

# Supervision with soul



The supervisory space might usefully be thought of as a delivery room, where the wisdom of the midwife can support that which is seeking to be born, writes

**Nicky Marshall**

*'Who can wait quietly while the mud settles? Who can remain still until the moment of action?'* – Greg Johanson and Ronald S Kurtz<sup>1</sup>

As a supervisor working in private practice and a transpersonal training institution, I increasingly think that so much of what is brought to supervision is, in essence, a question of ethics, of the right or appropriate thing to do in a particular situation. Of course, there are obvious ethical questions relating to risk, safeguarding, legal issues and so on, but even at a much less dramatic level, a helpful therapeutic relationship is essentially an ethical one, where questions of right relating arise all of the time, and thus ask the counsellor or psychotherapist to be permanently engaged with the moment by moment task of making ethical decisions. This task is mirrored in supervision, both through the phenomenon of parallel process, and through the attention needed to sustain a sound supervisory alliance.

Currently our profession is engaged with the rewriting and revisioning of ethical codes – the BACP revised *Ethical Framework* comes into effect on 1 July 2016, and UKCP is consulting on a major rewrite of its *Code of Ethics*. Both will require members to formally review their understanding of the codes regularly, and BACP requires this to be done in supervision. This inevitably has an impact upon the supervisory process and will add to the emphasis on the normative function of supervision (and it begs the question of how this will be policed).

As a supervisor working with supervisees encompassing a wide range of experience, from beginning students to mature practitioners, I hope in this article to explore a little of how we might manage the tensions that arise when there is a conflict of ethical requirements, accompanied as such circumstances often are, by anxiety about 'getting it wrong' or becoming the subject of a complaint. What might we call upon to hold us in a calm and mindful place when questions of external judgment and accountability provoke anxiety in ourselves and our supervisees, when the right thing to do is obscure, or where there may be several competing right actions?

When the prospect of statutory regulation first emerged, Decker suggested that it might well mean 'gaining the world but losing the soul'.<sup>2</sup> This tension between world and soul is still powerful, even though statutory regulation of individuals is no longer likely in the foreseeable future. My present preoccupation is that, in our anxiety to do the right thing, we risk a loss of creativity, both in the practice of supervision and, in parallel, within the therapeutic relationship. If we can hold the anxiety-provoking tension of non-doing long enough for the mud to settle, we may enable both ourselves and our supervisees to better bear the doubts and uncertainties of our work, so that a more soulful process might unfold.

## Knowing and not knowing

Carroll<sup>3</sup> identifies the following tasks of the supervisory relationship: to create a learning environment, to counsel, to teach, to evaluate, to consult, to monitor professional and ethical issues and to work with administrative and organisational aspects. What energies do we evoke when we formulate the supervisory process in these ways? I suggest that teaching, evaluating, monitoring and administering, while important functions, may tend to call forth an Apollonic, solar perspective, and the search for 'super vision', which risks

dehydrating and rigidifying the relationships between counsellor and client, counsellor and supervisor. This is especially likely to occur in the context of an ethical dilemma, with all its potential for 'getting it wrong'. Of course, the suggestion that there is a 'wrong' thing to do immediately constellates the polarised fantasy that there is a right thing to do, and, by extension, the belief that somebody must know what that is.

Once we arrive at this point, it becomes easy for the supervisory endeavour to move into a 'sifting of the facts' for the important piece of information that will tell us the 'right thing to do'. Lidmilla<sup>4</sup> argues that 'supervision is a project centred upon knowing and also being known'. If we construct the supervisory endeavour as a project about knowing, then we must also begin to ask such questions as: what is to be known? By whom is it to become known? What form does knowledge take, and how is it to be acquired?

In his essay, Lidmilla goes on to write about differing formulations of knowledge, including the use of knowing as a defence against not knowing – that 'knowing equals good or safe, and not knowing equals bad or unsafe', a process that seems to me especially relevant in the context of a clash of ethical values or moral imperatives. Of course, working therapeutically is an anxiety-provoking undertaking, and it is an essentially human impulse to rid ourselves of anxiety, but once anxiety is in the field, it becomes much more difficult to hold the space to explore the meaning and significance, even the purpose, of the dilemma that has been created. The reality,

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of course, is that in so much that exercises our values and judgments in practice, there are no obvious, universally accepted rights and wrongs, apart from those such as 'don't have sex with your clients, and don't steal from them'. Far more frequently 'the territory of ethics is not always clear, and can be influenced by context and circumstances'.<sup>5</sup>

Page and Wosket<sup>6</sup> in their cyclical model of supervision, describe the third stage in the supervisory process as 'space': 'The contract has been agreed, the focus has been decided upon, and at that moment it is as if supervisor and counsellor each take a deep breath and exhale, relaxing into the space... within [which] new possibilities can emerge.' They identify a series of steps or tasks to be undertaken in this space, but I am at this point more interested in the idea of space itself, the possible images it may conjure up and how those images might call forth certain ways of being in that space.

Clarkson<sup>7,8</sup> identifies certain archetypal approaches to the work of supervision, which have relevance here. She has formulated a perspective on the supervisory process that includes an exploration of 'the nature of the problem' and its imaginal setting – the problems of danger, confusion or conflict frequently being what underlie a difficulty in choosing between two or more courses of action when there is a dilemma. She suggests that each of these forms of difficulty will evoke a particular imaginal setting, such as the hunting

ground or a fight arena, and that these imaginal settings will influence our approach if we are not conscious of them.

## What's seeking to be born?

When issues arise and are brought to supervision for guidance on 'the right course of action' to be followed in the face of an ethical dilemma, I suggest we might usefully consider one possible imaginal location as that of the delivery room. We might then be moved to ask, not 'what should I do?' but to first enquire 'what is seeking to be born?'

One of the most potent experiences I had during my own supervision training was encountering an image evoked by the question, 'What holds you in your work as a supervisor?' The image was that of the torso of a naked woman, thighs spread apart, as the small dark head of a baby crowned through her vulva. The energetic impact was astonishing, and still resonates when I recall the image. By reflecting on the image, I encounter both the raw awe-full-ness and the magnificence of the psychic energies that permeate therapeutic work. In asking how I might hold myself in relation to such forces, what emerges is a personification, that of 'the midwife'.

The word midwife stems from the Anglo Saxon *med-wyf*, meaning 'wise woman', or 'witch'. As priestesses of the Great Mother, they attended the mysterious rites of birth, and it was the wise women of the village who not only assisted at the births, but also laid out the bodies of the dead.<sup>9</sup> In exploring and playing with these thoughts and images – of the one who mediates at the point of entry and exit into and out of the world – I'm supported in being able to trust that, even when the stakes are high, there is time to wait, to breathe, and trust that what needs to emerge will do so, without the need for premature action, that 'sometimes we have to wait for the way forward to emerge, and that this waiting itself can be an ethical stance'.<sup>10</sup>

## Waiting without hope

*'Were we led all that way for Birth or Death?'* – TS Eliot<sup>11</sup>

Mary is an experienced counsellor, who has been working for several years with Jane, who is now in her late 80s. Two years ago, Jane became physically unable to cope with the journey to see Mary at her practice and with careful thought the boundaries were renegotiated to allow the work to continue in Jane's home. Recently, Jane has been given a diagnosis that means she has a matter of months to live. Jane wishes to continue to work with Mary, and indeed has asked that Mary attend her funeral, and be part of the funeral cortege. Jane has no close relatives, apart from a learning disabled adult child who lives in supported housing, and few remaining friends. Mary herself is facing questions about her call to practise as a counsellor, but equally wishes to remain working with Jane for as long as Jane wishes.

In supervision, we have sat with the sadness of Jane's approaching death and the complex countertransference arising from the deaths of Mary's parents, and I have had to manage the feelings evoked in me, as the daughter of a frail and aging parent, who is the same age as Jane. How are boundaries to be held, but not become prison bars? What is appropriate in this context that may not be in another? What might happen if Mary arrives to find Jane in need of medical help, or if she is unable to gain access, knowing that means that Jane is unable to open the door?

Mary feels the pull to practical actions that would ease the difficulties that Jane's facing, while knowing that this is not what Jane really needs from her, if she is to remain of use to Jane psychotherapeutically. As Mary holds this complex of dilemmas, none of which are really about risk or safeguarding, but which nonetheless raise questions of what is ethical in this context, I find it helpful to remind myself, that, as Marion Woodman writes: 'Birth is the death of the life we have known;

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death is the birth of the life we have yet to live'.<sup>12</sup> And here, more than anything else, the archetypal energies of the midwife help me to retain negative capability, and to 'wait without hope' as the supervisory process unfolds, doing my best to support Mary in her work with a dying woman, so that she may be in service to Jane's journey as she approaches the end of life.

Chesner and Zografou<sup>13</sup> suggest that supervision should be more like a sandpit in which we play, than a court of law in which we are judged. I have suggested that the supervisory space might usefully be thought of as a delivery room, where the age-old wisdom of the midwife can support that which is seeking to be born, or to die, be laid out and honoured, through the therapeutic process. I hope this concept may prove helpful to all of us who are seeking to stay a little closer to soul as we engage with the world through the practice of supervision. ●

## References

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## About the author



**Nicky Marshall** is a UKCP registered integrative transpersonal psychotherapist and supervisor and a BACP accredited senior practitioner. She works in private practice and at Re-Vision, where she teaches and supervises on the Diploma in Integrative Transpersonal Counselling, and the Diploma

in Supervision with Soul.

[nickymarshall19@gmail.com](mailto:nickymarshall19@gmail.com)