



BAPPS

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## *Supervising in Unusual Settings*

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# Foreword

## **Eleanor Creed-Miles (Lead Editor)**

The idea for this edition was a tremendous parting gift from the larger group of editors (when it included Anne Powers, Chris Driver and Linda Norton) and sprang from a lively telephone conference. It put me in mind of how we work best, most creatively and with inspiration, when we are many and all our differences and diversity are invited and included. These three wonderful and thought provoking papers expand and augment this theme.

Working with varied settings and people from all walks and origins of life often means working without words at all and struggling for precision of meaning when there are, but they are literally in another language. "Being attuned to the music of language and the music of the voice" as Ana Gaboleiro so eloquently puts it gives us great insight. Robin Wiltshire's piece enlightens us as to how music instead of (or as well as) words affords us so much more depth of understanding-a whole new dimension. John Beveridge's work shows us the enormous challenges when clients and supervisees are displaced, seeking refuge and asylum in our country. Exclusion of many kinds rears its ugly head when (as Ana Gaboleiro's piece also explores) you feel 'a stranger in a strange land' and without the resources of a secure means of expression. As BAPPS moves towards being less exclusive in terms of its membership, it is timely and poignant that Robin Wiltshire's field of Music Therapy may now be included and enrich our discourse alongside existing members' conventional psychodynamic and psychoanalytic psychotherapies. I am most grateful for his courage in contributing from outside BAPPS as it stands at the moment.

For all parties in the supervision process, being effectively and securely listened to and understood is the key to creative and positive insight and these exciting, challenging papers offer us many new ideas as to how this can be so, with or without the words.

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# To speak or not to speak? That is the question: Working with non-verbal communication and words in supervision

*Robin Wiltshire*

## **Abstract**

This article reflects on Music Therapy supervision and working with music and words in supervision. It describes an experience of working at the interface between the arts modalities and words. It reflects on the experience of using the arts (art, drama and music) as a way of emotionally engaging with and conveying experiences of clinical material and how non-verbal and verbal processes can inform one another as part of supervision.

**Keywords:** arts therapies, supervision, non-verbal processes, psychodynamic music therapy.

In a recent supervision group, a dramatherapy colleague commented that 'something gets lost' (Beer, 2012) when a feeling emerges from a non-verbal process and is named. This remark resonated so clearly with me and reminded me of the 'Music Therapist's dilemma' (Ansdell 2000) of trying to translate a musical experience into words. There have been times in my own clinical practice when a meaningful and shared experience has been best left in the music and that moment of meeting (Stern, 2004) has felt enough. However, there have been times when music has not seemed enough and words have emerged, whether to acknowledge an experience, pinpoint a feeling, add meaning or make a phenomenon become known. This process of working with music and words has been a source of curiosity in my own clinical work. Since completed my training in psychodynamic and psychoanalytic supervision, this curiosity has continued as I have developed in my role as Music Therapy Supervisor. In this paper I would like to share my experience of being a Music Therapy Supervisor and working with music in clinical supervision and supervision of supervision. I will also reflect upon my experience of being a supervisee in an arts therapies supervision group, supervised by a talking psychotherapist where we have used art, drama/movement and music to engage with clinical material as part of supervision. This has been a powerful and rich experience as a supervisee and has informed my supervision practice in using music as part of supervision.

## **Music Therapy and Supervision**

Music Therapy uses improvised music a client and therapist spontaneously make up and play together as a way of sharing and exploring feelings and emotions. Using a variety of tuned and untuned musical instruments the music created tends

to arise as a consequence of the issues and feelings that are brought by the client. A typical session will involve exploring and playing the instruments provided and whilst there are opportunities for verbal reflection to think about the feelings, thoughts and relating emerging from the shared musical experience, some clients may prefer to work through the music only. It is important for Music Therapists to be available for an active, moment by moment, musical response to a client's music. An early Music Therapy supervisor used to liken it to having one foot in a musical river with your client, whilst the other remains on the bank, although at times you may have to put two feet in or have both feet on the bank. As a consequence of this more active therapeutic stance, it is often the case Music Therapists audio or video record the music created in sessions to be listened to as part of supervision.

The way a client's music is brought to supervision can vary. It may involve supervisees bringing audio and/or video recordings of sessions, playing live music in the style of a client, musical role play or through using words to describe the music between the client and therapist. However brought, my practice is informed by drawing upon psychodynamic and psychoanalytic concepts to think about the different relationships, in and out of the musical experience. When this material is emotionally engaged with during the 'reflection process' (Searle 1965), unconscious processes and difficulties existing in the different relationships start to permeate and become symmetrically linked. As Levinge suggests the implications of bringing music into the supervisory relationship with its potential capacity to bypass defences may be such that '...unconscious feelings are brought into the dynamic through the clinical material of the supervisee's music therapy. What is important is how these are addressed...what effect they then may have on the supervisory relationship' (2002:85).

As a Music Therapy Supervisor, what I have observed and found interesting is the way unconscious feelings communicated in the musical dyad seep through the different supervisory relationships and across the clinical rhombus (Ekstein & Wallstein 1958). I supervised a Music Therapist working with children with emotional and behaviour difficulties and what emerged out of the children's use of the improvised music seemed to embody a phenomenon I termed 'missing out'. This seemed to symbolise a failure to experience – which in many cases related to emotional containment. Where feelings were not contained, anxiety and frustration would emerge and loss and deprivation would be experienced as needs remained unmet. This phenomenon of 'missing out' which emerged out of the musical relating not only paralleled itself in the supervisory relationship but permeated into supervision of supervision. At the time of this work, my supervision of supervision was with a psychodynamic psychotherapist and an aspect of this 'missing out' resonated with my own experience around finding ways to think about the musical material arising from the therapeutic dyads with a supervisor who worked with words rather than music. However, despite our differences in modalities we shared a theoretical framework and drawing on Winnicott's (1971) concept of a use of an object and Gee's (1996) idea of being an instrument for a supervisee was helpful in our thinking. It enabled a shift in my own supervisory attitude and I was able to see that even with our differences the trusted supervisory relationship we had developed could still be used to further understand my supervisee's music material.

This shift in my position and attitude, I believe helped my supervisee to feel more contained and helped them to gain insight into their clinical work, whilst as supervisor it enabled me to start holding the known and unknown with equal attention and work with unconscious defences which were so prevalent in the work.

Taking this experience into my own supervision as a supervisee and being open to working with difference in what skills, expertise and experience is brought to the supervision process has been a helpful learning experience.

### **Using the arts as part of supervision**

Over the past two years I have been a member of an arts therapies supervision group consisting of an Art Psychotherapist, a Music Therapist (myself) and two Dramatherapists. We have been supervised by a talking Psychotherapist. An interesting aspect of this supervision group has been the way we have worked at the interface between the arts modalities and words. Through emotionally engaging with the clinical material using our individual modality or blend of modalities, feelings and experiences which have emerged out of these non-verbal processes are digested and put into words. Through combining non-verbal and verbal processes parallels have emerged linking the supervisory and therapeutic experiences. I would like to draw upon recent experiences to illustrate this.

### **Responding to clinical material through our own modality**

A recorded audio extract of a musical improvisation from a session with an adult client who had a learning disability and presented with high levels of anxiety and challenging behaviours was played to the group. The client had been referred to provide an opportunity to express their anxiety and for the multidisciplinary team to gain some insight into what may underlie the behaviours. In the audio material the client could be heard pacing around the therapy room vocalising spontaneously and erratically. Each time I tried to join and meet the client musically, my intervention would feel as if it was being met with avoidance. In the counter-transference I felt deskilled and helpless, not only in what I had to offer musically, but in finding ways to be with the client.

Rather than reflect verbally on hearing the audio extract, the group agreed to explore our responses to the clinical material through our own individual modality and to reflect on the experience through words whilst our supervisor observed and contained the process. Each member of the group simultaneously and spontaneously started to reflect on their experience of the material using their modality. I used improvised music as my non-verbal communication, whilst my Art Psychotherapy colleague used art materials and the Dramatherapists used body movement and different objects to explore their responses. Working simultaneously enabled the potential for cross modal interaction and attunement between us as we monitored and conveyed our responses using our chosen non-verbal medium.

As the group started to move from the non-verbal to verbal with the help of the supervisor, phenomenon arising out of each other's responses emerged. As well as the connections made to the helplessness, new feelings arose. I seemed to

become connected with a sense of aloneness, yet somehow comforted by this, whilst the drama and movement offered different perceptions into the clients spatial needs, suggesting a conflict between confluence and isolation, whilst the art work indicated something of the stuckness present in the work and angry feelings which on reflection could have been manifesting itself in the client's challenging behaviours.

This experience was to inform my thinking and understanding of the client's use of music therapy and by drawing on the different modalities offered new insights and seemed to bring unconscious processes into awareness.

### **Using arts processes when words are difficult in supervision**

The Art Psychotherapist and I were presenting our joint art therapy and music therapy group which we co-facilitate. We verbally reflected on the group and considered the split which was emerging in the way the group used the art and music modalities. We found it hard to talk about this and the impact on the group and our co-working relationship. It was suggested that we might find it helpful to explore our co-working relationship non-verbally and so we agreed to do this and decided to draw upon our dramatherapy colleague's expertise to explore the relationship through movement.

As different perspectives between self in relation to other were explored in what was a completely non-verbal process, feelings and thoughts began to surface. As my co-facilitator and I started to draw on words to communicate something of our experience, words like trust, autonomy, difference, confluence, power and control emerged. These words resonated pertinently to our relationship which we were finding it difficult to talk about, but also resonated our experience of the group process and relationships between members of the group. Having a space to play using non-verbal and verbal processes enabled a shift in our relationship which in turn helped our thinking around the group and also in deepening our relationship as co-facilitators.

Using the arts as a way of emotionally engaging with and conveying my experience of clinical material in supervision has been a rich and valuable learning experience. It has fed my curiosity of working with music and words, not only as a clinician but as supervisor and the ways in which non-verbal processes can inform verbal processes and vice-versa. As Langer (1955:22) suggests about the function of art 'to acquaint the beholder with something he has not known before', I feel this could also be said of music. It is as if using improvised music and the other arts in supervision enables supervision material to be played with on some level before being pinned down by a word. Interestingly during my supervision training where I was the only arts therapist on a cohort of talking psychotherapists and counsellors, this 'playing' was observed and remarked upon. As a supervisor I have sometimes wished I had the wordsmith skills of my psychotherapy peers and able to succinctly describe an experience, but then again may be the musician in me likes to play with a theme and create variations. I feel both have a role in supervision.

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# A Relational Psychoanalytic Approach to Supervising Issues in Brief Therapy

*Ana Gaboleiro*

Doing and Supervising Brief Therapy / Counselling using one's Internal Supervisor as an enhancement of one to one Supervision.

"Although the relational supervisor owns and honors her general knowledge and experience, she recognizes that she has no special access to knowledge or truth about her supervisee, the supervised patient, or the psychodynamic work being supervised. [...] Supervisor and supervisee coconstruct, mutually derive, and negotiate meaning about the processes and data of both the therapeutic work being supervised and the supervision".

Frawley-O'Dea, M.G. & Sarnat, J.E. (2001: 59)

## **Abstract**

In this article I attempt to illustrate how the psychoanalytic approach can contribute to the supervision of brief therapy / counselling. Psychoanalysis does provide essential technical instruments which are just part of human relationships and communication. If we can be flexible and humble enough to acknowledge this and tactful enough to take such tools out of the typical psychoanalytic setting and use them more widely, it can be a very enriching experience for everyone. My focus is on the dynamics of the supervisory relationship to try to enrich our understanding of the clinical material, while attempting to contain any overwhelming feelings and create space for sharing material and perceptions in a palatable manner.

## **Key Words**

Supervision, Brief Therapy / Counselling, A Relational Psychoanalytic Approach, Countertransference, Containing / Holding, Mothertongue.

## **Introduction**

I have chosen a piece of clinical material, which came up in the psychoanalytic / psychodynamic supervision of brief therapy/ counselling. Not only the case material was fascinating, it all felt very telling of how the psychoanalytic approach can contribute to counselling. I feel that despite the profusion of psychoanalytic supervision literature, psychoanalytic supervision of short-term work seems to remain largely unexplored and sometimes undervalued, partly because greatly misunderstood by professionals of other approaches.

My focus is on the dynamics of the supervisory relationship to try to enrich our understanding of the clinical material, while attempting to contain any overwhelming



feelings and create space for sharing material and perceptions in a palatable manner.

Firstly, while contextualising, I shall briefly mention one of the organisations where I work, called Mothertongue, which kindly agreed for me to use the clinical material and some of the clients' feedback about the short-term counselling they had with us.

Secondly, I also need to concisely define how the concept of "brief" can become not so brief, when thinking in therapeutic terms and calling attention to the more subjective experience of the individual.

I will give a short account of the clinical material, while trying to keep in sight some of its manifestations; transference, countertransference, parallel processes and underlining the importance of a containing relationship that can ensue from genuine collaboration. This will be followed by a small discussion about essential technical considerations that I think we need to keep in mind when working psychoanalytically with short-term therapy / counselling.

## **Context**

The supervision and the counselling took place within the same organisation. The latter is called Mothertongue, a small charity with a multi-lingual cross-cultural team, which offers holistic support to people from a wide range of cultural backgrounds, including black and minority ethnic communities, refugee and asylum seekers. The organisation is very mindful of the impact migration and changing cultures can have on people and provides a range of group activities and projects to try to meet those needs. Mothertongue believes these populations have the right and should have the opportunity to have equal access to a reliable and long lasting service relevant to their particular stresses and constraints. Accordingly, clients can have counselling and if appropriate will be offered the possibility of joining a variety of different group activities, which are often experienced as very holding and creative, thus creating extra containment or extending it in a different form. The counselling service takes into account specific social and psychological needs. It is free of charge and is culturally and linguistically sensitive. The small group of counsellors speaks nine languages amongst themselves and when there are language-needs, we also have a mental health interpreting team, so the counsellor can work with the help of an interpreter. Clients for counselling are offered twelve sessions initially, followed by a review if they wish a month later or thereafter. Some clients do come back for more sessions often to work through a slightly different aspect of their difficulty/ difficulties, because they are more in touch with it, or because they would like to develop a further understanding of other aspects of their lives.

## **Not enough time?**

In supervision of brief therapy there are often quite a few clients' material discussed and explored during one session. Amelie, the counsellor, was seeing a client on a weekly basis, for twelve sessions. She brought clinical material to supervision a couple of times. Between five to ten minutes were spent presenting and exploring the material each time. The first set of sessions was followed by four monthly reviews and a further eight sessions took place after that. In supervision, her client's material was discussed rapidly four times in all.

When doing brief therapeutic work the question of time is relative, I feel, and it is important as a supervisor to keep that in mind. A brief encounter / experience can be life changing in any setting including supervision. In an article about brief work, Anna Bravesmith refers to Tolstoy's thought of time to illustrate how the concept of brief can be thought about in a way that feels quite useful and creative. As she puts it, time is an "infinite progression so that in a way nothing is really ever 'brief', a series of events leads on to other events, feelings change into other feelings and are part of a continuity" (BJP: Vol.26: 289). An internal evaluation carried out by Mothertongue showed that many clients that had used the counselling services have made some quite profound statements about how they found it had helped them there and then, but also the impact it continued to have on them at a later stage. For instance someone said: "The last few months have been the most difficult in my life, you have helped me to come to terms with what happened. Instead of dwelling on what I've lost, I am now trying to focus my energy on what I have. Without your help this would not have been possible". During a review another client commented: "I want to thank you for bringing me from death into life, my life has changed a lot since and now I have the hope that I can continue to build up my life!" It is vital to be aware that for many clients it might be an initiation into a way of thinking about their lives, their problems, their needs and what they feel is right for them according to their circumstances. Whatever they internalise during that brief piece of work in many cases becomes part of a process that can continue to influence and alter their futures.

## **The clinical material in supervision**

I have named the client Lea. This is what was coming across as Amelie related her experience of some sessions she had with Lea in the beginning: - Lea had come from South America to the UK with her husband in her mid twenties. She started seeing Amelie after having had short term counselling for the bereavement of two prematurely born baby girls; one stillborn and the other died within a few hours of birth. In Amelie's words Lea was a "well presented, tall, contained woman in her mid thirties and wore big dark glasses that covered half of her face". She had been trying for a baby through IVF for quite a few years and finally had experienced a pregnancy with the twins who did not survive (which happened almost a year ago). She had a support network of family, friends and the church. She felt she was in a good, loving and supportive relationship, but there could be no real happiness for both her and her husband without a child. So she felt very upset and guilty that she could not "get pregnant and be a mother of live babies". Lea often referred to the loss of "my girls" and how she felt she needed to look at the photo of her "lovely

babies” every day – a photo of them stood on her bedside table. Amelie went on to say that Lea’s words, facial expression, tone of voice and body language at times seemed to project a perplexing sense of self-hatred and disgust which, had led Amelie to suggest to Lea that the main focus of the work was going to be Lea’s feelings and thoughts towards herself. Trying to make sense of what seemed to be keeping a stifling grip on her mind and body, well before the death of her babies. Lea had agreed.

There was an exhausted look to Amelie’s face, as she stressed the realness and urgency of this situation; the clock was ticking fast for Lea and the work to be done felt huge, for a moment she wondered if it was reasonable to think that they could make it. Indeed, it could be seen as a gigantic undertaking in relation to the short time allocated to it and the nature of the problem. For a split second we both felt that we could both get caught up in Lea’s exhaustion and feelings of powerlessness, as she had put it to Amelie “I always feel so tired and stressed I am not managing anymore.” Amelie’s facial expression and tone of voice at times, as she was describing the material also seemed to be imbued with a sense of exasperation which in turn triggered a peculiar emotional response in me. It is essential to make sense of such feelings and be able to recognise countertransference responses from responses that can be triggered by personal issues that can trouble us. Finding a way into exploring our countertransferences with honesty was possible as we grew to know each other well enough. However, there was a sense of struggle in the room to remain tactful and find the right language to communicate what we were experiencing. This brought much light into the material itself about where Lea was emotionally, her exasperation, her own struggle with time running too fast and / or not having enough time. Additionally, her struggle finding the words to open up her mind to Amelie in a language that was not her own. She chose to have sessions in English; she spoke the language well, but the language of emotions was also foreign to Lea. Her struggle to make a pathway through her inner world that could be accessible, made sense of, shared and understood, so she did not have to remain all by herself in what felt like a cul-de-sac. This kind of communication laid the foundations for the space and time we needed for Lea’s material. The reality and concreteness of the sense of not enough time was counterbalanced by a sense of timelessness emerging from the thoughts and material that we were able to access via the unconscious processes and the psychoanalytic thinking. Searles (1955:159) referred to such phenomena as “reflection process”. It pertains to emotions that the supervisor might experience during the supervisory hour, linked to something going on in the therapist-client relationship and with further insight in the client himself.

We explored Lea’s history in a nutshell, the interactional patterns between her and Amelie, motivation, willingness, defensiveness and the focus they had agreed to work on. Amelie felt motivation and held a lot of hope for Lea. The congruency felt in our relationship somehow gave Amelie the holding she felt she needed for her journey with Lea; she often describes the experience as “feeling less alone with it”. In our working alliance there is a sense of mutual openness despite some asymmetries, which has been conducive to close cooperation and mutually shared insight. This has enabled us to examine and reflect on the clinical material, its

dynamics, share perspectives, and discuss transferences and countertransferences both within the therapist - client and the supervisor - therapist dyads, which has played an essential role in increasing trust and confidence in our relationship. Referring to this type of unconscious psychological work, I would like to mention Ogden's notion of "dreaming up" the client, which I feel illustrates quite well how clinical material is reconstructed in the supervisory setting. Ogden (2005:1-2) explains that the client presented by the therapist in the supervisory session is "a fiction created in the medium of words, voice, physical movements (e.g. the supervisee's hand gestures), irony, wit, unconscious communications such as projective identifications, and so on. The supervisee "turns facts into fictions. It is only when facts become fiction [that] they become real- dreaming up the [client] - in the supervisory setting represents the combined effort of the analyst and supervisor to bring to life in the supervision what is true to the analyst's experience of what is occurring at a conscious, preconscious and unconscious level in the analytic relationship" (ibid).

The containment ensuing from our genuine collaboration together in the supervisory setting with the analytic depth of understanding gives Amelie the "durable and solid holding" as she puts it, that enables her to journey through such brief interludes with her clients creatively. The congruency, close cooperation, openness, trust and containment in our supervisory setting during those moments very much reflected the dynamics taking place in the relationship between Amelie and Lea. It is important to emphasize how informative the "reflection process" more widely termed "parallel process" is and how much both the supervisor and the therapist can learn about the client from noticing their own feelings in the supervisory relationship as I briefly attempted to illustrate above.

Lea engaged with the therapeutic process and trusted Amelie enough to open up about some of her experiences as a terrified little girl, unable to make sense of what was going on around her. She described to Amelie how she used to dread lying in her bed unable to sleep, unable to speak with her mother or her sister. She had already developed a sense that she needed to spare them from her turmoil, protect them: "my sister was even younger than me and mum was working and doing everything else, she had too much on her plate". She felt she had a good upbringing: "mum worked and did her best to make sure her two daughters were well brought up. Dad was a difficult man". There was a sense of a stifling home environment in which Lea's fears and emotions had little space for expression and, to avoid overt conflict, she quickly learnt to conduct herself as a wise little girl. As I sat hearing Amelie's description of the material and her understanding of it, I felt for a moment like I was enthralled by a streak of wisdom emanating from her and I almost struggled to make space for my input. During a supervisory session Amelie mentioned how she had felt a sort of dread linked to a feeling of inadequacy as she pondered whether to present Lea's clinical material during that particular hour or leave it for the next time as she had quite a few cases she wanted to mention. A "confusing sense of guilt", Amelie's words made her feel as if she was letting Lea down and aware of some of the dynamics characterising Lea, she chose to present Lea's material. Amelie seemed to be in touch at that moment with feelings that she had been experiencing/ picking up from Lea, her dreads, her sense of inadequacy,

her very present sense of guilt; the latter remained unclear for some time. Lea had reported having been seriously ill for a long period of time at the age of four. As a teenager she was extremely self-conscious and was often unwell. As an adult she has had a few minor health complications and as I write this it is not clear in my mind whether she also had medical intervention for a mild fibroid. In the light of how Lea came across at times - so cut off from the reality of her body and certain memories - my uncertainty seems relevant.

On the one hand, apparently, Lea was aware of how much she “hated” her looks and her face and according to Amelie this partly explained the need to cover her face wearing dark glasses, of which she had long been aware. Amelie’s description of this was accompanied by a facial expression that for a moment seemed to have disfigured her face. I felt myself sitting up straight and taking a deep breath. On the other hand, Lea was well defended against memories and feelings associated with the experiences that created such hatred. Reportedly, in the sessions for some time, she strove to escape herself, her unthinkable feelings and thoughts. In “attacks on linking” Bion mentions how feelings of hatred stimulated by powerful emotions can be “directed against all emotions and against external reality which stimulates them. It is a short step from hatred of emotions to hatred of life itself” (1967: 93-107). The working through Lea’s hatred for herself led painstakingly to the awareness of a much deeper reality, where her anxiety, fear, sense of loneliness and deep feelings of guilt were hiding the hatred she felt for the little girl she had been, the hatred she felt for the many experiences that laid unspoken, the hatred for the woman she had become and her life without a child.

Amelie discussed some dream work with which Lea engaged very creatively and proved to be an important means of communication in such brief work. Lea found out she could not bear to look at photos of herself as a baby and as a little girl. She had not realised that before. There was also a shift on how she was relating to her “beautiful [dead] babies”. She had until then been looking at the photos every day, sometimes constantly. Amelie pointed out to her that it seemed to be linked more to her needs for something, and the guilt she felt that was stopping her from moving on, rather than the needs of her dead babies. Amelie added that the time had possibly come for her to start thinking about how she would feel if she were to leave her babies’ souls to lie in peace. In supervision, Amelie mentioned that Lea had brought some photos of herself as a little girl and baby to the sessions and also the only existing photo of her “beautiful babies” to see if she could work through her issues more efficiently as she found it impossible to do this hard work at home. At some point, Amelie said that as she had looked at the photo of the “beautiful babies” she was struck by the fact that they were both dead in the photo and also looked to her like Martians. Did this reflect something about Lea and how she felt about herself, her looks? How deadened and alien her inner life had been, with the traumatising loss of “her girl” as she kept mentioning in the first sessions, the little girl she once was. Lea continuously challenged herself and managed to go beyond those emotional barriers. She recovered a memory that had pestered her life for a long time and had gone into oblivion as she became an adult. Lea was convinced that mum had suffered a miscarriage at the time she had been seriously ill as a

child, because of the distress and worry she had caused mum by being ill. She felt inconsolably guilty.

Progressively, Lea gained awareness of some of her destructive patterns, her attacks on herself and how she kept averting her gaze from some feelings and memories- just like she avoided looking at herself on the mirror. She developed self-soothing techniques and was able to relax her body and cope better with difficult moments without stiffening up. In supervision some big questions remained: was Lea going to allow herself to create a space for her inner child, "her girl" to grow, now that she seemed to have got in touch with her and her own truth? Would she empower herself enough to be able to create a space in her inner world for a child? How would her body respond to the corrective emotional experience she was going through? Amelie felt she was carrying a lot for Lea and being extremely proactive at times, and risk-taking, whereas Lea came across as happy to follow. In supervision, I also felt that there were times when one of us seemed to be following the other quite happily, however, often we were also walking hand in hand.

The first twelve sessions were about to end. Lea had told Amelie that she was starting to see how she could move on in life, but getting anxious about her husband, as she did not want him to be left behind. Her deep anxieties were often focused on someone she felt close to. A month later, when they met for the first review, Lea announced that she was pregnant and asked Amelie if she could have some more sessions because she felt she needed that support to help her through the pregnancy. There were another three monthly reviews before they resumed the sessions per se. Amelie and Lea agreed then, to meet twice monthly, so that they could extend their work together as much as possible. The organisation could not offer more sessions, immediately. Lea felt she was much too anxious and needed that support and containment until she was due to give birth. The focus of the work this time around was to explore fears of being pregnant and how to start relating to the life growing inside her. Honesty, trust and ultimately attachment grew between Lea and Amelie. This was reflected in the supervisory relationship through our interplay and endeavour to make sense of and contain Lea's anxieties and fears by trying to enrich Amelie's imagination about her clinical experience, thus open Lea's mind to the new experience of feeling held while walking through tumultuous experiences. As she approached the term of the pregnancy, Lea decided she wanted an induced birth, she felt that knowing exactly when she would give birth would help her to feel more contained. She had a healthy boy. A year later giving feedback on her experience of the counselling at *Mothertongue* she said: "they took my hand and walked along with me" and expressed how her lovely baby boy had changed her life and how grateful and happy she was feeling.

## **Discussion**

In her book "The Body Never Lies", Alice Miller (2005) beautifully describes how the therapist, who can be an "enlightened witness", is "someone who can share with us the horror and indignation that is bound to arise when our emotions gradually reveal to her, and to us, how the little child suffered, what it went through all alone

when body and soul were fighting for years on end to preserve a life threatened by constant danger. In that process one can shed one's symptoms, free oneself of depression, regain joy in life, break out of the state of constant exhaustion, and experience a resurgence of energy, once that energy is no longer required for the repression of one's own truth" ( *ibid*: 22:23). In her way of working with Lea, Amelie came across much more as an "enlightened witness". In supervision, our analytical thinking together, or reverie as I would like to call it, aimed at not only shedding light on the clinical material, but also at creating space for thinking broadly, while attending to issues that are particular to brief work, as I will discuss in the next paragraph and remaining open to the idea of not knowing, so that we could more fully concentrate on the client. In such a situation I think it is important to be flexible and able to free our selves from learnt theories, if we are to remain creative. This is even more so if the supervisee is of a different theoretical approach.

Gertrud Mander describes how she found herself unprepared to supervise counsellors doing brief and time-limited therapy, despite her many years of supervising long-term work: "this was virgin territory and I had to invent a method that allowed me to cope with the particular issues with which I found myself confronted: those of assessment, structuring, focusing, ending, loss, and, moreover, with a fast turnover of clients" (2002:97). Indeed, there is an expectation that all has to revolve around beginnings and endings, structure and focus, with in mind, the achievement of specific short-term goals, the need to be productive, the need to have some kind of magical solution. This can lead to very concrete thinking and a sense of impoverishment and incompetence for certain supervisees. These are the very feelings together with the reality of such demands that often bring clients to counselling / therapy in the first place. Taking on board all the requirements that apply to brief therapeutic work, I think that the psychoanalytic approach has a lot to contribute to short-term therapy /counselling. At a supervisory level, it can be very containing and enriching for the supervisee's experience of the clinical material without it being "a breakdown service" to use Meltzer's expression, which feels quite appropriate. For this to be possible, I think a space for reverie is necessary, a space to be, to open our faculties and enable our senses to flow more freely, so that we can participate more fully in the clinical situation not only intellectually but intuitively and imaginatively. In my view, Meltzer illustrates this concept quite well, when he underlines the importance for the supervisor to be able to perceive the interplay between what is read and what we heard. He says: " Even in a foreign language, if I'm listening to French or Spanish or Italian, the music of the language and the music of the voice give, together with the written translation, a very rich impression of the clinical situation" (1999:459). Being attuned to the music of language and the music of the voice is a constant for me and it is even more so in the provision of brief therapeutic work or its supervision. When working within a limited amount of time and space the better equipped we are the more we can do.

## **Conclusion**

I have attempted to show how the psychoanalytic thinking can contribute to the supervision of brief therapy / counselling. Psychoanalysis does provide essential technical instruments which are just part of human relationships and human communication. If we can be flexible and humble enough to acknowledge this and tactful enough to take such tools out of the typical psychoanalytic setting and use them more widely, it can be a very enriching experience for everyone.

I also attempted to underline how important the supervisory relationship can be. How close collaboration and a sense of mutual openness, between the supervisor and the supervisee, is an essential aspect in building trust and creating the much-needed containment.

I also tried to point to how supervision can be vital for supervisees doing short-term work. "Feeling less alone with it" as I put it, can be an extremely containing experience. With the right experience and support, it is possible sometimes to do a complete piece of work, despite the time allocated.

I chose Mothertongue because, as an organisation for short-term counselling, it provides a space for both clients and staff to be. Counsellors have different approaches, but the space to reflect in depth and analyse and think together - a sort of reverie - is there for everyone if they wish and can engage with it. In supervision, it becomes that extra space to get out of the concreteness in which the clinical material can be stuck at times and gives it that extra dimension, which can in turn be experienced between counsellor and client. This applies as much to supervision of long-term therapy as it does to supervision of brief therapy in my view, with the difference being the time allocated.

Reverie and a space to be are useful tools even when brief; it is like the little light at the end of the tunnel, which makes the difference.

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## **Biography**

*Ana Gaboleiro is a psychoanalytic psychotherapist and supervisor, with her own private practice. She has extensive experience working with a culturally diverse client group. She is also experienced in working with severe emotional distress, undertaking intensive psychodynamic crisis interventions with individuals experiencing both acute and enduring mental health problems. She has also been working as a counsellor in a few different settings, i.e. GP's Surgeries and Mothertongue, a small charity with a multi-lingual cross-cultural team, which offers holistic support to people from a wide range of cultural backgrounds, including black and minority ethnic communities, refugee and asylum seekers.*

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# Contributions to future Journals

## **Autumn 2013 – Off-cuts and thoughts on supervision**

Lead Editor Frances Hawxwell and Bruce Kinsey

Copy deadline 31 October 2013

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.

# The Precarious Kindness of Strangers

*John Beveridge*

Carole brought a new client to supervision, Amir, a man who escaped imprisonment and fled from a troubled Middle Eastern country.

She had recently taken a placement at a centre which provides, among its other services, counselling for refugees.

Amir has no English language skills and has to rely on the services of Mo, an assigned Interpreter who is also a refugee from the same country. The circumstances of this therapy required our immediate thought and attention because of the way it challenges everyone involved.

It is unusual to have an observing participant in a therapy, a witness whose presence turns the therapeutic dyad, which depends upon privacy and confidentiality, into a triangle.

In their first session Carole was concerned that Amir arrived before the interpreter and was left alone in the room while she went to the reception area to let Mo into the building. On her way back to the room she tried to convey to Mo the importance of him being reliably there every week so Amir did not have strange interpreters turning up intermittently.

Carole thought, rightly, that leaving Amir in the austere therapy room might have caused him anxiety because of the associations of waiting for interrogation after being arrested.

Carole had gained valuable experience of both leading groups and working in one-to-one therapy in a previous placement with homeless teenagers. She found that her clients were often guarded about their survival strategies and were sometimes people pleasing in their attitude, under the misguided impression that the counselling she offered might enable or affect their access to benefits or housing.

It became immediately apparent that the refugee organization had not made it clear to Amir what counselling was and how it might be able to help him.

Carole began to explain, haltingly, that by talking to her and describing the difficulties he had encountered in the past, the counselling might have a therapeutic effect upon his present life.

The care of having to choose the right words when speaking through an interpreter slows everything down and kills spontaneity, which is an important element of therapy on both sides of the room. Amir told her that he never spoken to anyone

about his predicament or his problems, particularly with members of his ex-pat community, never knowing who might be a spy or an agent of the regime.

When Amir expressed his feelings of paranoia together with a lack of trust in Carole, she observed an exchange between the men and asked Mo what he had replied to Amir's revelation.

Mo said that he had told Amir that he did not need to worry about these feelings.

I observed there was a degree of hilarity in the supervision and incredulity in our response to what was occurring in the therapy room, which might have been a way of masking our own anxieties.

I have often seen encounters involving translation by interpreters being used to comic effect in movies, where a long and convoluted outpouring in a foreign language is translated as a simple yes or no.

Carole had to tell Mo how important it was that he related, as exactly as possible, what she was saying to Amir and he to her, without any of his own input.

We discussed where she would physically locate Mo so that he had a neutral place in the room, not with her and Mo being set up like a parental pair opposite the client, or that Mo did not have equally prominent parts of an equilateral triangle with her and Amir but he does need to keep an eye on Mo.

When Amir had described being tortured when he was being held in prison, Mo added at the end of his translation: "That happened to me too, I know how he feels". This kind of revelation from the interpreter acting out of his role has the danger of creating another transference, a dynamic which is disabling for the therapist.

She saw his desire for her to know about himself but there was no possibility of exploration when the priority of her attention was on Amir.

After the session Mo lingered in the room, trying to engage her in conversation and he later returned because he had forgotten his bag. (No comment required)

We recognised that the task that Carole faced was like trying to do three different jigsaws which had been mixed up, and that Mo might be envious of the patient or jealous of Carole's attention during the process of counselling Amir.

After another session, when he repeated to Carole that he knew from his own experience what Amir had suffered, she suggested that he might benefit from having therapy himself. Mo rejected the idea, although he did ask where he might take a training to become a counsellor, but said that he did not want to do one that took a long time.

We have discussed the challenges she might anticipate later in the therapy when Mo might have to witness explorations with which he might not feel comfortable, or which threaten to take him to places he is unwilling to go.

Carole's concerns might have added weight because she is trying to work with people from a culture where women are not regarded as equals by a man who has different values around gendered experience, who might judge her abilities, translate from his own interpretation, or editorialise her responses.

As we are talking about difficulties around language and interpretation, it is also important to perhaps to state the obvious, that a therapist should be comfortable with silence, to know when to let it run or when to intervene, and to do so without feeling under pressure to act from another person in the room, whose function and sense of agency depends on people talking.

Discussing with my own supervisor, my supervision of Carole, we recognised how important it might be for her to provide a version of live supervision for the translator, in order to give him information on the importance of the therapeutic frame, boundaries and professional roles.

When Carole had remarked to Mo that she had seen the two of them talking in the car park prior to another session and that it was important that Amir and the translator did not have a relationship outside the therapy, Mo responded defensively, saying that he had not given Amir his telephone number, when she knew that he had.

My supervisor suggested that any instructions during sessions should be given to Mo as an aside so that it is clear to Amir that they were two professionals talking.

It was suggested that Mo could be told that he must be a neutral conveyor of exactly what is being said and that Carole ask him to promise that he will do that, because the other person's fate is in his hands, that what Mo is doing was vital because he has the power to disrupt everything. My supervisor likened the translator's task to a nurse handing the scalpel in the correct manner to the surgeon.

Often at times when the work seems intractable or difficult or bogged down, a therapist can go and see their supervisor and think together about the difficulties we face. It has always been encouraging to me to see how clients benefit from their therapists being in supervision. It seems to me that when we return to the therapy room, there has been movement in the client's material or demeanour, almost as if they have been to supervision themselves. It seems to me that thinking about another person in this concentrated fashion is a form of care which seems to change our clients in a mysterious way that defies logical explanation.

Perhaps the unconscious demands made by Amir and the Interpreter on Carole and her supervisor and my supervisor, have also influenced the decision to think about this therapy here in written form which will, perhaps, be read and thought

about by others. All this thinking, which my supervisor likened to a “daisy chain of imponderables”, might reflect the enormity of the pain which Amir has carried, from his escape over the mountains into another country and across a continent, to this encounter in the room with Carole.

In our everyday work we become familiar with the “ordinarily traumatised”, the general population who, even in the best of families, have suffered the everyday cruelties, abandonments and betrayals around which the character of the person will coalesce in early life. Many therapists operate from the concept of the wounded healer, but few people will have experienced and survived the traumatic after effects of the systematic application of terror which political prisoners have had to endure, which often enters and devastates peoples’ lives which previously might have been stable and happy.

Carole has mentioned the exhaustion she has felt when, towards the end of her sessions with Amir, and Mo, she might feel tempted to let pass her observations that something might not be being conveyed verbatim, for, in these circumstances, we might begin to wonder if verbatim is even possible?

The demands which this therapy is placing on everyone concerned and our focus in supervision on the physical difficulties in trying to engage with the client in the room, might be a reflection of the deeper paranoia, the depth of terror and the weight of depressive content which lies at the heart of this work.

Amir is living in a strange land, far from his native country and the comforts of his family and attachments and is placing himself at the precarious mercy of the kindness of strangers.

In our efforts to think about how to work in this difficult setting, we must not lose sight of the designated patient. In this therapy, where he should be held at centre stage, it could be catastrophic for Amir not to receive the concentrated attention to which he is entitled.

*John Beveridge has worked with people in recovery from addictions for over 30 years. He trained as an attachment-based, psychoanalytic psychotherapist and has studied at the Institute of Group Analysis.*

*He has also trained at the Meadows in Arizona in the treatment of sex addiction and trauma reduction.*

*John works in private practice in both North and Central London and gives public talks. He teaches psychotherapists-in-training at various institutes in the areas of; neuroscience and sex addiction, codependency, dissociation, sexuality and gender, object relations and attachment theory. He supervises psychotherapists, counsellors and leaders of therapeutic groups.*

# Articles for 'Supervision Review' General Guidance

## Autumn/Winter 2013 – Off-cuts and thoughts on supervision

Copy deadline 31 October 2013  
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 Chris Driver, Annie Power, Lynda Norton, Bruce Kinsey and Eleanor Creed-Miles. 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.

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