is *how* these phenomena work. By implication, they are based on classical Newtonian physics as they clearly denote distances in time and space that are being bridged: in "transference" something is being transferred over time and space from one situation to another. In "projection", something is being thrown forward across a distance and taken in - "introjection". When I have a felt experience, an emotion, and these affect someone else to the extent that this other person "catches" them, we use the psychodynamic terms mentioned above, or we can speak of "resonance",¹⁶ "thought transmission", "extrasensory perception", "psychic infection", or other descriptive names - although what actually happens, remains "spooky". "The phenomenon of which we speak partakes, in a word, of the 'uncanny'".¹⁷ So far, we did not know what it actually is that moves at a speed greater than that of light through an unknown medium over unlimited distances of time and space.

"Spooky Action at a Distance"

Before I consider some of the recent discoveries in quantum physics and neurobiology to provide a physical and neurobiological explanation for some of our most basic clinical tools to give them a scientific basis, I want to also consider other areas of life where similar phenomena have been observed. This not only allows a contextualisation of the specific analytic concerns with the facts of life in general as they are understood by cutting edge scientific research, but also shows how these principles function in a wider context..

Let us start, then, with the birds and the bees, and work our way upwards the evolutionary ladder to human beings. Bees function as a single intelligence. In this, each individual bee is part of the decision making process, the whole swarm being in a state of constant mutual interaction. David Attenborough speaks of "one great super-organism."¹⁸ It is interesting to recall in this context that, conversely, Rudolf Virchow, the founder of cellular pathology, in the 1850's likened the multicellular human body to a society, a "unified commonwealth", "multicitizened".¹⁹ Attenborough reports that as larvae, the winged cicadas

in the Eastern United States spend 17 years [underground], and then, within a few days, a whole population emerges,. There may be millions of them in a single acre of land. [. . .] How do these cicadas all emerge simultaneously after

¹⁵ Mizen et al., eds., 2002, p. 236.

¹⁶ Stone 2006.

¹⁷ Gediman & Wolkenfeld 1980, pp. 234 - 235.

¹⁸ Attenborough 2005b.

¹⁹ In Sontag 1989, pp. 6 - 7.

17 long years? Well, we know that they [. . .] are able to detect the passing of a year. But how do they count up to 17? We have *no* idea.²⁰

Traditional science has no explanation. In an article entitled "Swarm theory" in last month's *National Geographic Magazine*, Peter Miller shows "a tree ablaze with fireflies in Indonesia", that rhythmically "blinks on and off". The author calls this synchronised behaviour "mysterious" and suggests that each insect "adjusts its flashes to match the others",²¹ which is not really a satisfying explanation as to how the immediate synchronisation of the thousands of insects is actually achieved.

Birds: as with fish, you may well have observed whole swarms moving in unison as they move and change direction as if one organism.

The North American caribou is a migratory mammal that moves in herds of tens of thousands. Calves are born literally on the move. In order to minimise the danger of them being eaten by predators surrounding the herds, the caribou females, thousands of them, do what is called "synchronised calving": they all give birth within the space of a few hours.²²

Again, phenomena like these so far have only been observed but not adequately explained. Until very recently, the connecting principles of interaction and resonance have been the proverbial white areas on the maps of scientific knowledge. In exploring these, let us first look at the inanimate aspects of these "spooky" actions from the perspective of contemporary quantum physics, before we add a neurobiological one that deals directly with animate, beings, both animal and human. The physicist Gary Felder explains:

Starting at the beginning of t[he previous] century, our physical theories began to include aspects which ran counter to common sense, and yet the theories consistently made accurate predictions of experiments which could not be explained with Newtonian physics. [. . .]

[O]ne of [. . . the new results discovered is] called nonlocality. Its converse, locality, is the principle that an event which happens at one place can't instantaneously affect an event someplace else. [. . .]

I could put a particle in a measuring device at one location and, simply by doing that, instantly influence another particle arbitrarily far away. [. . .]. In short, locality is dead. [. . .] Spooky action at a distance is part of nature.²³

Traditional quantum theory held that these new principles "operate in an inanimate subatomic world."²⁴ Yet in the 1970's the "physicist Fritz Albert Popp was the first to

²⁰ Attenborough 2005a.

²¹ Miller 2007, p. 144.

²² Turner 2004.

²³ Felder 1999.

²⁴ B. Heuer 2007.

discover quantum data in living cells."²⁵ As Birgit Heuer writes, this means "that quantum laws cannot be neatly consigned to an inanimate world of small particles, but that they extend to and underpin the living world and human consciousness also."²⁶

In our analytic work, we speak of a field, an interactional field, or of a subtle body that is being created between two or more people - the modern scientific equivalent to Christ's, "where two or three are gathered together in my name, there I am in the midst of them."²⁷

Deepak Chopra writes:

Although each person seems separate and independent, all of us are connected to patterns of intelligence that govern the whole cosmos. Our bodies are part of a universal body, our minds aspects of a universal mind.²⁸

Of course, Jung was the first to introduce these concepts to the field of analytic discourse when he discovered the alchemical vision of the *unus mundus* as a ground for the *mysterium coniunctionis*, the mystery of interconnectedness. He was also the first to link these alchemical concepts to the quantum theory of his time. In current quantum field research, the mystical experience and the explanations intuited for millennia in the past, are provided with a contemporary theoretical scientific basis. In a chapter entitled "The Sea of Light", Lynne McTaggart writes:

To the religious or the mystic, it is science proving the miraculous. What quantum calculations show is that we and our universe live and breathe in what amounts to a sea of motion - a quantum sea of light [. . .] interconnected by waves which are spread out through time and space and can carry on to infinity, tying one part of the universe to every other part. The idea of The Field might just offer a scientific explanation for many metaphysical notions [. . .]. It even echoes[s] the Old Testament's account of God's first dictum: 'Let there be light',^[29] out of which matter was created.³⁰

Having found a scientific explanation for our physical interrelatedness, let us now turn to the biological correlates.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Matth. 18:20.

²⁸ Chopra 1993, p. 6.

²⁹ Gen. 1:3.

³⁰ McTaggart 2001, pp. 25, 29.

Neurobiology

The body undoubtedly exerts "action at a distance".

Wilhelm Reich, 1940.³¹

Already in 1912 Freud suggested that the analyst

turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He should tune in to the patient as the telephone receiver is tuned in to the transmitting microphone. Just as the receiver converts back into sound waves the electric oscillations in the telephone line triggered by the sound waves, so the unconscious of the analyst is capable to reconstruct the unconscious as communicated by the patient.³²

Developing this metaphor further by grounding the experience in the body, Martin Stone recently wrote,

I have found the notion of the resonance of a tuning fork helpful and I would suggest that resonance occurs when the analyst's [body as a] tuning fork vibrates with the patient's unconscious material through the unconscious.³³

The recent discoveries in the realm of physics may be understood as one part of the answer to the mystery of resonance. We may have an explanation of the physical facts of mutual intercommunication, but what are the perceiving organs? The recent developments in quantum physics have been matched by corresponding discoveries in neurobiological research.

Some ten years ago, a team led by the neurobiologist Giacomo Rizzolatti was able to ascribe specific actions to individual braincells and those in their immediate vicinity. Working with monkeys under anaesthesia, the scientists were able to attach highly sensitive measuring devices to specific cells that triggered very specific actions. Thus they could isolate a *single* cell that only became active when, for example, the monkey reached for a nut - and not as it reached for anything else. Subsequently the scientists made a groundbreaking discovery: the same cell would also become active when the monkey just *watched* another monkey reaching for a nut. This discovery proved the existence of a neurobiological resonance. "Nerve cells capable of realising a certain program [. . .] that also become active from just observing a certain action or co-experiencing it in other ways, are called mirror neurons."³⁴ These mechanisms equally apply to humans. "For human beings it is enough to hear a certain action being described for the mirror neurons to

³¹ Reich 1999, p. 16.

³² Freud 1912, pp. 115 - 116 (translation modified).

³³ Stone 2006, p. 109.

³⁴ Bauer 2006b, p. 23.

resonate,"³⁵ or when asked to imagine it. The neurobiologist Joachim Bauer specifies:

This process of the mirror neurons happens simultaneously, involuntarily and without thinking. An internal neuronal copy is being produced, as if the observer was performing the very same action. He can decide whether he actually wants to perform this action, or not. He has, however, no control over his mirror neurons resonating with the perceived action and raising its program [required for its performance] into his imagination. [. . .] By unconsciously experiencing what is observed as an inner simultaneous program, he understands, spontaneously and without thinking, what the other does.³⁶

Bauer concludes, "Much that is ascribed to mysterious telepathic capacities can thus be explained."³⁷ Bauer focusses on "resonance as a modus of perception and source of information",³⁸ and describes the contact between analyst and patient as an emotional process of resonance rooted in neurobiological processes.

With his metaphor of a receiver Sigmund Freud has actually recognised a process that has neurobiological correlates. [. . .] The brain contains networks of nervecells that have a characteristic double function. These are nervecell-networks that get activated *both* when we ourselves feel, act or just think about acting, *as well as* when we witness corresponding events in *another* person present to whom we give our attention. [. . .] Bodylanguage signals from another person are perceived by the five senses and then decoded in specialised regions [of the brain] - for example the emotional centres - , to be subsequently passed on to the corresponding [nerve-] centres where they trigger resonant activity. [. . .] Mirroring processes happen spontaneously and intuitively, i.e. pre-reflective. They are not dependent on whether the signals sent by the other are perceived consciously or not. This means that mirroring activity can also be induced by subliminally perceived signals. [. . .] Thus as we engage with each other, we change. [. . .]

The empathic process described by Freud, which is necessary to perceive transference thus [. . .] is not only a process of *psychological* resonance, but also one with a neurobiological, i.e. *bodily* component.³⁹

From this neurobiological perspective, parallel processing can be understood as follows: starting with the analytic situation, the patient's emotional state is being transferred to the analyst by the latter's mirror neurons resonating with those of the former - and vice versa, in the mutual psychodynamic process. When the analyst then brings this specific situation to supervision, the recalling of it consciously and intellectually also re-calls the informations picked up by the mirror neurons, i.e.

³⁵ Ibid., p. 24.

³⁶ Ibid., pp. 26 - 27.

³⁷ Ibid., p. 32.

³⁸ Bauer 2006a, p. 7.

³⁹ Ibid., pp. 8 - 9, 11 - 12, 15.

these become re-activated. This, in turn, activates the corresponding mirror neurons of the supervisor so that they resonate to the specific emotional vibrations - just as Martin Stone described - like a tuning fork resonates to a sound it receives.

With the neurological mechanisms that Bauer describes we are now finally able to scientifically ground these processes of mutual emotional relating in the biology of the body, just had Freud had predicted over 70 years ago. In 1934 he had said, "So long as the organic functions remain inaccessible, analysis leaves much to be desired."⁴⁰ Yet he had been confident, that science would eventually confirm his intuited findings. "[I]t is the biochemist's task to find out what this is, and we can expect that this organic part will be uncovered in the future."⁴¹

In my understanding, the recent discoveries in quantum physics and neurobiology need to be seen as complementing each other, as neither alone can adequately explain the "spooky action at a distance"-phenomena of intercommunication. Only if we consider a basic relatedness as given - as discovered by quantum physicists - in conjunction with the existence of mirror neurons as the perceiving organs in our bodies - as discovered by neurobiologists - can we get a scientifically satisfying explanation of the process as a whole.

At the same time, these discoveries, too, connect to yet another dimension: the spiritual. Corresponding to the recent findings in quantum physics, neurobiological research, situated also at the "interface of the scientific-empirical and the symbolic",⁴² enters the transitional space between science and religion, forming a bridge between the two. From this perspective, in relating with each other, as Andrew Samuels put it nearly 20 years ago,

the word and the image is being made flesh. Where that means that the Other (the patient's psyche) is becoming personal (in the analyst's body)," - and vice versa - "I would conclude that [. . .] transference may be further understood by regarding it as a religious or mystical experience."⁴³

To just briefly refer back to the animal behaviour mentioned earlier, before I come to the final part of my presentation, I would like to mention that Bauer states, "The intuitively attuned, instantly reactive behaviour of schools of fish and flocks of birds would be unthinkable without the mechanisms of the mirror [neurons]."⁴⁴

⁴⁰ in Wortis 1963, p. 111.

⁴¹ Ibid.

⁴² B. Heuer 2009.

⁴³ Samuels 1989, p. 165.

⁴⁴ Bauer 2006b, pp. 171 - 172.

Some Clinical Vignettes

1. I shall start with an analytical situation in which a previous experience from the patient's life was unconsciously recreated. When Winnicott speaks of patients making him fail them according to their past history,⁴⁵ I believe that the transference dynamics constitute a parallel process. Patrick Casement describes a

patient [. . .] traumatized as a child by her mother's repeated absences, in hospital with cancer, and (at the age of four) by her mother's death. [. . .]

One morning the therapist overslept. The patient came to [. . .] find herself shut out. [. . .] Inevitably, [she] felt something really serious must have happened. Perhaps there had been an accident. Perhaps her therapist was in hospital. Maybe she had died.⁴⁶

Teleologically speaking it is assumed that such an unconscious repeating happens with the unconscious intention and hope of this time around finding a better solution to the problem originally posed.

2. My next example from one-to-one supervision comes from Jacob Arlow, who

writes of supervising a [. . .] candidate who was treating a young, male homosexual patient [. . .] described as submissive [. . .] in relationship to perceived strong men, [. . .] whose prowess he wished to grasp in the act of fellatio. [. . .] In a dream [. . .] he saw himself lying on the couch, turning around to face his analyst and then offering him a cigarette. At this point in the supervisory session [. . .] the therapist reached for a pack of cigarettes, took one himself, [. . .] and asked, 'Do you want a cigarette?'⁴⁷

Here, the unconscious content of the patient's dream is acted out in the session by the therapist with his supervisor.

Body awareness is an important and reliable tool in supervision. I am paying close attention to the emotional aspects of voice, facial expression, gestures and body posture of my supervisee, trusting that consciously as well as unconsciously the body of the supervisee can be understood as the carrier of the emotional expressions of the patient we are discussing. So I may say, in response to my supervisee directly quoting a key sentence their patient has said, "Contentwise, the words were quite friendly, but the tone of voice and the facial expression with which 'your patient' – i.e. you in this moment – spoke, suggest an entirely different feeling." My supervisee confirms that, at the time, he has observed the very same discrepancy in his patient, but had not yet been able to bring it into conscious awareness in the analytic work. Another example:

⁴⁵ Winnicott 1963, pp. 258 - 59.

⁴⁶ Casement 1985, p. 89 - 90.

⁴⁷ Arlow 1963, p. 580; Wolkenfeld 1990, p. 96.

My supervisee speaks of an injury her patient has suffered on his hand. In terms of a different right hand/left hand symbolism I ask, "Which hand did he injure? The right one or the left one?" My supervisee does not remember. But I have seen her left arm and hand make a small movement as if frightened or startled. I share this observation with my supervisee and say, "My guess is that it was the left hand." In the next session, my supervisee confirms this.⁴⁸

From this way of using parallel process dynamics it is only a small step to apply them in roleplay in supervision, in which either analyst or supervisor can take the role of either analyst or patient. Here, we can both allow ourselves to be inspired by affects and words that result from empathising with either side of the analytic couple.

As supervisor, I might thus say to my supervisee, "If I were you, now, in this analytic situation, what would say to me if you were your patient?" or, "So, I, as your patient, might express my distress about your taking a break by saying, 'I don't want to be left alone in a dark place. - *And* I hate you! I hate you! I really, really *hate* you!' - What is your response to that?" Reacting to this will help my supervisee to get access to the patient's emotional state.

3. My example for parallel processing in group supervision comes from a paper by Robin Shohet, where a member of the group:

presented a client with whom she had been having difficulties. After an initial enthusiasm and opening up, the client was either missing her sessions or hardly communicating. As soon as the worker began to resent her client, I found myself switching off. I just did not want to be bothered. However I kept going for about ten minutes asking seemingly appropriate questions until I could stand it no longer. I shared my feelings hesitantly - they just did not seem to fit and group members seemed very involved. In fact it turned out that the group was split roughly half and half. One half was very involved and the other half had totally switched off, too, but like me was trying to appear involved. The presenter was astonished to see how accurately her feelings for her client of both being very involved and identifying with her, and not wanting to know about her, were being mirrored.⁴⁹

In the group setting it is also possible to make use of parallel process dynamics by one therapist briefly describing a situation from their practice, then choosing two other group members to be therapist and client in the described situation, and for them to continue to speak with each other from within these roles. Uncannily, the actual therapist will find his/her own reactions and those of the client mirrored in the parallel process in ways that accurately go far beyond that which had been communicated in the short briefing.

⁴⁸ cf. Heuer 2005.

⁴⁹ Shohet & Wilmot 1985, p. 87.

4. Elsewhere, using the American historian's Edmund Jacobitti's work, "Composing Useful Pasts. History as Contemporary Politics"⁵⁰ I have described the close parallels between historical research and analysis,⁵¹ and Robert Romanyshyn was the first to understand the relationship between an researcher and her or his subject in terms of a mutual transference process.⁵² In my following example, it is as if the emotional charge of an almost archetypal tension is, psychologically speaking, being passed on to a later generation. In terms of this presentation so far, we can see the biographer and his subject as the analytic couple, with the critic in the role of the supervisor.

The situation I am thinking of involves the aforementioned early psychoanalyst Otto Gross. As an anarchist he was engaged in a struggle of near archetypal dimensions with his father who was a world authority in criminology, a pillar of the bourgeois establishment. When Emanuel Hurwitz had published his comprehensive and balanced study, the New York psychoanalyst Kurt Eissler started a correspondence with Hurwitz - because he felt that, implicitly, Freud had been unfairly criticised in his book. In the ensuing correspondence in a rather "spooky" way the two polarised into positions that quite exactly mirrored the father/son conflict Gross had lived out with his father - and sometimes also enacted with Freud and Jung. Reading these letters, it feels as if a powerful complex or archetype was re-constellated, reaching from the past of half a century ago.⁵³

Conclusion

Just like transference/countertransference aspects of the analytical work, parallel process is always present in supervisory work - and we need to turn our attention to it.

I believe that parallel processing [. . .] is a universal phenomenon in treatment, and that the failure to observe its presence in supervision may signal only a natural resistance on the part of the supervisor and/or therapist against facing the full impact of those forces which *they* are asking the patient to face in himself [or herself].⁵⁴

For the first time in this presentation, as far as I can see, I have given the phenomena of parallel processes as they have been described in the literature of the past fifty years, a scientific basis by referring to recent findings in quantum physics and neurobiology. I have applied the Jungian understanding of the multidirectional psychodynamic processes in the transference relationship as a perspective from which to consider the complex interactions in supervision. In the process, I have expanded the original Jungian diagram of mutual relating to take into account the even greater complexity of the supervisory relationship with its

⁵⁰ Jacobitti 2000.

⁵¹ Heuer 2004, Ch. 5 The Past is Past. - Or: "Looking Backwards to the Future". Reflections on Historical Research. pp. 34 - 50.

⁵² Romanyshyn 2006.

⁵³ Eissler/Hurwitz 1979/80.

⁵⁴ Mayman 1976, pp. 4 - 5.

multidimensional links that arise when the dyadic relationship of the analysis changes into a triadic one or even one that may involve four persons whose conscious and unconscious interactional and parallel processes all need to be considered. I have concluded my presentation with clinical vignettes from one-to-one and group supervision and historical research.

I would like to end as I started, by quoting Albert Einstein:

A human being is part of the whole, called by us 'Universe'; a part limited in time and space. He [- or she! -] experiences him[or her]self, his[or her] thoughts, and feelings as something separated from the rest - a kind of optical delusion of his [or her] consciousness. This delusion is a kind of prison for us [. . .].

Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures, and the whole of nature in its beauty.⁵⁵

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⁵⁵ in Campbell 1995 (no page numbers).

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Responses to the paper: 'Making sense of Spooky' Penny Wise, Hilary Freeman, Irene Hamilton and others

Penny Wise

Attending *Spooky Actions at a Distance* brought back many associations and memories I had as a supervisor and as is usual at BAPPS conferences, sitting in the small groups, with some input from Gottfried, helped me make better sense of some lingering questions.

About 15 years ago, I developed a theory about supervision and change which I felt lacked any substantive causality. It went like this: During supervision the supervisee would gain knowledge or insight into themselves or their client. Insight on the part of the supervisor was not a necessity. The following therapy session the supervisee need not say anything to their client about the insight, indeed if they were a person centred therapist they might merely follow their client with reflection. In their next supervision the supervisee would mention their surprise that their client had talked about the very thing which they had discovered in their own previous supervision with no prompting. Spooky? The lack of scientific evidence meant I accepted this was a process of unconscious forces at work in supervision and went with accepted current theories of the why (for example: using therapy and supervision as a vehicle – or conduit - to express something deep: Robert Langs¹) but not of the how.

Supervision example one

In the late 90s as counselling co-ordinator and clinical supervisor for a counselling service operating in an inner London mental health day centre, I was charged with the task of recruiting and supervising trainee counsellors from within the local population whose makeup was mostly working class Black British, Jewish and White British.

The Supervision Session: the newish supervisee, a Black British trainee is clearly angry and my immediate thoughts are we are both rubbish clinicians; that I'm disappointed with my inability to help her become a good therapist and also that the racism awareness training I have done with her is likely insufficient. This is borne out by her telling me she is angry with her client because now he is older he is attending a Jewish day centre and this is wrong because he is Irish and should not be allowed. Immediately I feel anxious: could this lead to a racism complaint I worry and further, would it be Irish or Jewish ethnicity which might pose the source of a grievance. My mind goes blank. Only by holding onto the thought of parallel process (the supervisee might be faced with similar mindlessness with her client) can I manage to conjure up the statement: "Did you know the recent Jewish president of Israel who just died – Herzog - was born in Ireland?" I wait whilst she absorbs this information and finally we are able to talk about her difficulty in discussing difference with him and the client's trauma as a Jewish child growing up in Dublin during WWar II which possibly led to his long term severe mental health difficulties. She tells me she is frustrated by him because nothing she says is helpful to him, she feels she is a rotten therapist and must be a disappointment to

him. She would love him to become a better client which would make her feel like a better therapist. (And me of course like a better supervisor). The following session she reports that without saying anything other than “how are you” the client tells her that he is fearful she will feel disappointment in him as he feels unable to do counselling which reminds him (unbidden) that he always felt such a disappointment to his parents for his having mental health problems and was never able to discuss it.

It still seems spooky the way disappointment travels back and forth between all 3 of us and I wonder whether it was the client’s message to me which was of use or perhaps even my message about being a disappointing supervisor which enabled him to be able to work on an unspoken matter between him and his parents all his adult life.

Supervision example two

For some years a colleague and I have met for peer supervision mostly for supervising our long term psychoanalytic patients. One patient of mine, an artist, had for some period talked about the difficulty they had in creating a piece of art work they were determined to make. It sounded to me like it was to be made out of papier mache and had something to do with inside showing through outside. Although I slowly developed an inner picture of what it may actually look like I had no words to be able to say more in supervision so, as usual, we mainly discussed the patient’s presentation, their dreams, my counter transference and my interpretations. As so often happened, my experience in supervision linked with my colleague’s own experience of her patients helped, me gain insight into my patient. My colleague mentioned that she too was struggling with a piece of art work and I made an assumption that it was a painting she was working on, since I had seen many of her beautiful works. Time passed, and my patient finished that piece of art work. My colleague announced she had finished her art piece and invited me to see it. It was a shock to see the very thing, sitting on the table, that I had imagined my patient to be making. There were several of the same thing, like various attempts and each one was beautiful and showing the outside wrapped around the inside.

I’m not really sure whether it matters whose message got relayed to whom: Patient, Supervisee or Supervisor. I understand in some way, and Gottfried helps me understand this, I was not only a conduit but also a transmitter and receiver in that the art work helped me understand myself better. Or even more, the whole process patient and supervisor over some months helped me know my inner and my outer better. Whether the patients benefitted – well that requires a much longer paper.

¹Langs R. (1994) *Doing Supervision and Being Supervised* London: Karnac

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Gottfried said he wanted to start with the birds and the bees. He included shoals of fish. He talked about how some species operate in unison as if they are part of a single organism. How astounding it is that their behaviour is synchronized; instinctively? Biologically? He linked this to the idea of parallel process, coincidence; when something happens in synchronicity below the level of consciousness.

My first response to the day is a poem inspired by the beautiful book *Bee Journal* by Sean Borodale. The poem is a collage from a selection of lines and words from the book. A homage to bees and, now, to mirror neurons. My second response is a supervision vignette that I had the privilege of being able to discuss in our small group.

Mirror Neurons

Distance is viewed through a filter of thousands,
and I am observed. Perhaps this is a warp field
where all co-exists; not of itself.

In the skin of our heads, rigged to our houses
there is a net of flightways. We are stitched
to the commune of memory.

We play on in autoloop in orderly, arcing,
points of weld. Communication forms this way.
Do not pause. Or pause.

Do not be impervious to the process. This work turns on duty,
turns on progression. Let's experiment in terms of how
they are heard up close – these minute projects.



After Gottfried's presentation we broke into small groups and began to talk as we often do at BAPPS meetings, in an exploratory, reflective way, about what it's like to supervise. Something came into my mind about a supervisee I had seen that week, and I shared this with the group. My supervisee came for her fortnightly session, as she had been doing for the last several years. She sat on my couch, proceeded to unlace her shoes and take them off prior to moving the cushions on the couch and sitting cross legged against the cushions.

Although this is her usual routine, she always sits on the couch never on the chair, this session; I found myself unaccountably irritated by this. *Who did she think she was, making herself so at home?* She was acting as if she was my patient, as if she could make use of the space in a free and uninhibited way. I noted these thoughts and feelings as it was very unusual for me to feel so unwelcoming and less than pleased to see her. I waited.

She started by telling me that she wanted to talk about something that had happened a few months ago and for some reason she couldn't quite think of, she had not told me. She had been on the tube going to her consulting room to start work, and sat down next to someone, she realized that it was her first client who was obviously on her way to see her. The client said 'hello'. My supervisee got up and stood at the end of the carriage for the remainder of the journey. We wondered together why she hadn't said something to the client before moving away, or indeed, staying put. She felt that she had invaded her client's space. Talking about it in supervision we both thought that perhaps the client might also have felt abandoned by her therapist. My supervisee said it was very unusual for her to feel she couldn't say anything, but this client made her feel 'on edge'.

A few weeks later my supervisee was in a café near to where I live, having a meal after supervision, when her client walked by. The client saw her. At the next therapy session, as she collected her client from the waiting room my supervisee felt as if her client had claws and teeth out and was growling furiously at her. Although polite in the session, the client was very angry. The client was adamant that her therapist had invaded her space. It was her favourite café; indeed, she felt it was her special place. In supervision we talked about who could make room for whom and was there room to share. Was there enough space?

At this point in the session I wondered if my irritation with my supervisee at the start had something to do with this. I said I wondered if there was a parallel process going on with us in supervision. I mentioned the fact that she chooses to eat at a café near my house, for example, and that she had mentioned my front garden when she came in. I asked whether perhaps she might have some uncomfortable unconscious feelings about sharing my space, or pushing me out of it.

This opened up a discussion about my supervisee's relationship with me, and her feelings about having a stable base in supervision. It also opened the door to her being able to explore her unconscious envy of me, (She had complimented me on my front garden at the beginning of the session, and, I discovered, she often chose to eat at a café near me rather than eating near where she lives or works). She was then able to talk about her countertransference feelings towards her client who she felt had a stable living situation and was wasting some of the many opportunities afforded her in life by her personal circumstances and her professional training. She felt that both she and the client were immobilized.

When my supervisee takes off her shoes, and settles herself on the couch, she creates her own space within my space where there is usually plenty of air for both of us. But not that day, not with the client who had felt abandoned on the tube and then pushed out of her space in the café. These things seemed to be metaphors for

parallel situations in the client's life where she has two professional trainings but cannot take up a position in either field. At one point had two therapists neither of whom knew of the other, and consequently she felt the lack of belonging to either. And, relevant too I think, she has not had a partner for a long time, but is having an affair with a man who has no intention of leaving his wife. She shares; but takes ownership of little. There seems plenty to suggest that she feels a tremendous lack of space for herself, potentially and actually, psychically and physically. Fortunately, in supervision on that day, we were able to think about some of these 'spooky actions' and, hopefully, the therapist will be able to regain her own sense of space so that she can provide enough for the client to share and explore productively.



Hilary Freeman

Back in my consulting room this morning after the BAPPS conference I felt as though the ground on which I work had been given a good digging over. The soil had been freshened up and buried treasure brought to light. This is how it is sometimes when colleagues get together. We talk about ideas in such a way that familiar old patterns of thought are safely questioned, and we are all changed as a result.

Gottfried Heuer read a fascinating and illuminating paper on parallel process. With crystal clarity he talked about the now scientifically verifiable neurological activity which accounts for much of what we have always simply called 'unconscious communication'; the kind of communication which not only goes on between humans but also, so it seems, between all kinds of animal and insect life. Using vignettes from his own practice, he brought the theory to life, grounding the heady thinking about brain function in the everyday experience of relationship.

Divided into several small groups, we spent some time talking about the ideas of the morning's presentation, and it was suggested that we reconfigure into different groups to continue discussing after lunch. It was at this point that something powerful happened as one of the groups said that they very much wanted to stay together.

An interesting debate ensued, looking from every angle at the questions of authority, decision making, democracy, autonomy, rebellion and power, and throughout this, the one small group remained steadfast. Sitting close to some of them I could feel a palpable gravitas; a solid resolve about something which was serious, real and immovable.

As the group members began to talk about what it was that they were experiencing, it transpired that they had become closely bonded, talking about loss and grief; not obviously connected with the theme of the day. They had also been comforting one another by touching each other on the arm.

It was, perhaps, that this one group was embodying something for all of us.

It was also the case that there was some talk going on in the room about one of the arguments which persists in therapeutic circles, namely whether psychotherapy is a science or an art. Maybe for some, the introduction of neuro-scientific explanation for certain aspects of human interaction can feel like a loss of what had hitherto been held sacred, as mystery. Maybe there is a pervasive fear that scientific reason will reduce human communication to cellular activity, and our sense of awe and soul will be lost. Perhaps this is what the small group was carrying; related in a very real way to the theme of the day.

The thought that it is the mirror neurons in our brains which communicate with others', accounting for much of what we call parallel process fills me with awe. And to hear that the same type of cell is at work in cicadas in North America while they lie dormant underground for seventeen years and then all emerge into the air at the same time, gives me a feeling of connectedness with the whole of nature.

With the taking in of every new thought there is the loss of something which went before and there is change. So it was on Saturday at the conference.



Dr Gottfried Maria Heuer led us into the land of strangeness, unforeseen happenings, which more theoretically could be thought of as parallel process in supervision.

Although his paper was rich in fascinating theory, research into the functioning of the brain in humans then in the wider natural world, it is of our small group's unconscious response to his paper, so surprising to its members, that I write here.

In order to illustrate the theory, Dr. Heuer spoke of the way fish, birds or insects for no apparent reason move, swirl unite together in a common purpose, the whole becoming so infinitely more formidable than a single lone specimen.

As I listened to his flow it became a torrent of water, the wakeup call of the dawn chorus, the energy and drive of a swarm of bees. Natural forces were showing me, or perhaps us, something so challengingly graphic about our own human behaviour which is most often rooted in our conscious way of being. We therapists who work with the unconscious, may well ask, 'how does our awareness of this precious resource so often go missing?'

I had started listening to Gottfried with my brain. Some of us had note books, I had a pen and scraps of paper but soon the obligation to write lecture notes was surpassed by an inner impulse to be IN his picture. This impulse faded then reappeared like flashes of light and dark, where conscious and unconscious meet. Something profound was starting to ferment.

As he drew to a conclusion, one of us in Gottfried's audience wondered aloud what was happening in our congregation now, here in this room, at this moment. Yes! For me that was the question.

The question ignited, and almost simultaneously faded as other points of view and practical comments on his valuable paper relevant to others took their place.

It was not yet time for us to find our flying formation or to shoal like fish.

In the natural world creatures do not ponder the why of their movements. These instinctual phenomena happen. Have we become out of touch with these deeper layers of consciousness.

Our movements for this conference day had been designed in an ingenious way by Helen who had convened our meeting.

On arrival we were asked to randomly pick a wrapped sweet from a selection of Bounty, Galaxy, Mars and the like. Some whilst told to keep the paper took advantage of a late breakfast boost, others held on to their sweet identity wondering at its meaning. Our curiosity was relieved when division into small groups was achieved by pairs of like sweets joining up thus forming random sets.

What was the designated purpose of the groups? I was later reminded!

To speak together of quirky spooky experiences in our work as supervisors.... to exchange happenings and wonder together at how creatively to use such unconscious or counter-transformational material, whilst maybe still in the grip of surprise.

This did not happen in our group. We were still with the effect of the swirls of birds the shoal of fish on ourselves in listening to Gottfried. By chance the questioner from the large group and I were together. I returned us to her question and immediately each in our own way began to share an unconscious theme - finding a sense of profound trust and sharing in a way that simultaneously astounded us. We found ourselves, swept into experience of loss.

Had something stirred in our collective unconscious as we witnessed the acute significance that brings fellow creature to herd together for safety survival and to ensure the future of life?

Whatever and however we, a group of virtual strangers, were singing in tune a weird sad and comforting song which encapsulated all. We were flying together towards an instinctive destination, following changing leaders like a skein of geese in the sky. Or so it seemed to us at the time.

Then it was time! We had to break up. Had we really to break up, was it possible to be broken up when we had formed into a phalanx of such force?

After lunch a new grouping had been planned. A core of our morning group remained steadfast, but one of the members hesitated and was lost to us.

Gottfried asked to join us. If it was to quell the rebels we asked not! We made room and he joined our number - shoal, herd, swarm, swirl or as verbal humans more akin to latter day Canterbury Pilgrims each engrossed in the others tale.

The final plenary session which always has the agenda of feedback and summing up of a day spent together was interesting but difficult. We had rebelled and to some this caused concern even annoyance.

Other groups had been rewarding and fulfilling as they exchanged experience of differing spookiness in their supervision work and the challenge of discussion no doubt enriched future work. This indeed was the conscious purpose of the day..

We had failed to fulfill this task and no doubt we were poorer for this failure to learn from one another's clinical work, but I for one would not have missed the overwhelming nature of being with a small group of fellows who joined a dance in this most spooky and surprising way. During that afternoon group session we pooled our sense of loss that one of our swirls had gone missing. I know that she herself felt that missing too. As she followed the proper instructions there were gains and losses. I have thought of this as I watched the few house-martins who have braved a summer here, congregating on the phone lines to follow that hazardous instinctual journey back to the sun together.



Irene Hamilton

I thought I was really looking forward to this workshop. But as I parked the car at the Tavistock, I was aware that I didn't quite know what the day was about...spooky actions at a distance, what does that mean? So here I was, feeling, for the first time that morning, as if I had not heard quite correctly - I had - had I? - missed something?

I reached the welcoming committee - all smiling - old colleagues - heartfelt greetings - bits of paper - and toffees - or chocolates - Oh no! I don't want one of those! My teeth won't cope with those.

(Can't get my teeth into this topic ???)

"Take one - you don't have to eat it - just keep it with you. It's a clue. It will help you later in the day."

So I started the Spring Conference 2013 firstly, feeling something was missing; then not wanting something I had to accept and carry with me - for my own good, for a purpose...

It was 9.45 a.m. And I hadn't even had a coffee - and certainly was not going to have a toffee.

The 5th floor refectory was empty - everyone was missing! - hot coffee - and me - waiting with the biscuits.....I turned to escape into the view....there were clouds....

Then the Lecture Hall, and Gottfried's talk about parallel processes.

After 10 minutes I muttered to my neighbour "We've done this before!" "Not here" she hissed back. Ted Martin and the WPF Supervision Course came wistfully to

mind on a cloud, from the very distant past.... “Your phone is dying” my neighbour glared. My low-batteried mobile phone was turned off but was bleating at the bottom of my bag. What did that mean?

Gottfried presented his observations and connections with neuroscience and ecology with some case material - to move our thinking towards accepting a rational even scientific explanation of the parallel process when it occurs. His thinking was creative and held my attention - I thought. I was aware of the purple lining of his jacket - and his yellow-brick- road red shoes as I looked at his baffling diagrams of various conscious and unconscious processes.

We adjourned to our small groups. Mine was the Twix and Galaxy Group. And that Group quickly got into stories of grief and loss. The age range was wide; experiences as Supervisors varied and various; working backgrounds were distant and close to London.

Guidance from the Convenor suggested we reconstitute different small groups for the afternoon sessions. Some of us in Twix and Galaxy refused to comply. No more loss. We wanted to stay as we were. And later that day some of us met in the same group again - but maybe at a distance as the energy had changed, and we would part soon anyway.

On later reflection: I felt the Twix and Galaxy Group represented “Resistance” within the whole group to Gottfried’s ideas of the connectedness of all things - which intellectually I welcome and desire as something I can carry with me for the purpose of something good - but emotionally I want to hold on to the ‘mystery’ within the art and craft of the supervisory relationship which embraces the ‘group’ in the room and the inexplicable transcendent in the experience of therapeutic meetings.

Concretely that day a miniature Twix Chocolate Bar became a figurative tombstone - something handed to me that I did not want - embodying past, present and future grief and loss.

But an interesting idea for a headstone sometime in the future.....thank you BAPPS.

ETHICAL PRACTICE IN THE IMPOSSIBLE PROFESSION: the challenge of change, risk, safety and reward

Ruth Barnett

I will begin with a quote from R. D. Laing:

“The range of what we think and do
Is limited by what we fail to notice
And because we fail to notice
That we fail to notice
There is little we can do
To change
Until we notice
How failing to notice
Shapes our thoughts and feelings”

I think this constitutes a pretty good case for reflective practice.

In this paper, my aim is not to tell you **what** to think but to urge you to reflect and think out where you are and what is important to you in practising ethically. I challenge the comfortable seductive pull of chugging along with a feeling of 'all is well if there are no perceptible problems. As Laing so beautifully puts it – we need to develop awareness especially when we are not aware of any problems.

Freud called psychoanalysis the impossible profession.

Why is it an impossible profession?

I find four good reasons why Psychoanalytic Psychotherapy, and this includes psychoanalytic supervision, has been called 'the impossible profession':

Firstly, there is no objective tool to study the mind of another person – only a subjective tool - one's own mind.

Secondly, there is no description of what we do that embraces all therapists. Thirdly, it is impossible to measure therapy.

And fourthly, we are trying to practice therapy ethically in a substantially unethical society.

The tools of our trade

The tools of our trade are words and our own minds. What other profession uses no tangible solid materials or tools and produces no solid tangible produce out of painstaking work over months and years? What other profession creates meaning out of chaos and reconstruction out of intangible fragmentation, using only words? What other profession includes so many different approaches and ways of doing what they do? Of course psychotherapy is impossible – nevertheless we do it!

What we do is impossible to describe

Have you ever tried to describe what you actually do in simple English to someone who has little or no idea of psychological theory let alone unconscious processes? It is something of a cop-out to say, “You need to experience it to understand”. Each person is unique and will have a unique experience – but that does not make it possible to understand what, in our profession, we actually do?

There are so many different modalities of technique underpinned by different theories that sometimes contradict each other, that it is impossible to bring them all under the one umbrella of a Psychotherapy Profession. And yet, we need some sort of structure to know where we are and that we are practising effectively and ethically and, more importantly, to communicate to our clients and the public what it is that we can offer them.

Many therapists, although psychoanalytically trained and experienced, find themselves drawn into using some of the more recently developed techniques, such as CBT, Mindfulness, EMDR (eye movement desensitisation and reprogramming), ACT (acceptance commitment therapy) that are different to psychodynamic technique. These are the growth area in psychotherapy and counselling and this makes it even more important to be clear about why decisions are made to do what is decided.

Unless we can describe clearly to ourselves what our frame is, what we do within it, what we keep out of it, and why we do what we do, we cannot assess whether our practice is effective and ethical. And, if called upon to do so, how can we demonstrate that our practice is ethical and effective?

What we do cannot be measured

Business, trades and also professions are expected to produce figures to show productivity, value for money etc and this depends on some means of measuring input and output objectively. I know of no means of objectively measuring the input and output of psychodynamic therapy or counselling. The best we can do remains predominantly subjective - estimates of which clients might make good use of what we can offer and estimates of how much a client has benefited.

Ethical practice and unethical elements of society

One of the cornerstones of the way we work is to help our clients face internal honesty, often against massive resistance and denial.

We may feel far removed in our well-organised safely protected consulting rooms but we cannot actually insulate ourselves and our clients totally from all influence of the outside world.

Andrew Samuels maintains, in a 2006 article, that ethical psychotherapy cannot take place if the overall social framework is itself profoundly unethical.

It seems to me that our society is currently in a phase of denouement of an astonishing variety of long-standing unethical practices in nearly every field : MPs cheating in their expense accounts (recently an NHS grandee claiming travel expenses he is not entitled to); large scale tax avoidance and evasion, banks paying themselves huge bonuses at the expense of savers and rigging Libor; cover-ups of their incompetence and failure by the police and social services; newspapers hacking private phones; an appalling extent of trafficking , enslaving, and sexually abusing vulnerable people; media hype, often based on myths rather than evidence, against asylum seekers and Gypsies; organisations requiring employees to sign gagging orders and whistle-blowers being attacked and ostracised; and now the NHS has been paying huge severance bonuses and then re-employing the same persons. Added to this is that the whole of our legal-penal system is aggressively adversarial and punished with state vengeance instead of justice. Restorative justice, which has been piloted and proved to be better, is considered a 'soft option' that does not guarantee politicians their votes in the way that more and harsher sentences do.

The background to all of this is an ethos of 'find someone else to blame if things go wrong'. We live in a state that is risk-avoidant, responsibility-avoidant and generally lacking in empathic identification with those blamed – the scapegoats and 'losers'.

However, there have been enough people who live and work ethically to maintain the viability of the community up till now. There is still hope. Whenever I commit to writing a paper, something happens in the week before that is relevant. In the past week the media, that usually likes to feed us plenty of bad news, has given us two items of good news. The new Pope Francis made a statement in his manifesto accusing capitalism of killing the poor and he describes the socio-economic system as being unjust at its roots. He warns us of a social explosion if inequality is not addressed. At last someone with influence is saying what we know only too well in our profession.

Secondly, Jennie Russell reported in the Times Nov 28th on the success of the Troubled families Initiative - based on 'tough love' through a single dedicated, well-trained, unflappable mentor, who understands that the non-coping parents had miserable chaotic childhoods and no chance to experience what parenting should be, and is able to provide substitute parenting – all of which we know so well from our therapy clients.

Unless unethical behaviour is effectively held in check or contained, the future may not be as rosy as this might superficially appear. We need to remember that 'The State' is actually us. We need to reflect on what we ourselves might be contributing, especially by not protesting at what we know is unacceptable. Also, how might

unethical behaviour and 'the blame game' out in society affect our own profession? How do we personally relate to the unethical behaviour out there and how might it be affecting our practice in ways we have not thought about?

How do we ourselves face responsibility and risk and what do we do when things go wrong? In many ways ours is a high risk profession and we carry a lot of responsibility. How do we protect our clients, our profession and ourselves in view of the possibility of things going wrong? Within a culture hooked on blame-games, can we accept that there are sometimes genuine mistakes? And take responsibility for them?

In the past history of our profession there have been some serious problems poorly dealt with and some covered up instead of tackled. Can we update our professional structures and our individual practices to focus on responsibility rather than blame, to avoid the fear of condemnation and reprisal that triggers covering up instead of facing mistakes and failures honestly? I think we can and can perhaps we can provide a model that other professional bodies might wish to follow.

However, the tendency is for us to be increasingly challenged – blamed if you like – when things are perceived to go wrong. There are some unscrupulous lawyers who encourage complaints under 'no win, no fee' schemes. We need to focus on constantly reflective practice. We cannot allow ourselves to become complacent.

How do we know whether our practice is ethical?

We need a set of values against which we can assess our aims in our practice – how effective it is in terms of results and whether our results are achieved ethically?

Working within an agency, like the NHS or a counselling agency, we need to make sure the agency has values syntonetic with our own and provides a good-enough framework for our personal way of working. Even in private practice most of us subscribe to an umbrella organisation, although this is not required yet in law.

Particularly in private practice we need a standard against which to measure our performance. The government sets standards by which to endorse psychotherapy organisations and these organisations set standards on which to grant membership to therapists. But these standards can only be the equivalent of an 'outer boundary' if they are to include such a variety of therapists as actually exist in the total field of psychotherapy. For example UKCP claims to have over 8,000 members from 70 different member organisations each with their own standards embodied in their own code of practice. To know where we are in this multi-standard scenario, let alone communicate what we offer to our clients, we need to be aware in detailed of our personal standard. We may even find that there are some clauses or aspects of the code of the organisation we subscribe to that we don't actually agree with. Andrew Samuels advocated some time ago that we follow our conscience and practice to our own standards. But we need to be able to demonstrate what these standards are.

Ethical standards – personal boundaries

Our personal standards, against which we measure ourselves, need to be within and congruent with the 'outer boundaries' set by the ethical standards of the organisation we subscribe to, within our professional body and within society.

It is all about knowing our personal boundaries – knowing exactly what we take personal responsibility for and what is outside our responsibility boundaries.

Even in our consulting rooms we cannot escape from being part of the society in which we live and work – a society that is in many ways less than ethical and slips only too easily into playing blame-games.

Here I come back to the quote at the beginning of my paper from R. D. Laing:

How often has failing to notice something earlier led to something that might have been prevented had we noticed? We need a definite frame with clear boundaries to contain and protect the therapy work and accentuate it so that we are more likely to notice what is happening. There can be no prescription for a perfect frame or perfect boundaries. What is important is that we are very clear about what is our personal frame and boundaries so that we can make them clear to our clients. Good will and the best of intentions coupled with very British 'muddling through' is simply not enough to qualify as ethical practice. We need to know exactly what we have decided to do at each step and how we came to decide on it – and to keep a brief factual record of this in process.

To validate this we might consider installing a regular clinical audit programme, such as getting a supervisor's signature periodically (to dispel the possibility of having made it all up suddenly in response to being challenged). Then, if we are challenged at any time (with malpractice or neglect) we can demonstrate how we have been practising in line with our ethical values and within our stated frame and boundaries. This, I think, is the nearest we can get to 'evidence-based' practice. But the most important aspect of documenting personal values, framework and procedures is, as I see it, to be aware at all times why we have decided to do what we actually do.

Scandals burst into the news when collusion with covering up, ignoring or denying unethical practice reaches breaking point. Our profession is not exempt from this. We have had our scandals burst into the public arena too. We have as much difficulty as any other trade or profession in the pressures to collude with 'cover-up' rather than whistle-blowing. Here, I think, we need a timely reminder that whatever organisational code of ethics we have signed makes us clearly responsible for reporting any malpractice of colleagues that we become aware of. This can present difficulties and may mean taking a huge risk if we decide to act as a whistle-blower. In our value system of ethical principles, can we let reporting possible malpractice take priority over our own practice and career? Are we protecting our clients, ourselves or our profession if we hold back from reporting suspected malpractice? Who may be damaged by our withholding information? There have been some serious cases of therapists abusing clients. And many clients might not have been abused if colleagues had reported suspicions earlier.

More recently there have been some cases of therapists suffering, if not abuse, at the very least suffering from lack of protection by professional procedures that had not been reviewed and updated and so were not fit for purpose. There have been cases over the last few years that have ended with a traumatised therapist and a re-traumatised client. It is questionable whether such cases should have become official complaints with legal representation if the structure of the professional procedures that were activated had been up-to-date and fit for purpose.

Some accused therapists in such cases have experienced the procedure as if the complainant must be right at all costs to protect the profession from the accusation of 'closing ranks' and protecting their own'. Add to this solicitors who have little if any understanding of the unconscious elements that are involved in the dynamics of a complaints procedure and exacerbated by the inevitable tension created, and you can easily get adjudication panels turned into basic assumption groups that lose hold of the task in hand.

It seems to me that at the core of most complaints is an issue around 'value for money'. We are not giving charity to our clients and this is manifested by the fees we charge. The level of fees that it is appropriate to charge is a perennial problem. But the associated problem of what exactly it is that we are 'selling' is often not addressed. Of course we consider that the client is getting a regular contracted hour of our highly trained and skilled time in which we apply our skills to the client's material. But how does the client experience it? What exactly does the client understand he/she is getting for the fee? What are the expectations set up in the initial meeting and in the making of the contract?

However, in the last couple of years or so, many organisations have been reviewing and up-dating how their ethics committees function, their codes of ethics and professional procedures. A further complication has been the moves by the government to try and bring all health services into the one mould of the National Institute for Clinical Excellence (NICE), which is a medical model that cannot do justice to psychotherapy. In 2011 the government decided to reduce the role of the state in the regulation of the professions and leave registration and complaints procedures to the internal control of professions. The government now sets standards by which it endorses professional registers. For its Council for Healthcare Regulatory Excellence (CHRE) to approve a register such as the UKCP register, there would need to be a central complaints procedure CCP.

The UKCP recognised that some complaints were not being dealt with well and structural change and up-date of professional procedures was necessary. The UKCP move towards a Central Complaints Procedure began in 2006 and in 2011 it began to develop the Complaints and Conduct Process, which it implemented in December 2012. From October 2013 all individual registrants come under this Process. The aim is for all member organisations to subscribe to this CCP within the next couple of years.

The UKCP Central Complaints Process is explained on its website. (Presumably BACP and BPC are also working on government endorsement of their own separate registers and professional procedures).

Personal ethical practice

At a personal level it is important that we know and understand the ethical code and professional procedures that we subscribe to through membership of whichever therapy organisation we belong to and those of the umbrella organisation that our organisation belongs to.

There is no possible prescription for how to practice ethically that would cover every eventuality, as there is not even agreement within the profession on what is good practice and what is bad. We all do things in our work that some colleagues might disapprove of and don't do things that some colleagues consider vital. And we all take risks otherwise we would get nowhere.

We can shop around for another organisation to belong to where we would feel more comfortable with their code, if we are dissatisfied with what our own organisation offers. But I do not think this is the best answer. I would recommend self-reflection – an important tool of our trade – and the creation of a personal ethical code as a personal standard on which we can judge our practice and, if necessary be judged.

Imagine a scenario where we are accused of unsatisfactory practice and an adjudicator asks us for evidence to prove that our practice is ethical and up to standard. How will we furnish this proof? What do we have to hand that we can provide copies of to demonstrate that we have not been neglectful, unsatisfactory or unethical in our practice? We will need to show that we have kept within whatever code of ethics we have signed up to. The complainant is required to specify which items of the code of ethics he/she thinks we have defaulted on, but a clever lawyer will realise that many of the items are vague enough to allow questioning our practice. Therefore, we will need our own code of practice that clarifies our particular practice within our organisational one, which allows us to demonstrate that we have not defaulted on our standards. Good will, the best intentions and typically British 'muddling through' are not enough.

Psychotherapy practice includes sharing your own experiences as well as benefiting from the writings of other professionals. This poses the challenge of risk taking and protection of confidentiality that some therapists prefer to avoid. Is it ethical or morally defensible to withhold your insights and experience from colleagues beyond your personal circle. Freud clearly thought not. This theme is explored in two books by Kantrowicz in 2006 and Kearns in 2007 and will be a possible choice for exploration in the afternoon workshops.

Finally, the title of this paper includes “The Challenge of Change, Risk, Safety and Reward”. I think I have covered the challenges of change, risk and safety. The only thing I can say about the challenge of reward is that if you do not experience psychotherapy, counselling and/or supervision as its own reward then perhaps it really is an impossible profession for you.

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Daughter of a Judge in Berlin, Ruth Barnett fled Nazi Germany on the Kindertransport in 1939. When the emotional impact of the Holocaust began to penetrate European consciousness in the 1980's, Ruth had spent a substantial part of her life developing understanding and efficacy in work with trauma, uprooting and persecution, and so increased her contribution to education, particularly in challenging stereotypes and prejudice. She has published a number of books, articles and contributions to psychotherapy literature. A trained teacher, Ruth Barnett trained as an analytic psychotherapist at LCP, Lincoln institute, and in supervision at WPF, and a founder member of BAPPS.

WORKSHOPS

In the workshops, after the break, I invited the groups to work on one of the following tasks:

A. designing a **personal code of ethical practice**, starting with a statement of personal **values and principles** on which are to be based the **framework of practice** and the boundaries containing and protecting it, including -

- details of personal responsibility and its boundaries
- management of initial communication,
- assessment of fit of therapy available to client's needs ,
- contract making and review,
- confidentiality, recording, fees,
- up-dating professionalism,
- professional will,
- dealing with mistakes and dissatisfaction,
- ending treatment,
- assessment of effectiveness and ethicalness and clinical audit

For giving supervision the personal ethical code would need, in addition, to address criteria for offering a supervision contract and conditions under which it would be ended.

B. Psychotherapy literature and issues involved in writing for publication. Freud maintained that it is a part of psychotherapy practice to contribute to progress in the profession by writing about findings. Sharing experience in ongoing groups and at conferences does not reach as many colleagues and trainees as articles and books. However, published writings become available to all in the public sphere. This raises the issue of asking permission of clients to write about them versus disguising their identity in anything published. Disguises always risk exposure, whereas total mandatory permission from clients would lead to a 'client-vetted' psychotherapy literature. The central issue is again taking responsibility – who is responsible for what, particularly when a complaint is made official; and how are conflicts to be appropriately managed. Is it unethical to avoid contributing to the advance of psychotherapy knowledge through sharing experiences?

Imagine you have received a letter from the UKCP Ethics Committee that informs you of a complaint received by UKCP from the lawyer of a former client you worked with for about three years and stopped four years ago when the client refused to pay for three sessions she/he missed and missed a further session (offered by you for review) without any further communication. The complaint includes a medley of accusations of neglect, failure to explain payment for missed sessions, coldness, not getting anywhere with her problems- they are getting worse and she now has physical symptoms in addition, extorting money without giving value for it. The lawyer also attacks your integrity because the client in question was referred to you for six sessions and expected her problems resolved in these sessions, instead of which you took her into your private practice. The lawyer, therefore, questions your fitness to practice as a therapist.

What would you do? As the therapist in question and as the supervisor of the therapist in question.

D. A client ended his therapy with your supervisee abruptly after several years, during which he had two nervous breakdowns, one of which resulted in hospitalisation. Six months after ending he left a telephone message asking the therapist to let him see his file but giving no reason. As the file contained several psychiatric assessment reports and correspondence with the various psychiatrists who saw the client at different times, and also your supervisee's own notes, the supervisee offered to see the client, hoping to persuade him that it would not be in his best interest to see the file. The client declined the offer but insisted on seeing the therapist's file. The supervisee then wrote asking the client to send a written request with permission to contact his GP. The client responded by leaving a telephone message withdrawing his request. A week later the client left another message saying he was coming to get the file and giving a time on the next day. Your supervisee rings you in panic.

How would you, as supervisor regard this material?

How could you help your supervisee in this situation?

Does the client have the right to his file?

Does the therapist have the right to decide whether it is in the client's interest to see his file?

Responses to the paper

This workshop provided the unique opportunity to consider, process, reflect and discuss the interface between controversial, challenging and compassionate aspects of psychotherapeutic work. It also enabled a greater depth of understanding and robustness in supervision of both individual and group work, within an ethical frame.

Ruth started her talk by saying that as supervisors (and clinicians) we are living and working in an unethical world, and gave a disconcertingly long list of examples of unethical practice in every day life to highlight her point, such as MPs fiddling their expenses, bankers getting huge bonuses and how compromise on ethics can lead to the normalisation of widespread institutional and professional corruption. She stated that whilst we are not the only profession to be affected by widespread unethical practice, it makes the work of supervisors (and supervisees) extremely difficult, hence her paper's title 'the impossible profession'. She highlighted the complexities of working in a world that is constantly changing and within a culture that is becoming ever more unethical: that it is simply impossible to do the job as we would like to do it, because what we say and how we respond might be misinterpreted.

Ruth raised the issue of *how* people in the profession can find ways to look after themselves in an increasingly unethical world, in which professional decisions are often attacked, and in the worse case scenario accusations of wrongdoing or a complaint might be made. Sadly fear of reprisal can affect the work of supervisors and supervisees alike.

Ruth spoke about complaints procedures and reminded us that since 2006 CHRC have been working towards the goal that all training organisations come under the same complaints procedures with UKCP which was completed in 2012. The area of "complaints" provoked questions such as: how to keep trust whilst raising awareness; how to maintain torque in the face of resistance and denial; of the societal normalisation of fraud and exploitation and lack of empathic identification. How do we engage when the ethic of the organisation is not syntonik with our own?

Question Time:

During the 15 minute question time after Ruth's presentation, participants shared personal feelings or experiences of the risks and challenges they had encountered in their work. The centralised complaints procedures at UKCP were mentioned again, and the question was raised as to whether or not this system offers a better or lesser standard of professional protection. It was felt by some that at least a centralised system means that everyone has to follow the same process. It was also pointed out that many training organisations did not have the staffing levels to deal with complaints, unlike UKCP.

Group Discussions

During the refreshment break, participants were given a choice of scenarios pinned on notice boards, and requested to sign up for the group that took their interest the most. There were 4 scenarios in total, and each one gave a different example of ethical dilemmas which supervisors, and clinicians could be faced with in their professional lives. After the break participants were separated into small groups dependant on their chosen scenario. In total there were 7 groups, with 2 subgroups for the more popular topics. Participants were asked to discuss their scenario and to elect a group spokesperson for the plenary at the end of the day.

Plenary Scenarios

WORKSHOP A: Design a personal code of ethical practice, starting with a statement of personal values and principles on which are to be based the framework of practice and the boundaries containing and protecting it.

WORKSHOP: B: Psychotherapy literature and issues involved in writing for publication.

WORKSHOP C: Imagine you have received a letter from the UKCP Ethics Committee that informs you of a complaint received by UKCP from the lawyer of a former client - complaint includes a medley of accusations of neglect, failure to explain payment for missed sessions, also attacks your integrity.

WORKSHOP D: Client ended his therapy with your supervisee abruptly after several years, during which he had two nervous breakdowns, Six months after ending he left a telephone message asking the therapist to let him see his file but giving no reason..... then the client left another message saying he was coming to get the file and giving a time on the next day. Your supervisee rings you in panic....

Plenary

The last hour of the day was the plenary and group feedback with most folk feeling understandably tired and "worked out"! We rallied and members of different discussion groups were encouraged to feed back details of their group discussions. The subject of note taking kept coming up as being very relevant. It was very clear from the feedback that there was a lot of anxiety in the group regarding whether or not to take notes, and how much to write if you do write notes. There also seemed to be anxiety about whether to admit you take notes, or admit you don't take notes! There was no consensus on what supervisors and their supervisees should be doing. It was clear that the scenarios themselves had enabled everyone in the large group to think about issues that perhaps they had not given much thought to before. For instance just how risky is our job becoming, or has become, as the world in general becomes more unethical, and how potentially vulnerable this leaves us.

There was general agreement that the issue of note taking is not a subject that is openly talked about. It might well be different for training therapists, although this was not discussed. It was agreed that it would be a desired topic for a further conference, and Ruth offered to sit on a panel to look at note taking and other

aspects of ethical practice, together with a lawyer and possibly a representative from a professional indemnity company. The group gratefully received her generous offer, and the conference committee have taken note

It was brought to the attention of the group that BACP has a fact sheet on note taking . It was suggested it is included in the next Supervisor's Review. Bruce to note and edit!!!

Ruth's paper was very thought provoking, and her warmth together with her enthusiasm for the topic enthused and energised the entire group. It raised just as many questions as it answered, although this was undoubtedly her intention! It highlighted the importance of safeguarding ourselves, even if this sadly means not always being able to do the job in quite the way that as supervisors we would like.

Ruth's wise words towards the end of the plenary really summed up the day ; "We have to be accountable for our own ethics". It is as Ruth articulately voiced – "*an impossible task!*"

Contributions to future Journals

Summer 2014 – Off-cuts and thoughts on supervision

Lead Editor Frances Hawxwell and Bruce Kinsey

Copy deadline 20th June 2014

We thought it would be good to dedicate an edition to various pieces that don't always fit our 'themed' editions. If you have a clinical case you wish to write on, a set of ideas or thoughts which you would like to pursue, now is your chance to think about them, and help us all explore some mainstream or fringe thinking. All contributions will be happily received.

BAPPS Suggested Guidelines for Professional Practice In the event of Accident, Illness, Death and Unforeseen Circumstances

Contents

1. General Guidelines
2. Guidelines for informing your Executors of your professional arrangements.
3. Responsibilities of the Professional Executor when informed of your sudden illness, accident or death.
4. Circumstances with uncertain outcome.

1. General Guidelines

1(i). To let the Secretary of BAPPS know the name of your Professional Executor(s), including the address(es) of the Professional Executor(s) if he/she is not a member of BAPPS. If you are registered through another organisation and register your Professional Executor(s) with that organisation, BAPPS should be informed of the name of the organisation.

1(ii). To keep and maintain a list of current supervisees, and patients/clients, with their addresses and telephone numbers, and with the days and times of sessions each week. This list could also include such matters as length of work together, discussion about finishing, whether supervisee, patient/client lives alone, or any other matter that could help your Professional Executor at a time of crisis.

1(iii) To maintain a current list of supervisees in training and their respective training organisations.

1(iv). To keep and maintain a list of professional engagements, lectures or teaching sessions planned.

1(v). To ensure that your Professional Executor(s) has access to your professional premises, professional files and practice records in paper or electronic form.

1(vi). To give your Professional Executor(s) information about your record keeping system. You will need to make known and put in writing to your Professional Executor(s) relevant information about your records in the event of sudden or prolonged termination of your practice.

2. Guidelines for informing your Estate Executor of your professional arrangements.

2(i) Provide your Estate Executor with the name of your Professional Executor(s)

2(ii) Arrange that your Estate Executor be informed, if appropriate, of your sudden illness or accident, as well as your death.

2(iii) Request that your Estate Executor inform your Professional Executor(s) as soon as possible of your sudden accident, illness or death so that the Professional Executor(s) can carry out the necessary tasks to deal with your professional practice.

3. Responsibilities of the Professional Executor when informed of your sudden illness, accident or death.

3(i) To inform as listed and pre-arranged all supervisees, all training organisations, patients/clients, and professional contacts, as soon as possible, of the situation that has occurred. Such information to be given in an appropriately professional manner, as discussed and agreed between you.

3(ii) To notify any relevant person and/or organisation about outstanding work e.g. lectures, teaching.

3(iii) When appropriate, and after discussion with the family, to inform supervisees and professional colleagues of any funeral arrangements that may involve them.

3(iv) To follow up supervisees, patients/clients, if appropriate, and arrange to see them for one appointment, and then refer them on to another supervisor, psychotherapist or counsellor.

4. Circumstances with uncertain outcome.

4(i) It is possible to have clear guidelines in the event of sudden termination of practice. However, when the outcome is not known, as in certain incapacitating accidents or illnesses, a “holding” period may be needed. In this case, it is important that supervisees, patients/clients, are regularly kept informed of the situation.

If there is an extended period before it is known whether, or when, you will be resuming work, then alternative arrangements may need to be made. The Professional Executor(s) would make this decision, possibly in discussion with you, and/or family members.

September 2006



Alchemy

This bird will never fly again:
like snowflakes its white feathers
lie scattered on the grass at sunset.

This boat will never ride again
the wild and foam-crested waves:
its withered boards of silvery wood
barely rise above the bone-white
sands
that have filled it to its very rim.

It's ready to set sail now
to take me to the starry clouds.
Will you, beloved bird,
be my spirit guide,
and carry me on soaring wings
to the very edge of time and space,

powered by my dreams,
to that vast, eternal place
of the ever-lasting Now,
right at the centre of the heart of light
where life is love — and love as life
is pouring forth — unending grace —
a waterfall of countless jewels,
blossoming in rainbow hues,
and glitterising all
in paradise regained?

Gottfried Maria Heuer
Tigh Shee, Iona,
15 April 2010

Articles for 'Supervision Review' General Guidance

Summer 2014 – Off-cuts and thoughts on supervision

Copy deadline 20th June 2014
Lead Editor Frances Hawxwell and Bruce Kinsey

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

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

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

Format: For articles please include the following:-

Title of article and name of author

Abstract – a one paragraph summary

Six key words - The key words are for use by the internet search engines for the e-journal

Main text

Bibliography

Biography - a few sentences of personal biography.

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

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

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