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INDEX

Foreword	*Anne Power*
Articles	
The Supervisor as Employee	*Penny Wigram*
Supervision as a Space for Thinking About The Social Defences that Impact on Therapeutic Work	*Margaret Smith*
The Interaction of Organisational Dynamics and the Self	*Christine Driver*
Book Reviews	
Counselling Supervision in Organisations by Sue Copeland	*Anne Power*
Supervision in Counselling and Psychotherapy by Liz Omand	*Bruce Kinsey*
Afterword	
Leaving: Reflections on Retirement from Psychotherapy	*Gertrud Mander*

Foreword

Anne Power (Lead editor)

When we announced that this summer's edition would be focused on supervising in organisations there was an exceptionally positive response with several people offering to write. In the event only a few of those writers were able to send us a paper; it seems very interesting to reflect on how this subject matter is both very attractive and yet very challenging to engage with. One of the organisational dilemmas which was operating here was that of boundaries which made it difficult to share experiences with the outside world; there is perhaps almost a question of ownership – whose experience is it?

This issue of boundaries is addressed very clearly by Copeland in the book which is reviewed by Anne Power and the boundary issue is also explored by Penny Wigram whose paper describes supervision in an organisation as, "multi layered like a kind of club sandwich". Wigram goes on to say that without sufficient containment in supervision the various ingredients are at risk of leaking out and she vividly describes some of the challenging scenarios which can face the supervisor in a training organisation. In our other paper on this theme, Margaret Smith writes about the pressures experienced by therapists in the NHS; she describes the social defences which evolve to cope with anxiety and she portrays a supervision group which was able to contain some of the disturbing pressures and to loosen the grip of these defensive processes. Smith explicates some fascinating theory on this: she refers to Hoggett's suggestion that targets and measures offer us a virtual reality which can function as a social defence and to Krantz's idea of hyperactivity as a defence. Chris Driver's reflection on a new book by Levine helps us think about the interface between the individual and the organisation; she looks at how motivation and expectations can result in significant projections onto the function and purpose of the organisation. Driver's example of staff in an aid agency describes employees who in their conscious lives were employed to provide care for others, but who unconsciously longed to receive care themselves.

A key supervisory task is to protect the thinking space which often comes under attack in organisations. We know that organisations develop defence mechanisms to help their members deal with disturbing experiences. These social defences become embodied in the norms and rituals of the group; when the work being undertaken carries a particular stress then unless that anxiety can be contained through thinking (as we aim to do in supervision) it will have to be managed defensively. Being equipped with some theory about social defences will help a supervisor to 'read' the situation which they see emerging around them in their agency. Organisations which help very troubled and traumatised clients are familiar with the way in which these disturbances can be enacted in the behaviour of staff members. Agencies who help addicts, refugees and abused people know that they have to work extra hard to provide containment, crucially through supervision, if the trauma of the clients is not to overwhelm the organisation. In her classic study of nurses, Menzies showed what happens

when anxiety (in this case about death and dependency) is not contained: social defences become increasingly rigid and ineffective. As with an individual the underlying anxieties remain hidden and where a person would suffer neurotic symptoms, the organisation is beset with dynamics which impede its functioning.

Jaques and other Kleinian theorists have described how individuals use organisations to protect themselves against paranoid and depressive anxieties. We know that when people are under stress they resort to splitting and projection and that in a group context these defences function in particularly vicious ways, with the unwanted parts of the self being collectively expelled into a scapegoat. In large organisations like the NHS this process tends to happen between subgroups and when demarcations between subgroups are ethnic or racial as well as hierarchical this makes a particularly toxic environment for splitting. These kinds of subgroups - clinical, administrative and domestic staff - also exist in counselling and therapy organisations and supervision can provide one of the rare spaces where this can be thought about and projections can be owned. One of the aspects of organisational life which is not much thought about in this edition is that of power and authority; it would be interesting to share thoughts, for example, about how Obholzer's ideas on different types of authority may have a bearing on the supervisor's role. Perhaps this could be material for a future edition.

This edition also carries a review of a new general book on supervision by Liz Omand. Bruce Kinsey commends her treatment of the learning experience in supervision; he also offers us an interesting suggestion of a peer reading group for supervisors, suggesting that Omand's book would be an ideal one to support the linking of theory with case material. Finally we carry a paper on retirement by Gertrud Mander; it is particularly valuable to have a first hand account of retirement since this is very rarely written up. We include this paper now as a 'taster' for next summer's edition which will focus on retirement and other endings in supervision. We hope that Mander's paper will stimulate thinking in others who might be supervising a retiring therapist or perhaps contemplating or beginning their own process of retirement. As usual the back page carries an invitation to write on this and other forthcoming topics – 'supervising clinical assessments' and 'supervising God'.

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Anne Power *trained at the Centre for Attachment-Based Psychoanalytic Psychotherapy and has an MA in supervision from WPF/ Roehampton. She has a private practice for individuals and couples and she supervises at Regent's College.*

index

The Supervisor as Employee

Penny Wigram

Abstract
This short paper explores the issues around working as a supervisor employed by an organisation rather than by an individual supervisee. It considers the use of boundaries and the management of possible rivalry when the supervision is conducted in a group. The advantages of this kind of supervision which brings the supervisor out of her consulting room are also described.

This short paper will be based on my thoughts about the differences between working as an individual supervisor 'employed' directly by the supervisee, and working for an organisation where the payment comes either from a training organisation or from another professional body where the supervisees are in a group rather than one to one. This is based on my experience as a supervisor for WPF Therapy's Professional training, and also as supervisor/consultant to a group of senior osteopaths working in a Body Learning Project at a State Primary School for children who have been removed from mainstream schooling.

The dynamic of supervision changes immediately when we move away from the dyadic situation of supervisor and supervisee, exploring together the conscious and unconscious processes of the client/patient. The organisation takes on a special role, and if the supervision is in a group the group process also has to be taken into consideration. The work becomes multi layered like a kind of club sandwich and the supervisor needs to take on the role of holding the different elements together. Without sufficient professional containment the whole thing can disintegrate and confusion of boundaries and hierarchies can lead to a descent into acting out and a 'leaking' of the ingredients.

In the dyad the supervisor receives the transference of the supervisee directly, as well as experiencing and noting the parallel processes going on between the supervisee and the patient or patients. The work takes place on a three level structure: supervisee, supervisor and the client or patient under discussion. It is relatively simple provided the psychoanalytic structure is maintained.

On a practical level, even in a training situation the individual supervisee is usually paying directly, so the transaction of fees is part of the relationship and has to be dealt with and observed as a model in the teaching aspect of supervision. After qualification the supervision relationship may become more like a consultation between colleagues, but if the psychoanalytic stance is maintained the participants will still be taking notice of the underlying meanings of the exchanges between each other as well as of the patients in their mutual care.
So to some degree in the dyad there is both freedom and containment as these two people can create their own pace of working together within the boundaries

of their shared theoretical concepts. There may be a requirement to report on the supervisee or to recommend whether or not they are ready to move on to the next stage of training. But there are only two people in the consulting room and what goes on there is to some degree ‘secret’.

Everything changes when the supervisor is employed by an organisation. In a training organisation such as WPF Therapy there is a model of the assessment and appraisal process linked to the training. The supervision is an essential part of the assessment of the trainee and both the supervisor and the supervisee have the support of a peer group, or in the case of the trainee, a tutor, course manager and trainee organisation.

Until the final years of the psychoanalytic training at WPF Therapy, supervision is done in groups so the group process becomes an extremely important part of the experience. The supervisor has to be aware of containing the sibling feelings within the group as well as the possibility of very different levels of experience and expertise. In my view supervision in a group has huge benefits as the sharing and discussion of the presentations allow everyone in the group, including the supervisor to learn from each other. It can also be very exposing, as we all know presenting one’s work is one of the most important and the most nerve-racking parts of our training as therapists. At WPF Therapy the trainees will generally change supervisors each year of their training, this is partly a practical matter and partly done so that trainees get the added experience of working with different supervisors who may have different styles.

The supervisor is employed by the organisation or college to make sure that the trainees fulfil the required standard in order to graduate and to work as therapists in agency, primary care or private settings. There may be a difference of opinion if the supervisor and the other staff in the training body do not agree about a particular trainee. Colleagues may be in turn seminar leader, tutor and supervisor of trainees. So the reports on the trainee have to be assessed separately in their own right and confidentiality has to be maintained with even more rigour than usual. The trainee needs to be able to discuss her experience of supervision with her tutor; the trainee’s comments about her supervisor may not be complimentary and the tutor has to contain this even though the supervisor discussed is a friend and colleague. A lot depends on the structure of the assessment process to allow the fairest possible outcome for the trainee. Conflict and appeals procedures can destabilise and undermine the confidence of the supervisor and trainee as well as the entire group. The supervisee is no longer the employer and does not pay for supervision directly during the training. So the organisation management needs to be able to hold the tension and give support where it is needed.

In private supervision it may be difficult for the supervisee to complain about or indeed ‘fire’ the supervisor as this may be pathologised : the desire to leave may be interpreted by the supervisor as being some form of acting out by the supervisee.

When the supervision is taking place within the confines of a training organisation the supervisor will also be assessed, by the trainees, and by the manager of their course. The supervisees have the right to complain and to bring in people who are in effect outside the confines of the supervision relationship. While ethically the patient/client care should come first, the care of the trainee who is paying the institution for their training comes high in the priority of the management. There is a degree to which the supervisor loses her authority and has to accept that for the purposes of the training organisation the management will have the final say on who is 'right'.

The supervisors also meet in a group and sibling rivalry may well emerge even among the staff. Do we encourage or judge each other when a supervisee is difficult? We inevitably hear about each other's work through different channels; as I have said before, at WPF Therapy one may be the tutor for a colleague's supervisee. Boundaries and respect have to be maintained rigorously. Is my supervisee a 'star' because I am a 'star' supervisor, or because I was lucky enough to be allocated that particular trainee? Has my supervisee 'failed' because I haven't given him enough support, or should he never have been accepted onto the course. Even in private practice we have to acknowledge that slight competitive edge when we enquire how many patient hours a colleague is doing at the moment. Working as a supervisor in an organisation we tend to be allocated a supervisee, they haven't 'chosen' us any more than we have chosen them so there may be an added reserve combined with the inevitable projections in the group.

However, the benefits of working within a training organisation far outweigh the disadvantages. Firstly the opportunity to work outside the consulting room for part of the week is enriching. Learning from colleagues and supervisees in the group setting is invaluable as it brings the therapist so far away from the isolation and introversion of the one to one model. There may be rivalry occasionally, but in the main my experience has been of support and shared learning to the benefit of supervisor, supervisee and patients. The supervisor may be allowed some desire (for the success and improvement) and certainly a lot of memory for the benefit of her supervisee.

My postscript is to speak briefly about my experience of consulting outside a traditional psychodynamic setting. I was approached about eight years ago by a senior osteopath who was working in a project with primary school children who had been excluded from mainstream schooling. She and her colleague wanted a place to discuss the psychological aspects of their work with children coming from complicated and often deprived backgrounds. The project is under the auspices of an osteopathic training institution, and the work uses the expertise of the osteopaths to help the children through specialised games and manipulation. I am paid by the senior organisation, although I am only answerable to them in that they require evidence of my professional qualifications.
Over the last few years the tutor group of osteopaths has changed, but our group has developed into a fascinating opportunity to discuss the multi-layered task of managing the project. We discuss the relationship with the school, with the trainee osteopaths who are part of the project and with the children themselves.

It is in no way supervision of psychodynamic therapy, but consultation about the dynamic between the tutors, trainees and most importantly the children. I have no input, of course, into the physical work they do. But I offer a space where the three tutors can discuss the backgrounds of the children, how best to understand their psychology and to reflect on the best ways of encouraging the children to take part in the treatment. We have only fairly basic case histories for each and so our discussions focus on how we read the behaviour in the session of each child/patient .

Some of the children are on the autistic spectrum and some are on medication, so I am privileged to hear how the physical work, so sensitively managed, brings these children on and helps them to begin to socialise as well as releasing tensions in their bodies. I usually visit the school once a year to observe a session. This has been one of the most rewarding experiences in my career as a therapist. It has given me the chance to learn from, and to value, a completely different kind of therapeutic process.

I am aware that I have gone from general to the personal, but I hope that my experience may give some encouragement to anyone working as a supervisor to move out of the private consulting room at some time. Working for an organisation may take you out of your comfort zone, but the experience, learning and pleasure gained is well worth the occasional discomfort.

Penny Wigram *trained at WPF Therapy and was a seminar leader and supervisor on the Professional Training there for over twenty years. She is a member of FPC, and registered with UKCP and BPC she is in private practice in central London.*

index

Supervision As A Space For Thinking About The Social Defences That Impact On Therapeutic Work

Margaret Smith

Abstract
This paper focuses on some of the organisational dynamics, which impinge on a group supervision session and the way this was thought about within the group. There is then a discussion relating the vignette to social defences in organisations.

Introduction
Our understanding of social defences and their impact on work within organisations is based on the work of Elliot Jacques and Isobel Menzies Lyth. Jacques summarised his early contribution saying that he had focussed on,

"… the collusive actions by individuals to concoct organisations as a means of defence against psychotic anxieties and thereby generating a fundamental cause of problems within those organisations."
(Jacques 1995, p 343)

Menzies Lyth developed Jacques' ideas through her study of a London teaching hospital, where she observed trainee nurses and the way in which their experiences on the ward trained them to adopt practices which distanced them from emotional pain. Organisations' social defences, the messages that new staff learn about the expected practices adopted by the organisation they are working in, resonate with the individuals' psychological mechanisms to reduce anxiety. There have been significant changes since the 1950s when Menzies study first came out, including increased technology, internet technology, flattened hierarchies and the global economic crisis (Krantz 2010). These issues are all relevant in the supervisory setting, where they can affect the therapist's clinical practice in ways which we become accustomed to but which may not always be spoken about in supervision.

Supervision can however, stimulate thinking about the dynamics of organisations; by attending to the organisational aspects that impinge on therapists' clinical work we can facilitate a more thoughtful engagement with the realities of the setting. This is very much in line with the work of Isabel Menzies. As Krantz said of her,

"... throughout her aim was to help people confront the reality of their work situations, promote mature collaborative relationships and foster integrated relationships between caregivers and their patients."

(Krantz 2020 p195)

The following vignette was selected in order to illustrate the way in which the personal and the social interact in supervision; it demonstrates how reflection on the dynamics can help in thinking about an organisation's social defences and the way they affect the individuals within it.

In this example, Sue is a psychodynamic therapist within a Clinical Psychology service. This group was made up of four colleagues Sue, Brian, Chris and Helen, who all work dynamically, and are facilitated by a supervisor Jane, from outside the organisation.

Vignette
Sue presented the following material about Anna in her supervision group.

The client
Anna, the client, is a nurse at a one of the hospitals in her area that takes patients, who are mainly elderly, and are there to recover following major operations or serious accidents.

At assessment, Anna had a very high risk score. She had only come because her manager at work suggested that she needed help; the manager saw her as depressed but Anna herself hadn't wanted therapy. As she saw it, the staff at work were upset because their hospital was due to be closed.

Anna had been depressed for the last four years, ever since her husband had been killed in a plane crash while working away. She had seen the details of the crash on the television at the time and still four years later, she couldn't get these images out of her mind. She described her husband as a wonderful man who had done everything for her. With an embarrassed look, Anna had told Sue that she still didn't really believe that her husband Derek was dead and she still expected him to return from his work trip one day. She hadn't told anyone else this because she was afraid that people would think she was mad and she sought reassurance from Sue that this was not the case.

She rarely spoke about this because when she had done so, she had felt so much worse afterwards that she had wanted to kill herself and was frightened that she would do so. She said that she had made a suicide attempt once in her teens, but she wouldn't kill herself now, because she knew that her family, three children who are all in their teens, still needed her. She had a brother who would come round when she was feeling really low and she found this comforting. He knew not to ask questions and they would just sit silently, smoking together. What she wanted was for her colleagues to ignore her when she was feeling low. Sue offered Anna a second session to focus on her high risk score.

The group Supervision session

Jane the supervisor picked up on Sue's comment that she had offered Anna a second session and she invited the group to offer their thoughts and associations around this.

Brian offered Sue sympathy, knowing that everyone they see with a high risk score involves a lot of extra paper work and can cause huge time pressures because of the repetitive forms - often the size of a thickish booklet. He said he also resented the intrusion, requiring actions, which he saw as outside the therapeutic frame, such as ensuring a signature on the document from their partner or next of kin, which he was uneasy about. Helen agreed with him that she felt the same way. Sue said she had needed to stay late the night before to make sure that the forms were completed by the deadline and she admitted to feeling resentment about this. She also mentioned that when she had raised the issue of a signature from a next of kin, Anna said she wanted a friend to sign it instead. Sue uneasily agreed to this.

Chris was sympathetic with Sue about this and she expressed resentment that the procedures in place were influenced by government regulation and targets, e.g. to reduce the number of suicides. These targets diverted time and attention from Anna and her distress - the unresolved grief after the death of her partner; the pressure of these regulations made it harder to create a space for thinking about Sue 's work with Anna.

The supervisor picked up some themes that were emerging in relation to Anna and her suicidal thoughts: one theme focussed on the procedures, another on Anna and her distress and there was also the theme of intrusions; Jane wondered out loud about this and the anger that was expressed about it all which was in contrast to Anna who was deeply depressed. Helen then wondered if this splitting, mirrored Anna's internal world, and Brian commented that it seemed to be an issue in the organisation where she worked, where she was the identified patient, depressed and grieving in an organisation where they must all have been feeling anxious about the closure of their workplace. He felt that what was happening was that Anna's unresolved grief became too close for the staff team to bear when they themselves were in touch with the impending loss of their work base. This led Sue to think about ways in which she might help Anna to think about protecting herself from the projections to which she was so vulnerable. She said she could now see the parallel process, that like Anna's manager, and the people she worked with, she had been drawn in to offer Anna more help than she wanted because she saw it as "what her organisation would expect of her" when someone had a high risk score.

The group then went back to think about the issues surrounding Anna's risk. Sue was mindful that even if Anna had wanted therapy, she might have had to wait over a year before a space became available. This second waiting list was one where there was no government target. Chris said she was aware that Anna had indicated that talking about things made her feel worse, and said she would be wondering what could be done in one session to help. Brian said that based on what Sue had said, he didn't think Anna was actually a suicide risk at the moment. The others nodded in agreement. Helen said that Anna reminded her of a client

whom she had seen who had very high scores around suicide and self harm in the first session but when they had looked in detail at how he had interpreted the questions and how likely he actually was to kill himself, things looked very different. Sue thought that this might be the case with Anna. Chris said she thought that if Sue helped Anna to understand how it was that she led people to try to help her when she didn't want any help, along with some understanding that these people could be picking up something that she herself was not aware of, that this might be enough at this time. Jane thought that the group had offered Sue some helpful reflections.

She then wondered aloud about the sense she had that the supervision group all seemed to be both in agreement that Anna wasn't at present in danger of killing herself, but they also seemed to accept that Sue had been right to offer her a second session and she wondered whether they had lost confidence in their own capacity to make their own clinical judgement. She said she saw them as a highly experienced team who worked with people who were distressed and she had confidence in their ability, reminding them of some work the group had thought about with one of Brian's clients who was actively suicidal at that time. She wondered whether the high levels of distress in the people they worked with, aggravated by the time pressures they worked under, might be contributing to what she felt was their almost manic activity; this in turn could lead them to rely more heavily on following procedures 'just in case' than on discriminating about their use, and relying on their expertise and judgement.

Helen and Chris both said they thought they may have been caught up in this recently. This led the group to discuss the policies they needed to follow and their increasing tendency to follow them without considering their own clinical judgement.

This led to the group thinking about their organisation, which received referrals of the more complex clients who were in crisis. Yvonne, one of their team was on maternity leave at present, and there was no money available to cover the post in her absence, so they were struggling to keep up with their waiting list targets. Sue described herself as needing to run to stand still. Chris and Helen said that since Christmas, they had been feeling very much the same. Brian admitted that he was so busy and so behind with his paper work, he had considered not coming for this supervision session. Jane then helped the group to think about what was actually being expected of them during the time that Yvonne was on maternity leave.

Sue said that their manager had not specifically told them to work extra but had indicated that they would be needing to tender for the renewal of the contract for providing the service the following year and she needed to show that they were an efficient service. The manager had suggested that while the service normally offered 8-12 sessions of therapy, they should use their outcome measures from each session to determine who was gaining benefit from their therapy and clients should only have further sessions after the first six, if their outcome measures indicated an improvement to the client's score. Chris associated to this as a part of thinking about Anna, saying that she had an uncomfortable thought that if she were in Sue's position, where she needed to demonstrate session by session

improvement for the clients she was seeing, she would be reluctant to take on someone like Anna, because she would see her as someone whose scores would not be likely to improve over 8-12 sessions, and indeed, they could get worse, if she started to put her feelings in to words. Sue sounded a bit embarrassed as she admitted that this thought had also crossed her mind, although she was quick to reassure the group that this had not affected her decision about offering just one further session.

Discussion

Menzies described the messages given by more senior nurses to nurses in training; the seniors conveyed that the juniors were expected to distance themselves emotionally through minimising their emotional contact with patients, seeing them in terms of their conditions rather than responding to them as people (Menzies 1970). This observation has equal relevance for staff working in fields where there is a high level of emotional distress in twenty-first century organisations.

Krantz observed the current increased pace of organisational change over the last fifty years and its impact on the social defences within organisations.

"organisational change also (inadvertently) modifies the social defence system, weakening the buttressing provided to individuals' psychic defences. The prospect of change, then, is accompanied by the prospect of frightening emotional experience coming to the surface."

(Krantz 2020 p194)

He goes on to suggest that the way in which additional containment is provided to support the emotional work within organisations will need attention. This is illustrated in the case brought by Sue, where Anna's workplace was about to close. In the supervision group, Brian voiced the connection between the increasing attention that Anna was experiencing when she looked depressed and the fact that the staff were working in an organisation where the social defences provided by their manager and by the organisation itself were in the process of breaking down.

Hoggett (2010) suggests that our public services have what he calls a culture of instrumentality, which he suggests has an impact on the social defences used in the workplace. What he is concerned about is the use of targets and measures to create a virtual world which satisfies auditors and government targets but which has no real substance behind it.

Sue, the Psychologist had used an outcome measure, which registered Anna as needing to be treated as high risk. The use of outcome measures is an example of this instrumentality. I do not think that their use is a bad thing *per se*, but rather the way in which they can be employed and interpreted can be misused. Where the therapist and client discuss the meanings that are attributed to the questions in an outcome measure, it can enhance the therapy. However, their use as a screening measure, devoid of thought and understanding is not helpful and does not take account for example of the need for people who somatise, to be more in touch with their feelings. This happened in this case where the manager assumed that if clients had not 'improved', (meaning that the symptoms that were being measured

had not reduced) then they had not benefited from the therapy. This is an example of the splitting that can easily occur when the manager carries the need to hit the target and pushes their staff to comply, blaming them if they miss the target. Meanwhile the clinicians, who are more intimately aware of the distress which clients carry can blame their managers for bringing in what they see as unmanageable and unreasonable regulations. Conversely the clinicians can split off the knowledge of some of the external realities that the managers carry about the survival of the service, seeing them as 'the fly in the ointment'. Supervision can be a place where this is picked up in relation to the work, with the potential of reducing the splitting going on between clinicians and managers. This can help both sides to find some middle ground that addresses the issues together. In the thinking space of supervision there can be a linking up of the need to achieve certain targets for the service to survive, with the thought and understanding about the decisions that are made around clients' treatment.

Hoggett, (2010) suggests that the use of outcome measures and risk assessments are a part of what he sees as a perverse social defence; he describes how the use of performance indicators and risk management systems in public services have encroached on a lot of the time that was formerly taken up with face to face engagement with service users. He also sees the employees in these services as increasingly being expected to act as technicians. Of the work in the probation service he says,

" ... What progressively disappears is the idea of an encounter between two separate subjectivities, in which the client/user is recognized as a unique locus of experience, a subject to be understood rather than an object to be acted upon ..."

(Hoggett 2010 p209)

Hoggett sees this trend as moving towards a virtual world and away from the real one. He quotes Miller (2005) who suggested that organisations who have what he refers to as audit cultures, may inadvertently draw the attention of their staff "away from the experience of actual service users to the demands of their virtual counterparts, (auditors)." (Hoggett 2010, p207).

The discussion in the supervision session shows some of this tension. In the session, the capacity of the group to recognise this and to think about the impact that this culture was having on them, allowed the possibility of their paying attention to both arenas, rather than enacting something which has effectively become a social defence.

Another aspect of the target culture to which Hoggett draws our attention, is the impact on clinicians' relationship with their clients. In this example, the team had targets to achieve for initial assessment, but none for the waiting list where clients were put once they had been assessed. The result was that therapists and clients started to build relationships at assessment; clients were talking about their intimate and personal issues that they may never have revealed to anyone else, with no guarantee that they would see the therapist again. Hoggett refers to this kind manipulation of waiting lists to fit government targets as a 'gaming' strategy. No

account can be taken of the emotional impact on client and therapist of this brief encounter. He suggests that this is a part of the virtual reality created to please the auditors and that it can become confused with the reality that is hidden behind it. In this virtual world, the pressure is for you to be seen to do the right thing rather than being accountable for what you actually do. “What is measurable became what was good.” (Hoggett 2010 p206)

This was illustrated in the supervision session where there was reflection on the way in which therapists were being easily drawn into form-filling, requiring significant extra work, rather than relying on their own judgement. The importance of having a supervisor from outside the system, able to recognise what was happening,to name it and thereby to make it available to be thought about, was key to helping empower the group members to have more confidence in their own judgement.

The expectation that the work could be put out to tender generated further pressure - and therefore further social defence - in the Trust where the clinical psychology service was provided. This led Sue's manager to intimate that they needed to ensure that they were meeting their targets, even with one member of staff on maternity leave. and this caused the team to be manically busy. Krantz (2010) names hyperactivity as a defence used within the caring professions. He describes this manic defence as staff being so busy that their state of mind is one in which they are less available to relate to their patients' emotional distress, and being absorbed instead by the completion of the often overwhelming number of forms. In this example, Brian was so busy that he had considered missing the supervision session, which is the place where clients and their distress are thought about. It may also have been another factor, which contributed to their tendency to rely on completing forms rather than relying on their clinical judgement. The supervisor's role in trying to slow things down and to sympathetically help them to think about the organisational context and the impact it was having on their work allowed them as a group to recognise this.

Conclusion

Supervision is an important space where the focus needs to include the organisational dimensions relating to the clinical work along side thinking about the client and the supervisee. Thinking about the organisational impingements on the work can reduce splitting and empower therapists to value their own judgements in their work. The pressure is often to think first about the procedures required by the organisation in which they work; supervision supports therapists in keeping the client and their needs securely within the frame.

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Margaret Smith *is a teacher by background. She is also a Psychodynamic Psychotherapist and a Group Analyst. She worked in Liverpool managing and providing Staff Counselling and other staff support services to Health Service Staff including Supervision and group Psychotherapy from 1993 to 2009. She has been a visiting lecturer for the Tavistock Institute since 2003 and teaches on the Liverpool block training Consultation and the Organisation. Currently she works privately as a psychotherapist and group analyst. She co-convenes the IGA training, “Using the Group as the medium for supervision”.*

index

The Interaction of Organisational Dynamics and the Self

Reflections on a recent book by David Levine (2010)

Christine Driver

The dynamic of the 'wounded healer' is an important personal factor that draws people towards becoming counsellors, therapists and supervisors but it is also this 'wounded healer' part of the self that draws individuals to work within particular organisations. The powerful internal dynamic of the wounded part of the self is not only instrumental in causing people to work within particular sectors of the therapeutic profession, such as the NHS or charities that work with either generic or specific emotional and psychological problems, it also fuels motivation, commitment and identification with the ethos and ideals of the organisation in which the individual works.

This identification with a 'cause' and the desire to heal can be creative and helpful in relation to the work of the organisation but it can also generate an internal dynamic within the self that is both challenging and disturbing organisationally. A new book on organisational dynamics (Levine 2010) really brings these issues to light in a thoughtful and insightful way and I would like to reflect here on aspects that he writes about that sometimes manifest in organisational and supervisory activity and impact on the supervisee and the clinical work.

His ideas emerge from object relations theory in relation to work and the workplace and I would particularly like to focus on Chapters 1 and 2 "The Problem of Work" and "The Group at Play" because they illuminate some important issues that need to be taken into account organisationally. He starts by considering our motivations for the type of work we do and the role of imagination in this. Through the action of the imagination we invest the external with our hopes and fantasies and Levine extends Winnicott's ideas of 'finding the object' to the world of work and he comments "work is the creation of an imagined reality that reaches beyond imagination" (19). What is interesting and important in relation to working within an organisation is how we invest the work place setting with the dynamics of our imagination (conscious or unconscious) and that reality can either match our imagined reality or disappoint it. Either way the external reality impacts on our internal objects. In addition Levine comments on how the internal world impacts on the outer in relation to work. He writes, "those experiencing their inner worlds as devoid of sustaining objects still do work, though here the purpose of work is not to realize subjectivity, which for them does not really exist, but rather to cope with the problems posed by the unsatisfactory state of their inner worlds" and he adds that there are at least two kinds of approaches to work "those that engage the imaginative capacity and those that do not" and that these "express two different internal situations" (25).

Now here is an interesting perspective and one that perhaps at one level we are aware of: our internal states affect our approaches to work and also our expectations of work and the work place. It is these expectations of the work place that can have a profound impact on employees especially in relation to disappointment, failure of the ideal, demands of the other, rewards from the other and the place of creativity and self actualization that the work place allows.

Levine goes on to consider how the relationship to the work environment is "shaped by the internalized object relations" (26) and that "overdependence on external objects … signals that the inner world is dominated by aggressively charged internal objects" (26). This idea is one that needs some thought but nevertheless Levine is bringing to mind the particular dynamics that can occur in organisations where internal longings and desires, especially when they are linked to destructive internal object relations, are active and activated within the individual working within the organisation. From here Levine moves into considering the dynamic when work is to "repair or atone" (39) and he explores how, when the external group (and here this could mean an organisation) is experienced as frustrating or not fulfilling the internal longings, then a super-ego perspective or an id dynamic emerges. Here he quotes Laplanche and Pontalis "but the ego remains as much in a dependent relation to the claims of the id as it is to the imperatives of the super-ego and the demands of external reality" (Laplanche and Pontalis 1973:130).

Now while Levine does not go on at this point and explore this in relation to organisation dynamics it certainly left me with some interesting thoughts about the challenges of working within organisations in which the individual employee projects and invest something of themselves into the organisations. This is especially true of charities and I recall during the time I worked at an Overseas Aid Agency the disappointment of some staff that the organisation did not look after them in the way they expected and hoped for and in the way they imagined the organisation was looking after the projects that were being funded. The emotion that was generated within some staff reflected their rage that the external (projects) were being fed and nurtured to the detriment of the internal (staff). Now it was clear that the organisation was doing what it was meant to do and fulfilling its 'mission statement' but for the particular individuals involved, and their own internal worlds, it reactivated for them a dynamic of being deprived and ignored and resulted in intense superego criticism and id related acting out.

Within therapy and counselling organisations it is equally important to be aware of such dynamics and the rage and anger that can (and sometimes legitimately) get activated because the organisation is unable to fulfill the imagined and projected fantasy ideal that the employee is longing to receive. Here again there is the danger of an over-determined super-ego or id related responses. Now hopefully therapy will enable awareness of this but for us as supervisors it is also important to be aware of the potential for these dynamics and the way they might impact on the supervisory relationship or determine the relationship of the supervisor and supervisee to the organisation. This is however a very difficult dynamic to deal with because outrage at the organisation and its duty of care to clients and its employees might be legitimate. However, as supervisors it is

important to reflect and understand how organisational dynamics can impact on both supervisor and supervisee and how feelings about the organisation can be fuelled by the individual's internal world, their own object relations and their own personal equation and how this might affect the clinical rhombus and the supervisory relationship.

References

Laplanche, J. and Pontalis, J. (1973) *The Language of Psychoanalysis*. New York: W. W. Norton

Levine, D. P. (2010) *Object Relations, Work and the Self*. London and New York: Routledge.

***Christine Driver** is a Professional Member of the SAP and a Training Therapist of FPC. She is Director of Training and Clinical Services at WPF Therapy and previously ran their supervision trainings. She is also in private practice. She has written and co-edited two books on supervision:- Driver, C and Martin, E (2002) Supervising Psychotherapy, Sage and (2005) Supervision and the Analytic Attitude, Whurr and carried out research into psychology and religion.*

index

BOOK REVIEWS

Counselling Supervision in Organisations: professional and ethical dilemmas explored

(Sue Copeland 2005, East Sussex, Routledge)

Reviewed by Anne Power

On the day I began reading this book I had a dream about a large and well run counselling organisation where I had formerly been one of several supervisors. In the dream one of the supervisors was a glamorous blonde and she had caught the eye of the clinical director who was a man. The rest of us, mostly female, supervisors had our noses out of joint, feeling that we weren't being noticed. On waking I reflected that I had invented a scene which was heavily laced with the kind of unconscious dynamics which were missing from Copeland's book; in this case it was erotic power and sibling rivalry which was threatening the supervisory setting. I saw this as a compensatory dream – my unconscious was providing the aspects of the work which I felt were missing in the book.

The book gives a very methodical coverage of the role of a supervisor in organisational work but this is dealt with in terms of tasks and not in terms of how the unconscious process sends its powerful ripples through the web of organisational relationships. I was repeatedly disappointed by the way Copeland

accurately identifies key areas of interest but does not follow through with satisfactory exploration. She does not declare her theoretical identity as a clinician but it became clear that her approach does not make use of psychodynamic thinking.

Copeland's thesis is that supervisors' skills are underused by organisations because there is generally a poor understanding of the role and potential input which supervisors might have in helping raise the emotional intelligence of an organisation. She strongly proposes that supervisors get more involved and would like to see them reporting back, "not only on the supervisory process and its outcomes but also on the organisational dynamics that affect the psychological health of employees." (2005: 4). To support such a proactive role she would like to see more formal contracts for supervisors and more formal procedures for appointing them. A considerable amount of space is devoted to itemising how these job descriptions and contracts might be constructed and to the recommended position on confidentiality and reporting back.

The book raises the interesting question of whether the supervisor can be more effective if they are embedded in the organisation or if they work from an independent distance. However this was not sufficiently explored, perhaps because Copeland believes so strongly in the benefits of the former. She also holds a very strong belief that counsellors need to choose their supervisors. This position seemed unrealistic to me as did her insistence on the importance of four way meetings when the supervisee is in training. She advocates meetings of supervisee, supervisor, placement and training institution "to ensure that everyone in this working alliance understands their individual and collective responsibilities." (2005:114)

Whilst the writing is extremely clear and fluent, I found the layout too particularised into multiple sub sections with frequent bullet points. However I imagine that these specific lists will have use to different practitioners and one which was of interest to me itemised some different types of dilemma; Copeland (2005: 37-38) identified the following categories:

- Compromise dilemmas (tension between the ideal and the pragmatic)
- Boundary dilemmas
- Dilemmas of allegiance
- Role dilemmas
- Dilemmas involving responsibility (how much responsibility the counsellor takes for the client's welfare)
- Impasse dilemmas (when the counselling process is stuck)

There were some interesting clinical anecdotes to help the reader think through such dilemmas but it was again disappointing that these examples were not explored more deeply.
The focus on practicalities could be useful to help a new supervisor think through their responsibilities and their boundaries. If a supervisor was wondering about their contract or their role, the highly methodical presentation would make it easy

to find a section covering their concerns. Copeland's own research (2005: 86), though only briefly mentioned in the book, was one of the most interesting parts for me. She found that in health, educational and commercial settings 37 % of supervisors have no contract with the organisation; only 14% of contracts specifically addressed issues of boundaries and confidentiality and 21% addressed organisational issues. She said that uptake to her questionnaire was low and figures need to be read with caution but they did indicate the key areas in which dilemmas arose:

- Conflicts between manager and supervisee
- Competence of the manager
- Manager's lack of understanding of the counselling process
- Dual roles within the organisation
- Confidentiality

Clarity on the supervisor's role is a key strength of the book. An example of this is the meticulous listing of what is involved in a supervisor's report; Copeland looks in detail at the form in which supervisors report back to their organisations and she considers the different titles of such reports. According to how the report is entitled it may be weighted more in favour of the supervisee's learning and development or more towards the wider needs of the organisation, or as a monitoring procedure. I also appreciated the clear synopsis given at the end of each chapter and the appendices could provide useful pro forma documentation to help those who are setting about writing contracts and job descriptions.

An area of particular weakness was the references. I felt that these were too limited with a heavy dependence on Carroll. Although Copeland includes a whole chapter on the 'supervisory rhombus' she did not reference Ekstein and Wallerstein's (1958) clinical rhombus or indicate to the reader the significance of the *four* points of a rhombus. I would have liked reference to psychodynamic or systemic thinking – to any theory which would have helped illuminate the impact of client work on the organisation, or visa-versa. This would have helped explore the dynamic which Carroll put so engagingly in the Foreword when he referred to the counselling room being "bombarded with all sorts of vibrations from the organisation" (2005: x)

Another omission was the lack of thinking around work with particular client groups. Nothing is said for example about organisations specialising in addiction, refugees or abuse; settings where we know the particular nature of the clinical work tends to reverberate in the relationships throughout the agency and where the role of supervision is crucial.

A chapter on endings seemed particularly promising with sections on the supervisor's illness, retirement or death as well as the break down of the supervisory relationship. As these are all areas which tend to go unexplored I welcomed their inclusion but again I was disappointed in the way they were covered. The section on endings tended towards the practical - giving eminently sensible suggestions but not providing an engaging exploration. My response to this chapter sums up my feelings towards the book as a whole; it covers a very

fascinating area and often Copeland puts her finger on points of great interest, but readers with a psychodynamic background may be disappointed that unconscious process is not explored.

References

Copeland, S. 2005. *Counselling Supervision in Organisations*. Routledge: East Sussex.
Ekstein, R. and Wallerstein, R., 1958. *The Learning and Teaching of Psychotherapy.* London: Imago

index

Supervision in Counselling and psychotherapy: an introduction.
Liz Omand
(Palgrave Macmillan, 2009 £19.99 Paperback)

Reviewed by Bruce Kinsey

I had a great sense of optimism when I volunteered to take on the role of review editor for the BAPPS Review. I was especially pleased when this book by Liz Omand landed on my desk as it in one of a series entitled “Basic Texts in Counselling and Psychotherapy” edited by Stephen Frosh. This series of books is designed to be both accessible and detailed and certainly I had found others in this series to be useful, concise and informative. I was therefore surprised that it took four attempts to sit and read this book (let alone trying to pen a review) and several times I found myself wondering ‘who is the intended audience for this book?’

Omand herself teaches on the MSc in psychodynamic counselling at Birkbeck College London, and this book reflects a widely read and digested knowledge that has been honed and informed by reflective clinical practice. The bibliography and references are detailed, although it is not always clear why some works are being referenced. One note on a volume to which I contributed made me wonder at the relevance of the reference; yes it displayed wide reading and I was flattered but I was not completely convinced of its relevance.

This volume is certainly more than a straightforward introduction and although the chapters are short, they cover the usual areas. Each chapter ends with a very helpful summary and conclusion. There is no startling light here; in fact much might seem predictable and pedestrian. Thus the introduction covers why supervision is difficult, what the aims are, the dynamic between monitoring and managing, the relationship to therapy etc. Other chapters follow on including ‘Beginning’, ‘Theory’, ‘Process’, ‘Supervising groups’, ‘Working in institutions’, ‘Difference’ and ‘Challenges and dilemmas’ - all this in under two hundred pages. Although it may sound all rather too broad or thin, that is not the case; what is helpful is the rooting of the text in case material and these cases are often extended to illustrate more than one point. In this way the theory is rooted and

communicated. But who is the author trying to communicate with? It needs a certain amount of knowledge and engagement to fully appreciate the subtle depths of this book.

Whilst reading this volume I have found it has given me some helpful reminders for my own work - a bit like a refresher course, or a primer for a viva, or as a round up book at the end of a training. Even more usefully I think the book would be a great one for a peer reading group to discuss chapter by chapter rooting and integrating the ideas with their own experiences. I intend to get a group of supervisors together where I live to see if this is a good book to encourage such reflection on practice. I have been tempted more than once to suggest it to someone who comes to me for supervision whose training as a counsellor had failed to help engage with some of the issues/dynamics of supervision and clinical practice... but it doesn't quite fit for that.

There was one chapter for me that is a gem and was a real addition to the literature, and that was the third chapter on the emotional experience of learning and teaching in supervision. The learning experience often seems neglected, and as a teacher myself I am often referring new teachers to Isca Salzberger-Wittenburg's (1983) (somewhat Kleinian) classic work, which is usefully mentioned here. How we learn, how we contain/manage our anxiety and consideration of what impedes our learning and thinking is crucial for effective therapy and supervision. Here Omand refers (via Bion) to the supervisee who cannot take in what is said in supervision and who "resorts to confusion as a defence against thinking" (p32). By basing this chapter on the experiential nature of supervision and its emotional aspects Omand draws useful working conclusions. For many the expectations on both sides of the relationship can seem overwhelming, although often unspoken and part of the unconscious processes at work. Adult education so often reflects on earlier experiences of learning and Omand draws this out with some useful extended case studies to illustrate her points. It is in the practical application of the theory that aspects of this book shine, making the theory assessable and in the process making this deceptively short book a challenging addition to the literature.

It is not a straightforward read, and needs more digestion and reflection than one might expect, nonetheless I found it worth the struggle. It is deceptively small book, which is misleading as the content is large. In this way the book itself is an interesting experiential offering, encouraging the reader to engage and explore which is in part the task of supervision.

References

Salzberger-Wittenburg I, Williams G and Osbourne E (1983) *The emotional experience of learning and teaching*. Karnac London

Bruce Kinsey *trained at the Cambridge Society for Psychotherapy and for supervision with the SAP. He has a private practice in Cambridge where he also teaches. He is currently part of a research group in the University into religious violence.*

***i**ndex*

Leaving: Reflections on Retirement from Psychotherapy

Gertrud Mander

'Leave before they leave you', is the motto I learnt early on in my counselling career, when I witnessed the death of Paula Heimann, on her return from a rest cure in Baden-Baden, and the distress of her last patient whom Paula had insisted on keeping on because she said she had not done enough work, when, in reality, Paula needed her client to stay so that she could stay alive. Or, in other words, because she could not contemplate dying!

There are other proverbs to heed, like 'leaving is easier than being left', or, more brutally, in German, 'mit dem Kopf durch die Wand gehen', i.e. 'going on regardless'. After my experience of Paula Heimann's death I campaigned for setting a universal retirement age for counsellors and psychotherapists, perhaps at seventy. That was in vain, as the general assumption seemed to be that therapists are wise and realistic enough to know when to stop, to know that the time has come for them to retire. But what about the possibility of being in denial like ordinary mortals? I also suggested a group solution which would involve therapists telling each other when they felt the time had come for a colleague to retire. However that approach also requires a voluntary effort and could feel like an envious attack from one's colleagues. The most workable solution would seem to be a strict professional requirement as in other professions; this would also help to create vacancies for newcomers and ensure that unconscious transferences on patients and trainees were taken into account.

It is a well-known fact that with increasing age our memory gradually deteriorates and that the first thing that goes is the memory for names and dates. How can we then conduct therapy when we are no longer able to ensure our patients that we remember what they tell us and are able to recall details of their lives and experiences at the click of a key on the brain's computer? I am convinced that patients are sensitive to their therapist's state of mind and as in the case of Paula Heimann's patient that they will decide the time has come to leave when they notice that the therapist's ability to hold them in mind is impaired – when they do not feel safe any more.

My own solution was like this: when I turned seventy-five I resigned from the place, where I had worked as a trainer and supervisor for many years and I retired into private practice, determined to gradually scale down and phase out my work and not take on any new people to whom I could no longer guarantee a long run of work. I became alerted to my age when a new client on first setting eyes on me said "I had not expected you to be so old". Though he settled in fine for a considerable time, I never forgot that incident which reminded me that my time was beginning to run out. After that I noticed that I had fewer and fewer

referrals and that this meant the word-of-mouth procedure I had always relied on was no longer functioning; I felt that I was being given a reminder of my mortality (as the Romans did to their emperors). I clearly remember my initial meeting with my first therapist, a Scottish psychiatrist who was a co-founder of the Tavistock Institute. I was struck by her personality which promptly worked the miracle of a powerful transference so that I experienced her as a goddess and had my first inkling of the unconscious at work. I became instantly hooked. At the end of our work together I was disenchanted when I took her out to the theatre and suddenly experienced her as an ordinary aged woman, completely without the magic she had worked on me in her consulting room.

But this is another story and it happened at the beginning of my professional life as a psychotherapist. Now, towards the end of it, I realized that my magic was beginning to wane and I decided to start the long process of ending, which involved telling my patients and colleagues well in advance what I intended to do and give everybody enough time to get used to it. This is a very important process, as it allows one to dissolve the existing transferences and to let go of the reciprocal attachments carefully, consciously and gradually. I discouraged further referrals, took my name off the FPC website and gave my last paper at the FPC annual study day - an event which some people would call a 'reading out'. Bowing out like this felt sad and liberating at the same time. I accepted that my work was done at last and that I was not leaving any loose ends behind. This is how great singers and musicians do it, and public servants, when they go into retirement, and it is well done when it happens before their work falls off, or they are told to go, before they fluff their lines and can still leave the stage gracefully and to everybody's satisfaction: 'All's well that ends well'! Like Prospero in Shakespeare's 'Tempest', 'I broke my staff and burnt my book' and 'every second thought will now be of the grave'.

Gertrud Mander *is a founder member of BAPPS. She had a private practice as well as working as a supervisor/trainer for the WPF from 1983 to 2000. She has published many articles and two books, A Psychodynamic Approach to Brief Therapy and Diversity, Discipline and Devotion in Psychoanalytic Psychotherapy.*

index

Contributions to future Journals

Winter 2010 - Supervising Clinical Assessments (lead editor Chris Driver)
Supervising an initial clinical assessment involves specific tasks for both supervisor and supervisee in relation to obtaining the information required, understanding the internal world of the client, transference and countertransference and suitability for psychodynamic/psychoanalytic work. If you supervise such work and could write a short piece for the next Supervision Review contact Chris Driver - chris@driver4.prestel.co.uk.

Spring 2011 – Supervising God (lead editors Bruce Kinsey and Lynda Norton)
Could you write something about 'Supervising God'?. There has been much written about the place of religion in therapy, and the potential for avoidance or encounter: we have been wondering what happens when the 'God in the consulting room' gets expressed in the supervisory space. Perhaps you work in the religious and/or charitable sector and wonder what the added dynamic brings/reveals or distorts in both individual and institution. How does the optimism or hope that a faith dimension can bring so often land up seeming punitive? And how does that affect the relationship with supervisor and supervisee. 'is my faith bigger than yours?'. If you would like to write something on 'supervising God' for the Spring 2010 review do contact Lynda or Bruce - lynda.norton@ntlworld.com and brlk1@cam.ac.uk .

Summer 2011 – Supervising Retirement and Other Endings (lead editor Anne Power)
Many of us will have had the experience of supervising a colleague who is facing the prospect of retiring and going through the significant practical and emotional challenges which this poses. Inevitably we will face this task of supervising retirement without having any personal experience – our own retirement will sit somewhere in our unconscious as something which must be faced one day. We thought it would be particularly helpful to share experiences in this field which is very under-represented in the literature. We hope that Gertrud's paper in this edition will serve as a taster to encourage readers to share their experience; it would be very good if we could include papers from supervisors at different stages in the process of retirement.
We are also hoping to include one or more papers on other types of endings, be these for re-location, pregnancy or ill health which is perhaps the most frequent and complicated cause of ending and one where the supervisor's role may be particularly stretched. If you could write about supervising retirement or other endings please contact anne.power@gmail.com.

Articles for 'Supervision Review'
General Guidance

Winter 2010 **Supervising Clinical Assessments** Copy deadline Oct 18th
Lead Editor Chris Driver

Spring 2011 **Supervising God** Copy deadline February 30th
Lead Editors Lynda Norton and Bruce Kinsey

Summer 2011 **Retirement and other endings** Copy deadline April 30th
Lead Editor Anne Power

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

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

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

Format: For articles please include the following:-

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

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

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