

Supervision as a Liminal Space: Towards a Dialogic Relationship

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Abstract

This article explores the underlying power dynamics and themes in the relationship between the supervisor and supervisee and the challenges these pose for establishing clinical supervision as a dialogic relationship based in Gestalt therapy principles. Illustrated by two examples from a supervisee perspective, themes of 'shame' and the need to attend holistically to the supervisee in their work and personal contexts in the 'here and now' are explored. These examples are discussed in relation to principles of contact, figure and ground, and the polarity of isolation and confluence.

Clinical supervisors have an obligation to ensure that the supervisee practises in a way that is 'safe' for the client, themselves and for their employing agencies or professional associations. Supervisors have a further obligation to remain in relationship with the supervisee, as they are engaged in these complex and challenging discussions. The more recent development in the discourse about clinical supervision is the relational emphasis which is discussed in Gestalt therapy (Clarkson & Aviram, 1995; Hycner, & Jacobs, 1995) and applications of concepts such as 'creative adjustment' to clinical supervision (Yontef, 1996). This view enables clinical supervision to be considered as occurring in a liminal space or 'creative void' where learning occurs based in who the supervisee is in the present. Such a view of clinical supervision honours the quality of process and the personhood of the supervisor and supervisee within the inevitable tensions.

Introduction

This article examines the needs and requirements of the supervisee within the supervisory relationship in clinical supervision, (hereafter referred to as CS). How the quality of this relationship supports or constrains the professional development of new psychotherapists, is explored, drawing from Gestalt concepts of inclusion and the dialogic relationship.

The focus on holism, phenomenology and quality of relationship between the supervisor and supervisee, prevalent in the Gestalt therapy and supervision, does not easily fit the reality of clinical supervision offered within many workplaces. Increasingly time and financial constraints prevent organisations and individuals from offering what are considered to be the preconditions essential to developing an effective supervisory relationship. These variables include supervision with a trained and experienced supervisor to provide trust and continuity in a clinical supervisory relationship. Within such a relationship, opportunities for engaging in a sustained, on-the-job reflection and dialogue in the 'here and now' from which awareness into practice can grow and flourish over a number of years, is recommended (Clarkson & Aviram, 1995; Cox, 2007). However, this kind of supervisory relationship is an ideal rather than the reality of many practice environments.

Feedback and the way it is given by the clinical supervisor are crucial in establishing the process and relationship. However the inherent power dynamics of the supervisory relationship militate against supervisees feeling able to express their experiences of CS openly and honestly, for fear that it might compromise their career or promotional prospects (Clarke, 1993, Chur-Hansen & McLean, 2006). This is particularly so when the supervisee is a trainee or new to a field of practice. Deference to the supervisor can be a constraint when supervision occurs in the supervisee's immediate worksite. In this setting the supervisor is generally not chosen by the supervisee, and this is just one of the concerns expressed by clinical supervisees about their experience of CS (Webb, 2001). Others include the fears of a negative evaluation. This can prevent full disclosure of clinical dilemmas in CS. A fear of complaints and litigation also militate against such disclosures (Webb 2001). Another theme involves the mixed roles, functions and agendas encompassed in the concept of clinical supervision. Understanding exactly how the educational, consultative and administrative roles identified for CS relate to one another can be unclear and is one reason cited for the lack of uptake of CS despite measures to facilitate access to it. This is particularly so in the nursing literature on CS (McBride, 2007).

The Many Meanings of Clinical Supervision

In this section I offer a generic definition of CS and overview two main models of CS that have been influential in the interdisciplinary literature on CS. I begin by describing those models that have emerged from a social work base and move to discuss how this understanding has been informed by a psychoanalytic and psychodynamic perspective. I will conclude by discussing the influence

of Gestalt theory on models of CS.

Clinical supervision has been defined in various ways within different disciplines and models, but is generally considered to be a process of “guided reflective practice where practitioners share clinical experiences in a structured way to discuss, reflect, evaluate and support one another, providing a forum to maintain and improve standards of care” (Wilson, 1999 p.58). In social work, supervision has been aligned with assessment, managerial or monitoring functions, out of which notions of ‘professional’ or ‘clinical’ supervision has come to be regarded as being “social work’s gift to the helping professions” (Wepa, 2007, p.13). Managerial supervision has been connected with overseeing, accountability in terms of assessing the performance levels of supervisees in their job functioning, as well as reporting to the professional associations, training agency or employer if practice is unsafe (Hewson, 1992). Key activities include confronting unrecognised feelings or attitudes in the supervisee that are likely to impact on their effectiveness in their work with clients. In contrast, supervisees see the main purpose and task of supervision as being primarily ‘educational’ and ‘supportive’ (Cutcliffe & McFeeley, 2001; Veeramah, 2002).

The predominant discourse which underlies CS, derived from the psychoanalytic or psychodynamic framework, is that supervision is a developmental process in which the supervisee gradually learns the necessary skills and confidence required to gain increasing independence from an experienced, knowledgeable clinical supervisor (MacDonald, 2002). However these definitions lack a sense of coherence and ‘fit’ to the notion of clinical supervision in Gestalt psychotherapy which also focuses on the process or quality of relationship in CS. The quality of process in CS has been connected inextricably to good outcomes in CS from a Gestalt psychotherapy perspective (Yontef, 1996). However, this quality of being in CS and what it means to ‘be’ in the roles of supervisor and supervisee is a relatively unexplored aspect of the research on CS (Clark & Aviram, 1995). What seems clear about the quality of relationship in CS is that both supervisor and supervisee are involved in a ‘field’ that is mutually created by the supervisor and supervisee. In this field, context is inseparable from the person and self is experienced in the process of relating to the other (Yontef, 1996 p. 93). Yontef uses the concept of ‘creative adjustment’ arising from the paradoxical theory of change to conclude that in CS, as in all personal therapy ‘identifying the actuality of one’s existence enables learning and growth...’ Conversely, ‘trying to change based in disowning who one is, sets up internal dichotomies that stymie growth...’ (Yontef, 1996, p.94).

My understanding is that the ‘I-thou’ moment as it is experienced is in some way related to being seen or made present in relation to the other. In CS, in

the 'I-thou' moment, goals and judgements are temporarily bracketed in this process of attending to the supervisee and there is a focus on what is happening between the supervisee and the supervisor in the present moment. The 'I-it' realm in CS concerns the goal of ensuring safe practice by the supervisor's attending to the supervisee in order that the chances of the supervisee meeting the needs of the client in therapy are enhanced.

The addition of the 'I-thou process alongside I-it' transactions in CS brings something unique to CS from a Gestalt psychotherapy perspective. The reflection on self and one's practice in the 'here and now', attends to the supervisee's own growth of awareness. Attention in CS may be on the supervisee's introjects including those triggered by interactions with clients which may mirror other and perhaps earlier relationships within the supervisee's family of origin. Attention to the supervisee's lively figures and themes are considered important from the supervisee's perspective, yet are missing elements in more task-centred and psychoanalytically based approaches in CS (Serok & Urda, 1987). While 'I-it' interactions or goal directed concerns towards purposeful activity are necessary in CS in relation to team and organisational goals, there is the possibility that these conversations can occur in an environment where an overarching sense of the 'I-thou' (Buber, 1970), which includes the possibility of a moment of 'illuminated meeting' (Jacobs in Hyncer & Jacobs, 1995 p.54). Jacobs sees the 'I thou' moment as a 'full-bodied turning toward the other, a surrender to and trust of, the "between"' (Ibid, p.53-4). This relation is seen as residing in the dialogic process which contains the key elements of 'presence, genuine and unreserved communication, and inclusion' (Ibid, p.64). The notion of 'inclusion' is described as: 'the concrete imagining of the reality of the other, in oneself, while still retaining his or her own self-identity' (Ibid, p.68). Attention to the dialogic relation in Gestalt that is seen as occurring within 'I-it' or goal directed interactions. This focus in CS goes some way to explain the Gestalt definition of CS, as it is described as a process that:

...explores the contact boundary between the therapist and the client system for the purpose of enabling the therapist to become more creative and fully alive in the therapy session. This process also brings into awareness the contact-boundary between the supervisor and the supervisee. What is taking place in supervision has a parallel to what is taking place in the therapy session. Making both processes open to dialogue makes the supervisory relationship lively and more authentic as a learning experience for both parties. (Starak, 2001)

I see this 'dialogue' in CS as occurring in the 'creative void' or holding environment of the supervisory relationship. From this space of 'not knowing' created by the process of the supervisory relationship, insights and awareness can become available. In CS as in Gestalt psychotherapy, there is a balance to be made between support, encouragement and challenge. These three aspects are important for the supervisor to attend to for the personal and professional growth of the supervisee. Ideally, the outcome of this is that supervision can become the place in which 'creative adjustment' can occur, grounded in the paradoxical theory of change (Yontef, 1996). By supporting 'what is', the supervisee's awareness of who they are is honoured, and experimentation with alternative approaches and ways of being can become more available. Yontef (1996) conceptualises 'creative adjustment' in CS as a two way process in which the client-therapist relationship is explored in the process occurring between the supervisor and supervisee. Thus even in times when these perspectives might conflict, the quality of the relationship and the personhood of the supervisor and supervisee enables exploration of the underlying process that is occurring between supervisor and supervisee as Yontef suggests:

The Gestalt therapy supervisor is present as a person, not just an authority- present with warm, authentic and disclosed presence, along with genuine and unreserved communication. It is important that the supervisor's flaws be allowed to show and be acknowledged by the supervisor so that a vertical relationship is not established, i.e. one in which the supervisor is inordinately elevated into having charismatic stature and the supervisee demoted to a lower caste- admiring the supervisor's flawlessness. When the supervisor is present as a person and the supervisees' experience is explicated and respected, then a real dialogue is possible. (Yontef, 1996, p 97)

To illuminate what is helpful about this quality of relationship in CS and its role in the development of psychotherapists and practitioners new to a field of practice, I offer two examples drawn from my earlier experience as a clinical supervisee. These examples are contrasted to a more recent experience of CS I have had, which exemplifies many of the characteristics of the description of the Gestalt supervisor mentioned above, with which I will conclude.

Attention to 'Figure' and 'Ground' in Clinical Supervision

Prior to entering psychotherapy training, I had two supervisory relationships that exemplified two supervisory styles. The first supervisory style was

characterised by my supervisor aligning with the administrative functions of supervision. In the first supervisory style, in terms of Gestalt therapy principles, I liken this style of supervision to focusing on the supervisor's 'figures' (administrative requirements) whilst taking the attention from the supervisee's emerging 'figures'. When the conditions of CS, as defined by the employing organisation, are the primary focus, the supervisee's lively figures or issues can be missed, limiting the opportunities for growth and learning in the 'creative void' of the supervisory relationship. In such a relationship, attending to the unknown is not well tolerated, so the supervisee has to 'creatively adjust' to the supervisor being available in a particular way, for example, by being organised primarily around by the requirements of the agency in which they are employed. This style limits the opportunities for the supervisee to explore some of their concerns, uncertainties and the inevitable ambiguities that can arise in the practice environment.

In the second supervisory style I will go on to discuss, the boundaries between personal therapy and CS were confused. How well supervisors manage the boundary between CS and personal therapy can impact on the supervisee if the balance is not maintained with the supervisee's practice in mind, or if the personal therapy is not explicitly negotiated or invited by the supervisee.

In Gestalt psychotherapy, through the dynamic process of contact, the polarities of isolation and confluence are often prominent. Isolation is described as an experience of detachment from the field of contact whereas confluence involves a merging between the self and other in relationship (Hyncer & Jacobs, 1995). On each end of these polarities, there is the possibility of interacting in the space between self and other through a process of one attuning to the other. It is within this in-between space that offers opportunities for trust to develop. Trust is the major requirement from a beginning supervisee's perspective for CS to be considered 'successful' (Serok & Urda, 1987) and from a Gestalt psychotherapy perspective (Starak, 2001). In this way relationship in CS is connected to 'awareness of awareness' as Hyncer and Jacobs, (1995) discuss in relation to the relationship between the client and therapist as establishing a dialogic context. In this context, contact can be used to restore contact if it has lapsed, is temporarily lacking or where it has broken down.

On either side of the dialogic process, as each party in the relationship experiments with getting to know the other, isolation and confluence exists as a possibility (Hyncer & Jacobs, 1995). Thus 'the therapist's willingness and receptivity to the sphere of 'between' is the scaffolding against which the existential trust of the patient is formed' (Jacobs, in Hyncer & Jacobs, 1995 p.80). The same polarity can be seen as present in the supervisor-supervisee relationship. Meeting the supervisor at the contact boundary during discussions

about defining moments in one's practice risks putting one's actions and view of oneself on the line, raising fears of possible judgement and rejection. If the supervisee feels unmet in the moment in the absence of an attitude of mutual trust, there can be a consequent withdrawal from contact with the other. Restricting the possibilities of contact or meeting the other can lead to a sense of isolation and dissonance. This was the experience with my first supervisor, and is discussed below.

Supervision as 'Isolation'

Clinical supervision in my first two years of practice as a social worker in mental health was conducted with my line manager. She was a senior social worker, who worked from an apprenticeship model of CS, in which there was a case by case discussion of my planned interventions with each individual client at each session. This focus did not support the development of a relationship that allowed for a fuller discussion of my work. I experienced CS as a struggle with power and control. These were among the central issues that emerged in my initial experiences of CS. As I was a younger, less experienced supervisee whose academic achievements were higher than those of my supervisor in retrospect, I believe my academic achievements challenged her sense of authority hence the underlying subtext in our relationship of: 'do as I say' and 'remember I'm in charge', which she based on her years of practice. Here was the supervisor who defined my role as being one of unerring compliance for the common good of all. I was reminded in supervision constantly that she was sharing her years of experience with me to save me from what she considered to be my own incompetence. This experience reinforced my negative introjects (which were already well-developed). My identification with her judgement that was highly critical of my not being 'good enough', led to cycles of demoralisation, shame, retroflection and withdrawal. I felt sure I would be judged negatively for expressing my feelings with her and I believed that this discussion could jeopardise my promotional and career prospects. Thus, I withdrew from much self disclosure of what was occurring for me from my supervisor, other colleagues and the team. This experience left me feeling disconnected or with a sense of dissonance which compounded the isolation I experienced.

This experience inspired a dread of clinical supervision and undermined rather than enhanced my therapeutic effectiveness. CS as a safe refuge from the rigours of practice, a space in which I could reflect upon my practice, seemed unavailable to me. Colleagues in the multi-disciplinary team empathised with my position but colluded with the process that remained unresolved until the supervisor's promotion and departure. I recall feeling joyful and

triumphant about her leaving as the whole experience felt like an extended status degradation ceremony lasting some three years. The power dynamics inherent in the managerial model of supervision places the supervisee in an impossible bind. The relationship between supervisor and supervisee must always be unequal as the supervisor is empowered to exert power and authority to influence the supervisee's behaviour where there the potential risk to the client is ever present. This is contrast to the therapeutic work of clients which involves supporting the client's process of reclaiming their own power. I now believe however, that issues of power and control can be acknowledged and creatively explored and worked with, if the quality of relationship in CS allows for themes of power and control to be more openly discussed between supervisor and supervisee.

Reflecting upon that experience now, I empathise with the supervisor who was struggling to find her voice within the team and was anxious about her professional identity and authority as a new manager. From a relational field perspective, there was no support for the kind of dialogical engagement that would have allowed both of us to explore the process of what was occurring between us, or so it seemed from my perspective. I believe this experience is closely aligned with the issue of 'shame' in the supervisory relationship.

“Shame’ and the Supervisory Relationship

In this example, the potential for shame in the supervisory relationship was one of the main issues, as it often is for those new to a field of practice and for those who have not used clinical supervision previously. The potential for shame is often greater where supervised practice is a requirement for professional training or registration (Gill, 2001; Yontef, 1996).

Shame, retroflection and withdrawal can also be issues for more experienced practitioners whose expertise and authority in other fields go unacknowledged. In my experience of teaching and supervising new graduates in social work, this potential for shame often manifests when key issues are not taken to the supervisory forum. For example, when the supervisee experiences particular knowledge gaps on the job in relation to clients that are unacknowledged by the supervisee, these issues may not be brought for discussion to the supervisory forum. Shame prevents these issues from being taken by the supervisee to supervision in the first place. Further shame results from a felt sense of failure to identify and raise central themes in one's practice in CS. Trainees who feel ill-prepared to reveal deficits in knowledge may act on their own, thinking that it is preferable to remain independent and not refer to their clinical supervisor. This lack of consultation can result in clinical mishaps such as failing to

act appropriately to ensure the safety of clients disclosing suicidal ideation. Such scenarios can cost supervisees their promotional opportunities, and, if unresolved, their jobs. Thus shame itself can become the central 'issue' that prevents further exploration of the supervisee's experience in CS. How the shame and guilt evoked in the supervisory process is dealt with, remains largely unexplored in the research literature on CS (Alonso & Rutan, 1988; Yontef, 1996).

Another of the ways shame can be evoked in the supervisory relationship is through the process of linking theory and practice. This is particularly so when the supervisee is still in training, and there is a real fear of being exposed as not being able to make these connections (Alonso & Rutan, 1988). In facilitating the application of theory into practice, the clinical supervisor needs to practice 'inclusion' in relation to the supervisee, in much the same way as the therapist does through "the willingness to enter into the patient's phenomenological world" (Jacobs, in Hycner and Jacobs, 1995 p.70). In CS, inclusion may be demonstrated in the supervisor's ability to be able to feel their way into their supervisee's concerns, identifying shame which might remain unspoken, whilst being mindful of the need to raise this theme carefully to avoid a flight into further shame, withdrawal and/ or confluence.

Shame in the supervisory relationship is more than the opposite of support. The absence of support in CS is a precondition of the emergence of shame. It is an embarrassment that is often internalised by the supervisee rather than openly expressed for fear of ridicule and humiliation (Alonso & Rutan, 1988). It is best described as "an experience of disconnectedness characterised by retroreflection and withdrawal" (Kearns & Dainty, 2000 p. 129). The shame that accompanies a revelation of the inadequacy felt by the supervisee to the supervisor under these challenging circumstances, can seem all-encompassing. For example, when I encountered as a new social worker a situation in which a client's husband continued to contact me about his wife's sessions with me, in which she had disclosed to me confidentially that she was planning to leave him and their marriage, I felt intimidated by his attempts to extract information from me about her. Though I managed the situation by saying that I could not discuss any contact I had had with clients without their consent as this was our agency policy, I felt ashamed of not handling the situation without fear of angry reprisals from family members. I now realise that CS would have been a useful place to discuss managing therapeutic boundaries and confidentiality to allay the fears I experienced in setting limits. However, I did not feel safe enough to discuss this theme within a managerial style of supervision for fear that it would expose inadequacy and enable my supervisor to judge my practice negatively.

The apprenticeship model prevalent among the teaching of medical professionals, does not translate well to the kinds of CS favoured by social workers, who prefer to view the process and relationship as more of a collaborative endeavour. Social workers, building on Kadushin's (1992) now classic work on supervision, emphasise the educational purposes of CS as being underpinned by adult learning principles (Kane, R in Connolly, 2001).

For psychotherapists who work within a Gestalt framework in CS, attention is focused on growing the supervisee's awareness on a number of levels. There is reflection on the self in relationship to the other in terms of the supervisee's exploration of self and interactions in relation to clients in the therapeutic relationship. Secondly there is the supervisory forum itself as another space in which to reflect on one's experience in the relationship, as a supervisee in relation to the supervisor. Thirdly there is awareness of self in relation to the team, colleagues, employing organisation and wider social systems representing another layer to be explored in CS (Starak, 2009). The process of CS involves joint reflection on what is happening in the relationship between the supervisor-supervisee, as part of the supervision, on each of these three levels. Consequently, though each practitioner has their own particular style from a Gestalt psychotherapy perspective, CS in Gestalt psychotherapy is more strongly weighted towards a process oriented, multi-layered relationship-oriented style than a task centred approach (Galoway, 1999). Typically, however, there are differences in experience, power and responsibility within the roles of supervisor and supervisor in CS which are exemplified in the second example of CS I will move on to now to describe.

Supervision as Confluence

The second experience of supervision I want to use as an example occurred in another work context. I was a more mature supervisee, but this time had a supervisor who was a senior colleague/peer, who without contracting to do so, tried to become my therapist. In this supervisory relationship my supervisor assumed the role of wise, all-knowing, guiding supervisor and, as supervisee, I felt cast in the role of a helpless, dependent client. Control was disguised as 'help' and yet therapy was never requested by me or offered explicitly by him in this relationship. I knew that his intention was to 'help' but the affirmation he seemed to seek from me in return, and that I was tacitly agreeing to fulfil, was not what I considered to be the purpose of clinical supervision. I did not question this style of supervision out of a fear of offending or seeming ungrateful. Eventually, after a year in clinical supervision with him I told him that I had found another supervisor outside of our immediate team as it was

‘time for a change.’

In retrospect my confluence with this process was based on my sense of powerlessness, and my struggle to define the relationship given the differing power positions we held in the organisational hierarchy. My decision to leave the relationship was related to my tiredness of playing the role where I was the recipient of his benevolent ‘care’. An example of this attitude was his taking responsibility for bringing along to each session, information on personal development courses and ‘self help’ literature that he felt would expand my knowledge base on topics unrelated to our previous session. He would use the example of one of his other supervisees having found this approach to his distributing this literature helpful to their personal and career development, but he did not ask for my opinion as to the usefulness of this style from my perspective. I had begun to experience this as an intrusion as I had never explicitly invited not wished to have therapy disguised as CS. I longed to be treated collegially by him due to the managerial style of supervision I had earlier experienced and from which I still had not yet fully debriefed. I later found the need to deal with this unfinished business in both supervisory relationships in another forum outside CS.

Unfortunately, the supervisor did not seem open to a different relationship in CS, offering instead a fixed form of ‘benign benevolence’ When I did leave having found another supervisor, I felt ungrateful and at the same time, liberated. I had found the contact undermining of my knowledge and skills and so it separated me from the theoretical basis for my work and so also from my resourcefulness and intuitive awareness about myself in my practice.

In the second example, the lack of clear roles and boundaries enabled the exploration of issues in my personal life which were not then related back to practice issues. The power inherent in his role as my supervisor and his senior status in the wider organisation left me fearful that I would be judged negatively if I did not demonstrate receptiveness to his style of supervision. (Betcher & Zinberg, 1988:798). Consequently I felt the kind of vulnerability that comes with the experience of constantly feeling exposed. This situation was compounded by the lack of clarity in terms of the process and structure of CS, and was underpinned by the power differences between us. It is not unusual situation for the supervisor and supervisee in an organisational hierarchy. Typically it means that unspoken feelings remain unexpressed, and the risk is that these concerns are internalised by the supervisee as their personal failings. The impact on me was that I felt that I was constantly reminded of what I needed to do to become a more whole person as I was reminded constantly how personal work on the areas identified would improve my progress in my career development. I felt disempowered in my practice and trapped in another’s

definition of me that seemed to be authored in lack, inadequacy and deficit.

In this example, the clinical supervisor related the 'figures' as he defined them as residing largely in my own therapeutic issues rather than in terms of how they might be impacting on my practice. There was an absence of a particular relational quality that may have allowed us to have a conversation about the impact of his supervisory style with me.

Both styles of CS I experienced as being unhelpful in developing my practice with clients, as the relationships did not provide the necessary holding or 'liminal' space in which my wider learning and growth could occur. Liminality is a term used to describe the gap between the known and the unknown, where meaning is attached to experience and in which creative change occurs. Cultural anthropologist Barbara Myerhoff's classic work 'Number Our Days' (1982), building on the earlier work of Turner, uses the concept of entering a 'liminal space' to understand the process of adjustment experienced by migrants entering into a new culture who meet to share narratives of the 'old country' from the new (Myerhoff, 1982). When self and other interact in such spaces, new life enhancing narratives and meanings are created (Myerhoff, 1982). I have conceptualised 'liminal' spaces as existing when practitioners move to a new field of practice and are challenged to evolve their own styles and ways of working with complex and issues, paralleling this movement from one culture to another (Pack, 2004, 2007). Within such discursive spaces, individual practitioners experience an immersion in the unknown that is akin to the 'creative void' or 'impasse.' Out of this creative strategies and solutions to challenges are actively evolved through interaction of the self within the practice environment, and through professional associations (Pack, 2004, 2007). Clinical supervision itself represents a liminal zone of 'betwixt and between' in which clinical dilemmas and puzzles can be deliberated on and experimentation with new strategies and ways of being can be evolved and tested for relevance and meaning in cycles of action and reflection. Regardless of whether the practitioner is new to a field, one could argue that CS offers an opportunity to step into the unknown and so provides opportunities to interact in liminal spaces at whatever phase in career development. Therefore, this concept has relevance and its understanding can be extended to apply to more experienced practitioners as well as newcomers to the field of practice.

The Dialogic Relationship in Clinical Supervision

As a consequence of these experiences in CS, I valued increasingly a supervisory process that functioned more as a 'dialogical relationship' (Hycner & Jacobs, 1995). What I understand this to mean is that attention is paid to

the practice of inclusion and there is a cultivation of the dialogic to provide the 'ground' for the relationship in CS. By attending to 'what is' through a process of dialogical engagement, new directions and ways of being in the supervisee's practice become available.

Defined in this way, the dialogic relationship can be seen as providing a liminal space or 'creative void'. This space supports the safe exploration of existential themes, uncertainty and complexity. Though each therapist has a different interpretation of the supervisory relationship, supervision for Gestalt therapists has an overarching 'oral tradition' in which a number of key principles guide practice (Yontef, 1996). These principles include inclusion, awareness of the awareness process, and personal and professional growth through the supervisory process and relationship. Through the establishment of the supervisory relationship as a dialogic forum where a sense of the 'I-Thou' and can be facilitated and grown from 'I-It' discussions, a liminal or holding space is created. This occurs because the individual supervisee, when faced by various on-the-job challenges, needs a forum to make meaning of new experience, and to relate what is known already to the new situation that is being explored. This process enables the supervisee to evolve actions and attach meaning to experience for the future. In this way a reservoir of practice wisdom, based in experience, can be grown in the process of CS when it is working well for both supervisee and supervisor. The supervisor in CS, ideally, is genuine, present and available to witness this process which is parallel to the growth of awareness that occurs in the client-therapist relationship over time. When the relationship in CS attends to the process occurring between the supervisor and supervisee, this provides transparency and fosters trust. This trust opens a space in within which conversations based in awareness can develop more easily. Within this space, which I liken to the 'creative void', the 'inward eye' or awareness of self in the practice environment, can develop. Erskine (1982) describes this as the capacity for multiple levels of simultaneous awareness within supervision, and the ability of a 'shuttling' process backwards and forward between the processes occurring between client and therapist and supervisor and supervisee. Thus "it is this ability to be in contact with one's own internal experience and the uniqueness of the client's experience that is the basis for empathy" (Erskine, 1982 p.316). This 'inner eye' could also describe an awareness of the co-created field between the supervisor and supervisee, and as such, create the 'ground' of the supervisory relationship. It is the process of becoming cognisant of "our awareness of the awareness process" within CS (Yontef, 1995, p.92).

This capacity for the dialogical principle of inclusion within CS, is a level of support that mitigates against the emergence of shame and this then allows

for more of this challenging inquiry to develop. This is the process by which supervisees grow in their own awareness. Ultimately the discernment of the 'inner eye' or the development internal supervisor within the supervisee connects the influence of supervision in psychotherapy with being therapeutic with clients by freeing up the resources of the supervisee to enable them to support the client's process more fully .

Supervision as a Liminal Space

My most positive experience of CS, was with a supervisor who was a psychotherapist by training. The relationship we created together enabled me to freely disclose the emotional impact of my work with clients without fear of recrimination in the organisational structure. As she was externally employed rather than a work colleague, she offered a fresh perspective to the material I brought to CS. Her positioning outside of my employment facilitated a non-hierarchical relationship in which we were able to engage in a process of negotiation within a climate of mutual trust and respect. Through a process that was transparent to me and in which I had an equal voice, she facilitated discussion of issues on the three aspects of my practice that involved my relationship and practice with clients, with colleagues and team, and with her as part of the relationship in CS. When I felt weary and defeated at times in the complexities of the workplace, she offered an attitude of optimism about and for my practice, which focused on my resourcefulness and knowledge. Her self-disclosure of her own practice experiences allowed me to see her as fully present and attentive and human without the professional superiority of my first supervisor or the intrusiveness of the second. Her style as supervisor in CS opened the way to genuine meeting and creative possibilities from my perspective. This style of CS nurtured my awareness of myself in my practice and allowed me to more confidently function in my work with clients due to the balance of challenge and support provided in the CS relationship and facilitated by the personal qualities of the supervisor.

Conclusion

The dialogic relationship which enables the 'I-Thou process' (Jacobs in Hycner and Jacobs, 1995) to arise in the clinical supervisory relationship has similarities to the 'creative void' of Gestalt psychotherapy as the 'I-thou' moment has 'some of the terrors of the impasse' in which the existence of a person's sense of self can feel threatened (Hycner & Jacobs, 1995 p.57). The dialogic approach mitigates against shame and so this process is less likely

to evoke the polarity of confluence and isolation that can be seen as existing on either side of this process is exemplified in the two styles of CS described from my experience. The development of a relationship in CS is evoked where greater transparency is likely.

These experiences suggest the need for balance between the 'I-thou' and 'I-it' or goal directed processes in CS. There are supervisory styles and processes that are more conducive to evoking each side of the confluence- isolation polarity in my experience, depending on how supervisors and supervisees define their relationship and meet one another other in CS. The supervisee and supervisor's respective definitions and meanings of CS can be quite dissimilar and so becoming acquainted with the 'other' is necessary at the outset of the relationship.

Supervisees in beginning supervision or those changing professions can struggle with shame in getting to know the other of the supervisor. In this process, the supervisee risks becoming enmeshed in a cycle of shame producing further shame which one of my trainers in Gestalt psychotherapy referred to as 'going down the shame drain'. Triggers to shame reactions may be located in earlier supervisory or team relationships. These relationships and the supervisee's past experiences within them may become figural when shame is evoked. Shame may have a further basis in unresolved family of origin dynamics. Shame may be the underlying yet lively figure in the supervisory forum and require attention in CS and/or in personal therapy.

There are a number of key pre-requisites for cultivating the environment in which the supervisee's awareness can grow and flourish. These conditions involve the establishment of the 'dialogic attitude' based in principle of inclusion (Yontef, 1995). This dialogical attitude helps to create a space where the inevitable power differential between supervisor and supervisee (especially within an organisational hierarchy) can be acknowledged and worked with usefully.

To establish safety and to avoid unintended intrusions of privacy and shaming, there needs to be a clear, mutual understanding and explicit boundary about the interface between supervision and personal therapy. In training and fieldwork supervision where academic assessment is required, this function also needs to be made explicit and open for ongoing discussion and debate. Safety of the supervisee and client, the boundaries of confidentiality and privacy need also to be part of the dialogue, as does an understanding about the purpose of supervision. Such mutual understanding is critical yet usually untested until there is a 'problem' identified, and often this is identified too late to be processed within the CS relationship.

In summary, CS is a learning experience for the supervisee and supervisor

- a mutual journey of discovery. If the supervisor is working from a shared understanding of the purpose and process of supervision there is a frame of reference or 'ground' from which each can relate to the other. If the supervisor can provide a 'creative void' or liminal space and keep it available, where 'not knowing' is valued, much learning is possible. If the supervisor has the capacity to model the holding of faith and trust necessary for the dialogic relationship to be there, the supervisee's capacity for empathy and use of the whole self with clients in therapy, is enhanced. The practice of the dialogic relationship in supervision can support the supervisee/therapist in their process of trusting in their own becoming. This is one of the challenges that the supervisory relationship presents, and something a dialogical approach makes possible.

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