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Chapter 7 From hazardous to collaborative learning: Thinking systemically about live supervision group processes. Charlotte Burck.

Systemic psychotherapy relies heavily on the use of live supervision groups, often without question, for training purposes and clinicians' continued professional development. When live supervision groups work well they involve fruitful and satisfying processes at every level, with the supervisor, team, therapist and family learning from and enhancing each other. However, when they run into difficulties, they can constitute a headache at the very least, a nightmare at their worst, for all concerned. Finding ways to think about live supervision group processes within systemic and narrative frameworks, to help group participants manage themselves well seems crucial, as these form such a significant part of the therapeutic process.

Of central importance here is how to pay attention to the ways in which group processes are affected by and affect the therapy and the family. The importance of the development and maintenance of supervisors' and therapists' self-reflexivity is strongly emphasised in the processes of systemic therapy and supervision (Burck & Campbell 2002, Burnham 1993, Rober 2005). Yet the development of self reflexivity in relation to one's membership in a group and group processes (ie 'group relational reflexivity', to extend Burnham's 'relational reflexivity') has almost completely been ignored. Many qualifying courses in systemic psychotherapy / family therapy in the UK include the criteria of being a 'good' supervision group member as part of the clinical assessment. Being a 'good' team member will be intimately bound up with participating in the creation of helpful group processes. However little explicit attention has been paid to group processes in the systemic field, as Granville in this volume also notes. In this chapter I elaborate some applications of systemic and narrative ideas to live supervision group processes and generate some questions which may be important to consider and dilemmas which may arise.

The literature on the reflecting team (Andersen 1987, Anderson & Jensen 2007, Friedman 1995) has mainly focussed on the generative quality of having a multiplicity of views, to the exclusion of a discussion of the actual group processes involved or how to manage when reflecting teams are not working well together. It is as if the idea that individuals will usually be able to link their ideas with each other helpfully can in itself be sufficient to produce useful conversations. It is interesting that Robert Reich, economic adviser to Barak Obama said recently about him: "My sense is he genuinely believes that people can come to a rough consensus about big problems and work together effectively" (Guardian 2009). Such beliefs enable a persistence and engender an atmosphere that enables links to be forged at different levels. This is somewhat similar to the process when supervisors-in-training move from feeling at a loss of what to offer a supervisee who comes out of the room with a family, to having faith that something helpful will be generated from the discussion with the therapist and the group, which has its own effects. But is this always enough?

Live supervision groups

The live supervision group often provides the most intensive and intimate grouping in the learning environment of a training programme. This is the group who learn most about each other's clinical work and the personal resonances which each member brings to their clinical practice. Group members will be involved in each other's learning processes, giving and receiving feedback to each other, as well as observing the supervisor's input to each. It is here that individuals' vulnerabilities

are most likely to be revealed and their strengths and leaps in development noted and shared. This is also the group in which trainees spend most time during their training course, and often at close quarters in a darkened room.

Family therapy clinics within child and adolescent mental health services or other settings are often run as live supervision groups with members taking it in turn to be the therapist and the rest of the group providing supervision with or without a designated lead supervisor (see Ziminski in this volume for example). The therapist's development and personal resonances may not be on the agenda as it is in a training context but may be observed even if not taken up explicitly. Often considered a way to maintain and develop systemic and narrative practice in public sector and voluntary organisations they can veer between sustaining overworked clinicians and replicating tensions and conflicts from the wider setting.

Some of the thinking about systemic and narrative therapy groups and retrospective group supervision can easily be applied to live supervision groups, but there are also significant differences to be taken into account. One of the most crucial is that a live supervision group needs to 'act in the moment' with the family and with the therapist, not only reflect on the work – it is required to operate in the domain of action as well as exploration. This sense of urgency, of needing to make decisions with a deadline, intensifies group interactions as well as making differences more challenging to manage. However this need to act in the immediate interests of the family session which is central to a live systemic supervision group also helpfully keeps this as the highest order context of the multiple tasks to be managed (see also Barratt et al this volume).

Alongside the need to act 'in the moment' with the family, of course, live supervision groups have times when they process their work. It is here that ideas about the narratives of self and group, discourses of equality, similarity and difference, notions of polarisation and positioning, and the development of group relational reflexivity can best be attended to.

The most important distinguishing feature of systemic & narrative groups (cf Asen 2002, Burck et al 1996, Monk et al 1997, Vassallo 1998) is that group leaders take charge of their formats, actively structuring and harnessing the group to enable processes to develop which facilitate the emergence of multiple perspectives and disrupt redundant ways of thinking. The posing of reflexive questions, use of interviews, reflecting processes and outsider-witness practices are commonly incorporated in such group work. This is in stark contrast to a group analytic tradition of commenting on group processes. Such interventive use of group processes transfers well to managing processes in live supervision groups.

Recursive connections between families and groups

Much of the complexity in live group supervision involves the number of levels of interactions to be kept in mind (Burck & Campbell 2002). Keeping the family's clinical interests at the heart of the matter involves finding ways to keep an eye on the impact of the family on the therapist and the group, and vice-versa, the impact of the supervision group on the family.

One of the most helpful concepts in this task is that of isomorphism (Liddle & Saba 1983, White & Russell 1997), which has most often been elaborated in relation to the isomorphism between therapy and training (see Bertrando & Gilli; Burnham; this volume). Being able to identify similar processes in the group and in the therapist and family system is a task which will be primarily the supervisor's responsibility but is usefully shared by all the group members. The linking between family and team concerns processes and patterns that connect (Bateson 1979) as well as mutuality of responsiveness. Responsiveness between families and teams is closely bound up with the nature of dialogue which is possible between them. As families often come to therapy with narratives

which are unhelpfully fixed or experience themselves as if locked into repetitive interactional patterns, the supervision group's ability to find ways to sustain and demonstrate flexibility of positioning becomes a vital part of the therapeutic process, in order to enable the family to generate more helpful ideas.

It is when families and teams have very difficult processes going on, that it is most challenging to know how to proceed. Given the recursive nature of the mutual influences between the family and therapeutic team, it can be difficult to untangle how each is affecting the other, but finding a way to take into account the supervision group process can be a key. A therapist came out of a very difficult session with a family to find that the team were very perfunctory in their responses to her and then rushed off leaving her on her own. She felt terrible - both that they must think the session had gone badly (ie that she had managed it badly as she herself feared), and cross that they had not shown interest or concern to find out how things had been for her. Helping her to become curious about how these group processes might interlink with family processes became a frame which enabled her to name this group process in the group and explore its meanings, and allowed the group to help her explore how she might also take a different position in the therapy.

When we are most emotionally invested in our perspectives and positions in the group and least appreciative of different views, it is also most difficult to maintain a stance of group relational reflexivity and of course most crucial. How do supervisors and groups facilitate this stance throughout their working together? What I will argue is that explicitly putting on the agenda ways to ensure that group narratives do not become frozen and group interactions too predictable is central to this.

Paying attention to the wider context

Supervision groups, therapists and families meet each other in different settings, and these contexts as well as wider societal meanings impact on their interactions and the therapeutic experience. When we are involved in intense processes it is often easy to forget to consider this wider context. When two supervision group members are applying for the same job, when the clinic is under threat, when the clinical examination on the training course is imminent, all have an impact on group interactions and thus on the therapy. Remembering to consider the question of what might be pertinent contextual issues and making a space to flag these up for the group as a whole gives them a chance to be taken on board explicitly rather than implicitly.

Live supervision groups in training

Entering a family therapy training can be experienced as somewhat overwhelming by trainees, as Nel (2006) reported in a qualitative study of the impact of a training course on trainees' identities. The visibility of the learning and evaluation process in systemic trainings is likely to be a contributing factor to the anxiety. One of the enduring ideas about live supervision is how helpful it is for therapists to experience a mirroring of the experience of a family in family therapy, that of demonstrating/doing your relationships as well as speaking about them. The usual concerns of joining a group in relation to how we want to be perceived by others and how much we want to be in or out of the group are heightened by the fact that both our therapy and learning are being observed.

One of the most important aspects of groups referred to in the literature of whatever theoretical orientation is the effect of taking part in a 'community': the advantages of sharing common experiences, learning that this is not just an individual challenge, struggle, or issue but one shared by others, alongside which it is possible to establish a mutuality in giving and receiving help. This emphasis on connectedness and collaboration with implications for relational identity and

identification facilitates the recognition of resourcefulness and the lessening of shame. It is also said to have the effect of lessening power differences between group leader and group members. This aspect is much less focused on by trainees who often view the evaluative context as all encompassing, conferring power on the supervisor to make or break careers. This stance both under-emphasises and under-estimates the power of a group, of being able to challenge the supervisor in their role as observers of the supervision not just as supervisees. As many supervisors currently seek ways to work collaboratively alongside their evaluative role, this aspect of group power and process can be made more use of.

In joining a live supervision group individuals can be preoccupied with questions about both individual and group identity. Which identities are important to us and do we want to have validated: clinical identities / academic identities / relational identities? Being respected for our work at whatever level may be the most over-riding concern. The group identity at this point is often reported as a 'we're all in this together' narrative – a sense of mutuality and vulnerability as individuals frequently begin to experience themselves as de-skilled in the challenge of taking on new ways of thinking and practice (Nel 2006). This group narrative is often accompanied by individual positions of being very polite and supportive to each other. This connection through shared vulnerability will inevitably also involve differences. The question of how individuals 'do' anxiety, for example, may be usefully explored early on in a live supervision group – whether toughing it out, going blank, rejecting supervision, taking a position of certainty, performing confidence - and may help avoid these positions and their accompanying group interactions becoming fixed and therefore hazardous. This exercise also enhances the building of respect as supervisor and supervisees begin to understand the contexts which inform individuals' ways of working with families and of managing their own development.

The individual and group narratives, which supervisees and the supervisor construct together, will be informed by ideas about what an ideal family therapist, an ideal supervisor and an ideal supervision group are like. It was not until I was involved in training family therapy supervisors that I really learned how constrained course participants had felt at times during their qualifying training, because their own questions about whether they were 'fit to become therapists' were often all consuming. Trainee supervisors spoke of monitoring what they revealed and how they presented, fearing that aspects of themselves or their family of origin experiences would be considered a criteria to disqualify them. Ratliff et al's (2000) research exploring supervision where there was a lack of consensus between supervisor and supervisee found that supervisees needed to manage a fine balance between 'performing competence' as a therapist and 'performing cooperation' with their supervisor by being a 'good' learner. We can extend this to include supervisees' need to 'perform cooperation' with their peers which might include the following rather daunting list: contributing 'good' ideas and validating others' ideas / balancing talking & listening / being able to give & receive feedback / being supportive enough & challenging enough / disclosing enough but not too much. When does the 'performance' become something you own? And what happens when we feel irritated, angry, disqualified, fed up, bored, when we start to feel that we have to leave out aspects of ourselves and our experience? There is anecdotal evidence that there are a number of family therapists who experienced chronic and unresolved difficult relationships in their supervision groups during their training, which impacted on the therapy offered as well as their learning. How can supervisors and supervisees best sense and attend to the unsaid in group relationships and its effect on the work?

Taking the risk of telling someone in the supervision group that they annoy you will usually only happen if there is an idea that something can be done with this (hopefully that they will stop!). One of the most frequently used phrases in the supervision literature is the importance of setting up a context in which it is safe to take risks. However, the processes involved in building a sense of safety are among the least well elaborated. Communicating a sense of respect for all points of view

appears to be one of the most crucial components and as the supervisor's view is often given most weight, their ability to do so is probably key. However, being able to acknowledge the validity of different perspectives is different to finding a way to link these perspectives together helpfully. And if polarisation occurs between two positions this can sometimes take time to unpack. A helpful guideline for systemic supervisors, to 'keep talking about the complexities' (Campbell, personal communication), applies particularly to the development of group relational reflexivity. When there is tension, it is useful to create time and a structure within which to 'keep talking', to enable the talk across differences to take place, in the belief that this will lead to some helpful understandings. Two trainees consulting to each other found themselves becoming constrained and uncomfortable with each other, when one finally said that she had often found the other's way of presenting ideas problematic. Deciding to see what we could all learn from how to manage this, we agreed as a group that they should continue with the conversation, with some questioning of how each had taken up the position in the group that they had. It emerged that both trainees had developed their different ways of presenting themselves in relation to experiences of oppression. This understanding came as a surprise and indeed connected them, which in turn shifted their emotional experience of each other. What the group as a whole learned was the importance of being able to identify the contexts which inform how individuals position themselves and that being able to talk 'through the tension' led to an ability to find significant links at a different level. This has resonances with the work of the public conversation project who aim to create dialogue between people whose views are very polarised (Becker et al 1995). However, it can also be important at times to stop talking and to trust that people will move things forward without the supervisor.

Evaluation and group processes

In a training context where the supervisor and group are working to give every individual's contribution equal value, the evaluative context can at the same time give different weight to different individuals' contributions. When a supervision group contains supervisees with very different levels of clinical experience, this difference may be named initially and then 'forgotten' and become experienced as 'personal failing'. In the process of 'forgetting', an identity of incompetence rather than inexperience can be constructed and this positioning / identity may contribute to the individual withdrawing from offering ideas and relying more heavily on the supervisor and the rest of the group for their therapeutic work.

As a supervisor I learned much later that when one of the trainees failed the first year clinical exam, the whole supervision group had felt a failure, although this was not expressed explicitly at the time. The mutuality of the learning project with everyone reflecting on and contributing to each other's therapy may have led to a sense of shared responsibility. The importance of respect and mutual liking which had contributed to positive team processes may have over-ridden the appreciation of different learning paces. This highlighted for me how crucial it is to include talk of differences of experience and the pace of learning which can often accompany this, as an ongoing factor to be taken into account within individual and group struggles, and especially when a group relishes the focus on their similarities.

Connections within groups

Individuals often join live supervision groups in their agency settings, as well as in training institutes, which include people with whom they have relationships in other contexts including the supervisor. Naming these connections at the beginning of a group by mapping individuals' links with others allow questions to be considered in the whole group about what impact these may have on everyone's development and interactions, as well as how the group can manage the impact of these multiple relationships (see Abela & Sammut Scerri this volume). Such a mapping exercise can also identity the similarities and differences in the group and consider how these may impact on

experimentation, on relationships and interactions, on disclosure, and on therapy and supervision. It can also immediately raise issues of belonging and otherness, if one or more individuals have no connections to others, and provoke questions about how the group and individual can make use of this position, or find other ways to make connections. Questions of belonging involve both one's sense of connectedness – the experience of one's self-narrative corresponding well enough with the group narratives ("this is the kind of group I want to belong to") as well as how we are seen by and connected to by others. Those who are considered central in a group may not even notice this, while those who experience themselves as marginal may not communicate this explicitly. We can view group membership as an ongoing fluid process, never to be taken for granted. Exercises to consider this aspect of a group, such as asking supervision group members to sculpt the group in relation to a particular family, can free up this positioning to allow more fruitful and flexible talk.

But which of our similarities and differences do we want to have noted or not in a live supervision group? As discursive psychologists have highlighted we are continually taking up or refusing subject positions and offering positions to others in constructing our narratives with each other (cf Wetherell 1998). These subject positions can be untroubled or troubled – are we happy to be the one who challenges, the one who does not speak, the one who always addresses issues of race, the person who does theory, the one who looks after relationships, to be central or at the margins. There are many other contexts that influence our positioning in groups which include our family and sibling relationships (Granville this volume), our gender, our racialised identity (Bond, Ayo this volume), our cultural identity, our learning narratives (Aggett 2004) , our voice entitlement (Boyd this volume), and our professional scripts. At what point does a position tend to become an identity and a pattern of relating in a group become fixed rather than fluid? How can we disrupt the development of unhelpful rigidities?

Agazarian (2000) proposed that it is most useful to help individuals to claim subgroup alliances around similarities and that the ability to claim multiple subgroup memberships is a fruitful way through which similarities and differences can be explored and used by the group as a whole. This idea is readily applied to a live systemic supervision group and although challenges remain when there is a sole black member in an otherwise white group, or a single man in an all female group for example, the invitation to claim multiple subgroup memberships incorporates a claiming of multiple and therefore fluid identities, and may therefore facilitate differences to be named and made use of. One constraint in pursuing discussion about differences is located within the discourse of equality which sometimes becomes conflated with similarity. This may be an attempt to counter the way difference has so often been constructed as inequality and experienced as discriminatory in the wider context. Paradoxically the minimisation of difference in a supervision group ends up replicating unhelpful disqualifying processes, such as when different meanings of racialisation are not taken into account to the detriment of the black and minority ethnic professionals (cf Ayo this volume).

Visible differences such as those of gender and 'race' are unavoidably disclosed (Hurst 2008) but there are always differences which we can choose to disclose or not, such as our sexual orientation, religious beliefs, physical health, and which may have profound importance in the way we construct our identities, and how we might be constructed by others. Differences have highly variable emotional loadings, particularly when they involve experiences of disqualification and discrimination as in racist and homophobic processes. Although the question, "which differences in the group are easiest / hardest to manage?" may not always be easy to answer, it can provoke discussions of the assumptions which group members are making.

Group narratives and group reflexivity

Individuals' previous experiences of groups also influence their positioning and narratives. Finding

ways to identify these early on may help develop relational reflexivity regarding the ways in which this group will work together. Questions for everyone, including the supervisor, can be posed such as: what has been your worst group experience? what has been your best group experience? how do you explain this? what will need to happen for this group to work well for you and for others? what will you need to do to contribute? Such questions may help individuals and the group as a whole to locate themselves in a self-reflective space in relation to the workings of this new group.

It is useful to make time to review the narratives of the group from time to time. Chen & Noosbond (1999) propose that it is helpful to use an outside team to observe and reflect on a group's working together to 'unstick' group processes which are handicapping (although of course, we need to be able to identify the stuckness first – work with particular families can often illuminate this). The language the group uses and its ways of thinking can be reflected on, as can group patterns and narratives. This can help group members think about their own positions and how they might position themselves differently in the group. As supervisors we don't often have the resources of such a team available, although supervision groups on a training course are able to do this for each other, and supervision groups in work settings can link to one in a different setting. Incorporating such an observing / reflecting process within a supervision group can also be useful, by allocating a couple of group members to observe a supervision session and then reflect on group talk, interactions and positioning, alongside talk of the family and the therapy. However insiders may face more constraints in identifying and questioning shared assumptions and in opening up more challenging issues.

At the same time as we are constructing our own and others' positions we are participating in constructing an identity of our group and our relationship to it. What assumptions do we make about others which allow us to feel a group? When has a group become a group? Who is our 'imagined community'? Which other imagined communities impact on this grouping? – we may feel much more connected to another reference group. Some groups feel more of a group than others who might characterise themselves as a loose collection of individuals. This touches on our beliefs about groups and their characteristics, as well as what kind of a group we want to belong to, or want to help construct. Which dominant discourses about group-ness and group processes inform our thinking and practice as group members? Commonly it is thought that a group should be safe, enable risk-taking, do 'great' therapy, be good for learning, be creative, be fun, be interesting, and contain diversity. What do these discourses disallow? Are there any advantages of being in a group in which we can hide? in which we can be bored? in which there is a 'tricky combination' of people? Can we find a way to make any of these group processes helpful to the therapy and to us at some level? How do we get into a position where we can do so?

A consultation with Jo about having to participate in a working group with whose agenda she did not agree and during which she was often bored and frustrated, posed the question of how she could best survive. Identifying the ways in which her preferred identity and positioning, that of challenging and questioning practices which she found problematic, were not experienced as helpful to herself or taken up by the rest of the group, she was then able to identify how she might use this experience to learn how to experiment with different positions, for example keeping silent, which she would be able to make use of in therapy and her supervision group membership, among others.

Playfulness can also help illuminate positioning and patterns of group interactions. Mason's (1994) idea of asking team members to put names in a hat, draw them out, and 'perform' as one of their peers can lead to identification with a different position as well as experimentation with new ones.

Competition, conflict, and consensus

Proctor & Inskipp (2001) have argued that it is the supervisor's responsibility to manage group responses, addressing conflict, competitiveness and other interactions which may hinder the group's work, as well as to create a culture conducive to good group alliances and work, modelling respect, empathy, and straightforwardness. This argument raises two important questions for me: who is responsible for what in a live supervision group, and what assumptions about conflict and competitiveness are embedded in this proposition.

It does seem important that a supervisor takes charge of setting up the context for the supervision group, of holding conversations about the ground rules, expectations, and the contract. Alongside clarifying issues of accountability and responsibility for the therapeutic work and for therapist development, it seems useful to flag up the task of how to keep an eye on group processes and functioning. Supervisors are responsible for trying to maintain their self-reflexivity in relation to the many different levels involved in live supervising a group, but they also strive to make the components of supervision transparent and work towards more collaborative positions.

In training supervisors, I became interested in the meanings which 'competition' and 'conflict' hold for individuals, as these notions often act as constraints for therapists and supervisors. Proctor and Inskipp connote these negatively above, as many do. Spending time unpacking these concepts with trainee supervisors, (as well as thinking how they might do this with their supervisees), often leads to surprising conversations. Asking what competition means, when is it helpful, and when not, can track back to past contexts in family and at school, as well as consider how competition might prove helpful or hinder the supervision group. Finding a range of ways to think about competition as well as finding alternative descriptions for somebody we have defined as competitive can enable different processes to occur. Competition can enable supervisees to push their thinking and their therapeutic skills further. It is often possible to name competition and use it playfully within a group to good effect. Trainee supervisors can be nervous about having a qualified family therapist in their supervision group alongside those with less systemic training, often fearing they will have nothing to offer, and easily see the qualified family therapist through a lens of competing with them as supervisor. Being able to consider some of the dilemmas a qualified family therapist might face in terms of their relationship with their colleagues, feeling among other issues, that they need to represent 'good family therapy' or anxious about the possibilities for their own development, can help a trainee supervisor interact quite differently with such a supervisee, finding ways to use their expertise for the benefit of the group.

Taking on board that we learn different things from different supervisors, different supervisees and different therapists can often be a profound leap in experiential learning which can contribute to deconstructing competition further. Finding ways to construct such experiences might include swapping supervisors for a time, which can dissolve notions of the 'right way' to do things as a lived experience rather than a theoretical notion.

Supervisees often observe the supervisor closely with regard to whose ideas they take up, and who they engage with most. So what happens when supervisors favour one supervisee and find another hard work, as these alliances will have their effect on group processes and the therapeutic work. Being able to identify this for oneself as supervisor can help process this in a way which is isomorphic to how one would work to engage all members of a family while feeling drawn to some more than others, although as we spend more time in supervision groups together this can also be more challenging. Finding other contexts which make sense of the ways supervisees position themselves can be helpful.

Conflict similarly carries negative connotation but it can be very useful in conveying the emotional

positioning that can accompany differences in view. The importance of maintaining group relational reflexivity when polarisations occur may be especially challenging if one feels drawn as the supervisor to one of the positions. The question about whether this a continuation of an ongoing polarisation within the supervision group or isomorphic with the family is usually crucial to consider. If the latter realisation, this can help the supervision group to think about how best to reflect on their own and the families' differences. If the former it can often take time to find ways to make sense of this and experiment with finding different positions or links at a different level. A polarisation between two members which we identified in one supervision group was between focusing on resilience and focusing on pain. Using a visual method, such as drawing the semantic polarity, as Campbell and Groenbaek (2006) do in their organisational consultation work, and asking supervisees to take up different positions along its continuum can also work as an externalisation of the conflict so that everyone can develop a different view. Sometimes identifying what the central polarity is can be a challenge but can itself be a task on which the group can collaborate.

A different kind of challenge is how to flag up the 'pull to consensus' which can happen to groups, as it can to families, where it becomes hard for anyone to take up a different position, and some views go underground. This can result in the group taking up positions of certainty in relation to how the therapy should go and how to view the family. Perhaps live supervision groups need to ask themselves on a regular basis, "what do we agree about, what can we disagree about, what would happen if we were to disagree about this?" The meanings of disagreement can be complex if they pertain to ideas and values which feel central to individuals' preferred identities, but the inability to sustain multiplicity can be stifling for the therapeutic work and everyone involved. Strategic questions such as: "what would be the opposite of this idea? what would three alternative explanations be? (Burck & Campbell 2002) can sometimes provoke the group to entertain further difference.

I have also discovered that 'challenge' is a word which carries layers of meanings for trainee supervisors, many of them problematic. It is as if trainee supervisors and supervision groups lose sight of the many ways they have found to be challenging within their therapeutic work, the many different things that can create a challenge (eg asking a naïve question), which they can also use in supervision. It is as if, at times, 'collaborative practice' and 'challenge' are considered to be mutually exclusive. Being collaborative of course, can in itself be experienced as challenging of certain beliefs.

Using personal resonances in group processes

The narrative and group supervision literature highlights the power of having conversations about personal and professional responses to each other's work, to disrupt unhelpful group patterns and generate new thinking for the therapist as well as the family (Proctor 1997). 'Outsider-witnessing practices' involve group members reflecting together on one of their peers' work with a particular focus on the values and commitments they identify in it. This includes discussion of how these may influence members' own lives and work and can create generative and energizing processes for therapists and families (Fox et al 2003).

How is the creativity of such processes best sustained? Asking supervision group members to address particular questions (for example, concerning values) in relation to the family and therapist can be very useful. However it may be helpful to consider whether feeding back in such a specific way creates any constraints, such as group members feeling other ideas need to be excluded. On the other hand, not everything needs to be spoken; there will always be 'inner conversations' (Rober 2005), inner dilemmas and questions which will ripple into the future. Acknowledging this may be the very thing which can help groups manage themselves well (Daniel, personal communication). Being aware of the limitations of falling into group rituals and ensuring variation in the ways in

which personal resonances and other feedback are elicited will also be important.

Having permission to identify other contexts, such as family of origin or professional experiences, which inform one's contributions to group processes (Boland 2006, Granville this volume) can also enable the supervision group to understand group members' different positions in relation to the families they see.

Supervisor dilemmas

Supervisors often need to take charge of and make decisions when differences in groups cannot be easily reconciled.. This may be an easier task in a training institute where it is clearer that the supervisor is accountable for the clinical work, than in an agency setting where these negotiations around responsibility and accountability may have been left vague. However, a supervisor's intervention of this kind can leave supervisees feeling disqualified or even disturbed if the decision made was counter to their own view. Being able to deconstruct one's own positioning as a supervisor is therefore important as this can help disrupt notions of 'right' and 'wrong' in processing these episodes after the session.

Supervisors, as many others in powerful positions, often carry unearned privilege (McIntosh 1998). At the same time, supervisors (certainly trainee supervisors) often find it difficult to own this power (see also Trampuz and Berelj Kobe, this volume). And indeed this is not always straightforward, as when the wider context constructs power relationships in contradictory ways (see Bond, this volume). Supervisees give supervisor's perspectives and behaviour most weight and can find it difficult to challenge them, especially in an evaluative training context. Supervisors therefore need both to name and declare their power, while at the same time finding ways to 'really' give permission for supervisees to challenge them. Being able to empower the group, where in any case there are fewer power differentials than in an individual relationship as noted earlier, is key to de-centring the supervisor, to make it possible to elicit and use the richness of group thinking more productively. Interestingly trainee supervisors are sometimes just as worried about asking for feedback about their supervision and position in the group as they are about claiming their authority, and this affects the feedback they receive. Being able to own one's own mistakes, clumsy interventions, awkwardness, and blind spots as a supervisor can free supervisees to speak about the more uncomfortable processes in the supervision and in the therapy, and supports helpful group processes and resourceful therapeutic work.

How can we really enable 'everything' to be examined and explored? The ability not to let misunderstandings close down conversation is as crucial in supervision groups as it is in therapy. And yet there are times when the supervisor needs to stop the talk and 'act in the moment'. Can our intentionality and belief that we are all doing our best to keep connected through our differences, for the families and our mutual learning, be enough to allow some of the tensions to be resolved in the future? Just as questions posed in a family session can evoke silence in the present and echo months later for family members, questions about the supervision group processes and the therapeutic work can lead to the development of different meanings in the future.

Questions for supervisors

During the work of a supervision group with families, the supervisor's identity too is in process of construction. What kind of supervisor are we trying to be or trying to avoid being and with what effects? It may be difficult to keep remembering that this is a relational project. It is helpful to identify the kind of group style we prefer (e.g. quick, funny, warm), to think why this might be and how this affects the groups we are working with if they correspond to our ideal or if they do not. When we work with a group who make us feel like a terrible supervisor, are we still able to find a

position from which to engage the group in group relational reflexivity?

Maintaining self-reflexivity as a supervisor is a never-ending task. We often need to rely on resources such as having a consultant to our supervision, when we are unable to generate this within the group itself. However, finding the time to pose our own questions can sometimes help create a self-reflective space.
Here are some possibilities:-

How have I engaged the group in paying attention to group patterns, positions and narratives in relation to the families?
Which families are making us feel that we are a good supervision group? Which ones make us feel like we're a terrible supervision group? What does this mean?
Which supervisees make me feel like a good or terrible supervisor? How does this impact on group processes and work with the families?
How would I recognise when processes are too bland and the group is 'over-polite', or conversely too critical and how do I manage this processes?
How do group members' preferred learning styles fit with my own or create misunderstandings and how does this impact on group process?
What are my ideas about what should be public? What should remain private? How does that inform how I supervise?
What can be left unsaid? Do I always leave this unsaid?
Which alliances do I allow? Which do I disrupt?

Methods to enrich group processes

Systemic therapists have the advantage of being at ease with using structures and exercises to provoke helpful group processes and learning. These can all be brought to bear to address difficulties directly in group processes when these are hindering the work, or to disrupt these processes. A whole array of formats can be implemented at different times: assigning different roles behind the screen, allocating or swapping consulting pairs, using observing positions, holding sequential discussions, having one pair consulting to another pair, interviewing with a particular focus, and the use of reflecting processes, asking group members to attend to the positions they take up and its effects, setting a task to experiment with different positions, as well as the use of outsider consultation. Making use of these kinds of resources in combination with the belief that differences and multiplicity are beneficial for the therapeutic work as well as for mutual learning should give supervisors and supervision groups plenty of room for manoeuvre.

Conclusions

I have argued in this chapter for the importance of putting group-relational reflexivity on the agenda and keeping it there, in our therapeutic work with families. . Teams who are polarised or cannot speak about critical differences will not find it easy to be helpful to the families who are consulting them, and indeed may be hazardous for them.

If we really believe in the helpfulness of multiple perspectives then we need to be able to 'live' this well enough in our supervision groups in order for it to be persuasive for families. This may be isomorphic with the findings of a research study (Frosh et al 1996) I was involved in some years ago where we found that during 'successful' therapy (considered so by the family and the therapist) the family had moved to using a greater number of discourses. If supervision groups are able to offer flexibility and coherence in complexity they are much more likely to engage and work with families successfully. We therefore need to work to keep them able to do so.

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