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1.  
**Play and Metaphor in Clinical Supervision: Keeping Creativity Alive**

*This was no time for play*

*This was no time for fun*

*This was no time for games*

*There was work to be done.* (Dr. Seuss, 1958)

**Abstract**

This article explores the use of play and metaphor in clinical supervision. The intention is not to attempt to cover the whole area of play, or the use of metaphor in clinical supervision, but rather to highlight particular aspects of their respective roles in the service of learning about therapeutic work. The relevance of the arts – especially the visual arts – in relation to this is also discussed. A number of brief clinical vignettes are included by way of illustration. All names, and some identifying details, have been changed to preserve confidentiality.

**Key words**

Clinical Supervision, Arts Therapies, Learning; Metaphor, Play, Projective Identification

**What is supervision and what is it for?**

Whether we are just beginning, or are therapists with many years of experience, our primary concern should be that we do not harm those we seek to help. If we are to acquire, maintain and develop the clinical skills necessary to do this, it is essential that we continually refine and renew our practice. Clinical supervision has a vital role to play in this.

The function of clinical supervision in relation to the work undertaken by art psychotherapists and other health professionals (including members of the other arts therapies professions) is complex and multi-faceted. Numerous definitions of the

term 'clinical supervision' exist in the psychotherapeutic and related literature, and the term is open to differing interpretations. For example, the Guidelines on Supervision published by the British Association of Art Therapists, (BAAT, 2002) state,

Supervision is required for good clinical practice, to ensure the continuing working development (CPD) of the Art Therapist, and for the protection and welfare of patients/clients.

BAAT's supervision guidelines also seek to distinguish between two categories or types of supervision, 'clinical supervision' and 'managerial supervision'. Within these two categories, clinical supervision is understood to be primarily concerned with clinical matters such as techniques, the appropriate use of theory, transference and counter transference issues and the delivery of a safe and ethical service to clients. Managerial supervision, by contrast, is intended to provide a forum within which the supervisee might review areas of difficulty arising out of day-to-day operational and administrative tasks they are required to undertake, discuss future developments, set tasks and targets, monitor training needs and levels of stress and explore the impact organisational dynamics on their work (BAAT, 2002).

An alternative definition of supervision is provided by the British Association of Counsellors and Psychotherapists, who describe it as,

A formal arrangement for counsellors to discuss their work regularly with someone who is experienced in counselling and supervision. The task is to work together to ensure and develop the efficacy of the counsellor/client relationship. The agenda will be the counselling work and feelings about that work, together with the supervisor's reactions, comments and confrontations (BACP, 2004).

Finally, the British Association of Play Therapists define clinical supervision in play therapy as,

A formal and mutually agreed relationship between two Play Therapists where the supervisor is a significantly more experienced and competent Play Therapist than the supervisee. The aim of this supervision is to monitor, develop and support the supervisee's Play Therapy practice. This supervision will be independent of all managerial relationships (BAPT, 2010, <http://www.bapt.info/supervision.htm#bm2>)

Since the term first began to appear in the professional literature numerous attempts have been made to define what supervision is and what it is for. However, as the forgoing examples illustrate, none does full justice to the complexity and subtlety of the practice of clinical supervision. Although the wording may be similar, each definition tends to reflect the diverse expectations and theoretical models underpinning the practice of supervision and the clinical work it supports (Henderson, 2007).

While it is beyond the scope of this article to address the issue in detail, it nevertheless needs to be acknowledged that a substantial and growing literature now exists on the range of approaches to supervision employed within the arts therapies that draw upon different arts modalities for their techniques and rationale.<sup>i</sup> Doing so may have a number advantages over purely verbal forms of supervision. For example, in their discussion of the rationale for including play therapy techniques in supervision Mullen et al (2007) state,

When play therapy supervisees are intentionally given the opportunity to use toys and other mechanism for symbolic expression, the communication between supervisee and supervisor can be enhanced. Furthermore, use of such experiential activities has the added benefit of facilitating the supervisees' empathy for their clients (Mullen et al, 2007, p. 74).

As Mullen and her colleagues also observe, 'such experiential play based techniques help develop playfulness within the play therapist' (Mullen et al, 2007, p. 74).

## **Supervision: A space for thinking, feeling and reflection**

Pedder (1986, p. 2) argues that supervision exists on a continuum somewhere between psychotherapy and education. Precisely where on the continuum supervision is to be located will, in his opinion (and mine), vary according to the stage of professional development reached by the supervisee. In practice, clinical supervision tends to involve a multiplicity of tasks from the provision of emotional support through to experiential learning, along with much in between. Any given supervision session may, therefore, encompass both a theoretical discussion concerning an aspect of clinical practice and an exploration of thoughts and feelings arising in response to client's material; including their images and metaphors (Hawkins & Shohet, 1991; Skaife, 2001; Schaverien & Case, 2007). The 'double matrix' model of supervision developed by Hawkins and Shohet (1991), for example, identifies six main modes of supervision; reflection on the content of the therapy session, exploration of the strategies and interventions used by the therapist, exploration of the therapy process and relationship, focus on the therapist's counter-transference, focus on the here-and-now process as a mirror or parallel of the there-and-then process and supervision, focus on the supervisor's counter-transference. As Driver notes,

Learning in supervision involves emotional, mutative and therapeutic processes that enable the supervisee to conceptualise within the framework of the material that they are experiencing from their patients (Driver, 2002, p. 5),

Learning in any situation can be challenging, but given the complexities of clinical work and the powerful emotions it can evoke, this is especially true in supervision. It follows from this that a vitally important aspect of the supervisor's task is to create an safe (contained) environment in which such learning is possible and in which the triangular dynamics of the client-supervisee-supervisor relationship might be appropriately explored. That is to say, supervision should provide a space for thinking, feeling, self-reflection and learning; 'a space for a certain degree of reverie in which peripheral thoughts, feelings and fantasies in relation to the patient can be brought into awareness and examined' (Mollon, 1989, p. 120).

If the supervisor is able to help create such a space – that is to say, a facilitating or holding environment analogous to maternal care (Winnicott, 1980) - the supervisory relationship may then become one in which the therapist is free to play. And by using the term 'play' in this context (along with its derivatives, playing and playful) I am referring to a 'state of mind in which an individual can think flexibly, take risks with ideas (or interactions), and allow creative thoughts to emerge' (Youell, 2008, p. 122). This kind of thinking is akin to that encouraged in clients by the psychoanalytic technique of free association (Rycroft, 1979). When activated in supervision through play or image making in response to the supervisees' experience of working with clients it can be immensely helpful in bringing into consciousness issues of which they may previously have been unaware (Edwards, 1993, p. 219). This has particular relevance to therapists at the beginning of their careers, and I am inclined to agree with Mollon (1989) who argues that,

The aim of supervision... should not be to teach a technique directly and didactically, but rather to facilitate the trainee's capacity to think about the process of therapy on the assumption that technique grows out of this understanding (p. 114).

When playing with thoughts, feelings, intuitions and ideas in supervision, be this verbally or through the medium of art, the supervisee has the opportunity to reflect upon and learn from clinical experience and arrive at a fresh understanding of the client, their difficulties, in addition to their own responses to these. The following material, drawn from my practice as a clinical supervisor, is intended to illustrate this point.

### **Linda**

*Linda is an experienced art psychotherapist who works part time in a Day Centre for community based adult psychiatric patients. The session described below follows a break, and begins with Linda telling me a little bit about a recent walking holiday in Italy. Out of this the theme of time (of having time to relax, think, enjoy the scenery) begins to emerge. I pick up on this and note that time has been a prominent theme in*

recent supervision sessions. I refer to the issues Linda discussed in our previous session in relation to maintaining time boundaries and having enough time for her clients; especially Nikki, a client she has brought to supervision on a number of previous occasions and about whom she has particular concerns. Finally, I also link this to Linda's worry that having decided to retire she is running out of time. Linda acknowledges the link and proceeds to tell me more about her work with Nikki.

Linda informs me that Nikki finds it difficult to "get stuff out" other than by crying and that she has spent a lot of time crying in recent sessions. Linda adds that a close friend of Nikki has recently died and she feels very alone at present. It is perhaps important to note here that in the past Nikki's distress - her crying - tended to be viewed as attention seeking and ignored by her family. Some of Linda's colleagues also interpret Nikki's behaviour in this way. In the midst of her tears Nikki has been telling Linda that she wants to feel better, and this, for her, means going back in time to when she was last in a stable relationship (with a man). As we talk a sense of sadness and loss begins to emerge. A sense of regret for both Linda and her client for lost time and lost opportunities.

Having discussed the difficulties Nikki has had in making best use of the time available to her (most notably the number of sessions missed), along with Linda's problems in establishing and maintaining the time boundaries necessary to help her client do this, I ask Linda if Nikki has made any images in the session she has just been describing. In previous supervision sessions we have discussed Nikki's apparent resistance to making images in her therapy and explored the possibility of restructuring her sessions; the first half of the session being given over to image making, the second to talking. Linda tells me Nikki is still reluctant to make images and this is something she finds frustrating, especially as she can sense Nikki's creative 'potential' and wants to help foster and encourage this. In telling me this, Linda is also referring to her identification with this particular client. Both are single parents and women whose creativity and human potential has been limited by their life experiences and circumstances.

Returning to the question of whether or not Nikki is coming to see her for art psychotherapy or for something else (companionship or attention, for instance) Linda

*tells me the initial assessment period has ended and although Nikki remains ambivalent about making images she has been offered three more sessions where the focus will be more explicitly on her willingness and capacity to use art as a means of expressing and making sense of her emotional life. This extended period of assessment is to be followed by a review.*

As Linda described her difficulties engaging Nikki in image making I am reminded of Winnicott's observation in 'Playing and Reality' (Winnicott, 1980) that,

Psychotherapy is done in the overlap between the two play areas, that of the patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin (Winnicott, 1980, p. 63).

In other words, in order to help others learn and develop through play it is essential that the therapist is able to approach their task creatively. For Winnicott, who regarded psychoanalysis as a specialized form of playing, the capacity to play is essential to the therapeutic process.

It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self. (1980, p. 63)

In effect, self-discovery and self-understanding are rooted in the capacity to play. It is through play that we learn about ourselves, about others and about the world that surrounds us.

This seemed to describe very well the situation Linda and her client found themselves in. Weighed down by their mutual expectation of how things should be in therapy both Linda and Nikki appeared to be inhibited in their capacity to play. I also began to feel that the supervision session itself had become notably less playful and potentially stuck.

*Having shared this thought with Linda she tells me how anxious and burdened by her sense of duty and responsibility in relation to her clients, particularly Nikki, she feels herself to be. Saying this also puts Linda in touch with other, more troubling feelings, and she suddenly bursts into tears.*

*As her tears subside Linda tells me she is about to become a grandmother again, and although delighted by this prospect it seems also have put her in touch with some difficult feelings about her own mortality. The fear of being too busy or too anxious to play with her grandchildren (or her clients) is something Linda evidently finds deeply distressing. Mixed in with this are concerns about time; about time running out, about letting go, of accepting she can't do everything she feels she should do in the time available.*

*And then it is time for our session to end. This ending also feels uncomfortable and abrupt; a feeling that is heightened when Linda alerts me to the images she has brought to the session but which we had not found the time to look at.*

Following Winnicott, Pedder (1986, p. 2), suggests we also think of supervision as taking place in the overlap of the two play areas, 'that of the therapist and that of the supervisor'. Pedder continues,

Supervision also parallels psychotherapy to the extent that it creates a regular space, a regular time and place, for taking a second look, a re-search, reflecting on what happened in the psychotherapy session between patient and therapist. This concept of the regular time and space needed for supervision recalls Winnicott's idea of a potential play space and suggests a parallel between the idea of psychotherapy as play and that of supervision as playing with ideas (Pedder, 1986, p. 2).

Playing with ideas within the safety of the supervisory relationship can provide a helpful way of clarifying and learning more about what is going on – consciously and unconsciously - in our interactions with clients.

## Afterthoughts

Thinking about this supervision session later, I came to see that Linda's tears were possibly as much a response to feeling criticised for not engaging playfully and creatively with the supervision process as they were due to her feeling she was failing as a therapist and as a grandmother. However, in seeking to help Linda better understand how her own anxieties were limiting her ability to engage her client we were able to reinvigorate a therapeutic relationship, as well as a supervisory one, that had become stuck. Linda's client seemed to be 'stuck in the past', while the therapy itself appeared to have become 'stuck in a rut'. Recognising this allowed Linda and I to begin addressing the previously unacknowledged fears that had inhibited her work with Nikki. It also acted as a prompt to make time in therapy and supervision to look at the images client's produce.

Salzberger-Wittenberg (1992, p. 58) observes,

Real learning and discovery can only take place when a state of not knowing can be borne long enough to enable all the data gathered by the senses to be taken in and explored until some meaningful pattern emerges.

For all its possible failings, there was sufficient trust in the supervisory relationship for both Linda and I to tolerate the uncertainty we felt in relation to Nikki, and to a lesser extent each other, along with the difficult feelings this generated. In other words, supervision was sufficiently robust and containing for the emotional impact of Nikki's distress to be thought about and given meaning.

One way of understanding about Linda's distress is to think of it as a manifestation of projective identification. That Nikki was projecting feelings of inadequacy and anguish into Linda who unconsciously identified these as her own feelings, rather than belonging to her troubled client.

Projective identification involves evoking in someone else aspects of the self that one cannot bear. It can be a very powerful means of communication of feelings (used by babies or small children before they can talk, for example). It

can also be used as a destructive attack, with nasty or unbearable or 'mad' parts of the self evoked in other people in order to destroy their comfort, their peace of mind or their happiness (Segal, 1992, p. 36).

Just as a parent might be said to accept, contain and survive the distressed infants fears and to return these in a modified, less toxic form, so too might the therapist be said to help the client through a similar process of transformation. Thus,

Once the child or client has a sense of someone with this containing function within, the capacity for thought and for tolerating bad feelings is increased... The ability to hold and contain sense without simply evacuating it into someone else has then been taken in. A sense of space and time is created; experience does not have to be rejected or incorporated immediately but can be held for a while. Thoughts and thinking become possible (Segal, 1992, p. 122).

This process is also operative in supervision.

Furthermore, in view of the discussion that follows, it is also necessary to note that many of the metaphors found in everyday speech are based on this concept. That is to say, of thoughts and feelings being projected out from or contained within a person. One can be 'self-contained' or 'out of one's mind' (Edwards, 2004, p. 47). And as Salzberger-Wittenberg (1992, p. 71) also points out, 'The very processes involved in learning [in supervision and elsewhere] are closely analogous to that of the digestive system: taking in, digesting, absorbing, producing'.

### **Keeping creativity alive**

Simply providing a space for play, reflection and thoughtful curiosity does not, however, guarantee it will be used creatively. Keeping creativity alive is by no means easy, 'it means persevering, and being open to the unknown; it can take time to develop in ourselves and in some of those we work with' (Gomez and Smart, 2008, p. 150). Playing (with ideas, with possibilities) allows us to use our imaginations in

order to explore relationships creatively in the service of learning about the self and about others (Bravesmith, 2008).

Creative playing in the service of learning also requires a climate of trust. Without the sense of containment provided by the secure boundaries of the supervisory frame supervisees may be too anxious to recall or share those thoughts, feelings and experiences that would otherwise be too shameful or distressing to think about and learn from. If supervision is to provide a good enough environment for the creative exploration of clinical work, the supervisee must feel able to risk sharing their fears as well as their dilemmas. To be curious - about something other, something unfamiliar, unknown, different - is not without risk; 'If the response to our childhood question 'why?' induces shame, guilt or humiliation, or courts disapproval, then it may not be worth risking being curious' (Coren, 1997, pp. 69-70).

Unfortunately, this view of supervision as learning through play does not always sit comfortably with the clinical governance and/or quality control functions it is nowadays expected to fulfil (Wheeler and King, 2001). Indeed anxieties regarding the regulatory framework within which psychotherapists and counsellors currently practice – particularly those employed in the public sector - may serve only to inhibit the disclosure of any perceived shortcomings the supervisee fears they may have, thus further stifling creativity in supervision and possibly leading to a collusive or controlling relationship. Reflecting on the difficulties this dynamic can create in supervision, Mander (2002) comments,

It is easy to fall into one or the other of two extremes - control or collusion - in the course of facilitating and commenting on the clinical material presented by the supervisee who is eager to receive help with her therapeutic endeavour, while fearing disapproval which might diminish her self-esteem (Mander, 2002, p. 39).

Linking play and supervision also invites the criticism that it is not serious or purposeful. That, in effect, it is not work related, a difficulty compounded by accepted definitions of the word play. The online Concise Oxford English Dictionary (<http://www.askoxford.com/>), for example, defines the word 'play' as 'a verb meaning

to engage in games or other activities for enjoyment rather than for a serious or practical purpose'. However, as Youell (2008, p. 122) observes, 'Play and work are not opposites, nor are they mutually exclusive'. The view that work has a definite and useful purpose, and that play has no such utilitarian aim is ultimately a superficial distinction. Play, as Winnicott (1980) reminds us, is fundamental to the development of both the individual and to society as a whole, involving as it does a symbolic and, hopefully, creative experience resulting in real and beneficial changes to both the internal and external world.

### **Playing with words**

The ways in which an individual is able to use symbols to represent, communicate or express thoughts, feelings and experiences through phantasy, dream and play, as well as through art and other forms of imaginative activity, has long been of interest to psychoanalysts and psychotherapists. This inner (unconscious) life frequently finds expression in therapy (and in supervision) through play and through the use of metaphor (Barker, 1985; Cox and Theilgaard, 1997; Long and Lepper, 2008, Siegelman, 1990).

The online Concise Oxford English Dictionary (<http://www.askoxford.com/>) defines the word 'metaphor' as,

A figure of speech in which a word or phrase is applied to something to which it is not literally applicable (e.g. food for thought); a thing symbolic of something else... from the Greek *metapherein* 'to transfer'.

Psychoanalytic theory, in common with almost all psychological models of the mind is 'saturated' with metaphors (Leary, 1990; Colman, 2009). Indeed as both Arlow (1979) and Spence (1987) have argued, psychoanalysis is essentially a metaphorical enterprise. Developing this idea, Holmes (2004) observes,

Transference may be thought of as a special type of metaphor in which early childhood feelings are carried across into the relationship with the therapist.

Like the poetic metaphor, the transference relationship is both a fact and a fiction, both is what it seems, and is not (2004, pp. 214-215).

The process of symbolisation enables us to establish meaningful connections between different realms of experience based upon proximity and likeness. Metaphors, as expressed through images and the colloquial, idiomatic nature of language, enable us to convey that which might otherwise be inexpressible. For example, when discussing her feelings about time in the supervision session discussed above Linda used a number of metaphors to portray these. She frequently referred to how 'time flies', to sessions having 'passed quickly' (i.e. time as something that moves) and to being almost 'out of time' and how important it is not to 'waste time' (i.e. time as a precious resource).

Our use of metaphor, however, represents more than 'colourful' or even clichéd speech. As Knights (1995, p. 59) observes, 'Metaphors shape the way we think; they are not confined to the dressing up of truth, but reach deep into our conceptions of things'. The metaphors we use influence the way we think, feel and how we express or communicate our thoughts and feelings to others (Lakoff and Johnson, 2003). The ability to understand and engage with metaphor is, therefore, a matter of importance in both therapy and in supervision. When metaphors emerge in therapy, either in the client's conversation, play or through their image making, our attention is alerted to the ways in which they reveal and possibly limit their thinking. To say 'My heart is broken, I feel the pain here' can be more than a fanciful figure of speech... more than an 'as if'. It is a metaphor but it is also an expression of pre-symbolical, pre-metaphorical language in which 'literal' and 'figurative' are not yet distinguished' (Hobson, 1985: 82). With this in mind, we might come to see that many psychological symptoms are rooted in metaphor and are experienced as if literally true; my heart is broken and I will die of it.

By changing the way we see and conceptualise events and experiences we might begin to change the way we understand and feel about them; 'The arrival of a new metaphor may be the point at which a whole new conceptual scheme can be adopted' (Knights, 1995, p 67). For example, by drawing upon the metaphors that link interpersonal relationships with conflict – as in, he was 'bombarded' by insults or

she 'hurled' abuse at him - both therapist and client have the opportunity to develop a meaningful and coherent narrative from disparate life events and experiences. When played with imaginatively, metaphors enable experience to be reframed in such a way as to offer the possibility that the client might choose 'to continue the war, leave the battle field or assume the role of conscientious objector' (Angus, 1996: 82).

### **Metaphor in supervision**

As noted above, supervision is concerned with helping the therapist/supervisee better understand (learn about) the emotional life of the client. Guiffrida and his colleagues argue that metaphors surface and can be used in supervision in two main ways; firstly to help the supervisee better understand the therapeutic process, and secondly to 'facilitate supervisee case conceptualization skills' (Guiffrida et al, 2007, p. 393 ); see also Amundson (1988), Barnat (1977) and Ishikama (1988). Whether or not metaphor is explored in a deliberate way, it often occupies a central position in the way the supervision process itself is conceptualised. Schaverien (2007:46), for example, employs the metaphor of the theatre to illustrate the respective roles of the supervisee and supervisor within the symbolic space created in supervision. Elsewhere in the supervision literature one can find all manner of alternative metaphors used to describe the role and function of the supervisor or the process of supervision including the jug, the potter and the gardener (Pedder, 1986), the detective and the librarian (Lidmila, 1997), teacher, friend, father, the reflecting mirror, counsel for the defence and for the prosecution (Zinkin, 1995).

The following examples illustrate some of the ways metaphors emerge and may be explored in supervision.

### **Lucy**

*Lucy is upset following a heated exchange with the manager of the team she works for. She feels her manager does not fully appreciate the demands on her time or the limitations of her role. In telling me this she describes how everyone she works with seems to feel under pressure, that the whole team appears to be 'pulled out of*

*shape' and' stretched to breaking point'. Extending these metaphors further Lucy adds that working where she does often feels like being 'on the rack'. The implication being that work has become a form of torture.*

Amplifying the latent meaning of this metaphor in supervision added emotional depth to what Lucy was telling me about her work and its emotional impact on her and her colleagues.

### **Robert**

*Robert is telling me about some difficulties he has been experiencing finishing an essay for his course. He can't decide what to write about. As a result he feels 'blocked'. As he plods unenthusiastically through a long list of discarded options, I hear him telling me about a 'loss of interest', of not 'fancying it' and of finding certain ideas 'unattractive'.*

Discussing this client in my own supervision later, my attention is drawn to the sexual nature of these metaphors and how they may allude to unconscious anxieties concerning a loss of potency and possibly to a fear of castration in relation to Robert's ability to write and enjoy satisfying sexual relationships.

### **Steve**

*Steve works as an art therapist in a CAMHS team and is telling me about Ben, a ten year old boy he has been working with, but has not previously brought to supervision. Ben is an adopted child who originally came into care following parental neglect and, possibly, abuse. He was also conceived when his mother was raped. The family myth is that all Ben's problems stem from this early trauma. Steve sees the situation differently. He believes the child may have developmental problems that are not the direct result of these early life experiences. He has also come to feel that whatever the root cause of Ben's emotional problems (Ben can be prone to temper tantrums, for example) these have not been helped by the emotionally detached behaviour of his adoptive parents, especially his father.*

*Steve tells me in supervision that he feels under pressure from Ben's parents and some of his colleagues to confine himself to 'digging around' in his young the client's past in the hope of unearthing evidence of past abuse. Having paused to reflect on the appropriateness of this metaphor Steve interjects, "No, it's not exactly like that exactly, it's more like doing root canal work. I'm seen as being there to treat an abscess, a source of pain and distress that was around before Ben was adopted. It's art therapy as dentistry."*

Siegelman (1990) has observed that there are numerous widely used metaphors for the therapeutic encounter (including the frame, the container and the holding environment) along with the role of the therapist in relation to this. Comparing counselling and dentistry is not, however, a common metaphor for this relationship. Nevertheless, Steve's allusion to 'digging around' in the past is reminiscent of Freud's metaphor of the psychoanalyst as archaeologist uncovering 'layer after layer of the patient's psyche, before coming to the deepest, most valuable treasures' Gardiner (1989, p. 139). In fact Freud used a number of metaphors to describe the role of the psychoanalyst, including that of the analyst as surgeon (Freud, 1919), which also seemed relevant in this context. What is important here is that like both Freud's metaphors, Steve's perceived role appeared to be essentially impersonal and principally concerned with either unearthing hidden truths or cleaning up a mess as hygienically as possible. Exploring this further in supervision Steve came to better understand how in foregrounding certain aspects of his work with Ben and his family, others were being pushed into the background. In this case cool detachment was privileged over relational warmth. A dynamic that was also apparent in Ben's relationship with his adoptive father.

## **Neil**

*Neil is telling me about the anger a client he is working with (Ben) has been expressing at having 'invested' so much in his relationship with his ex-girlfriend and how he feels he is now 'paying' for his mistakes. In therapy, Ben frequently used phrases such as 'she owes me', 'she cheated on me' and 'I'll pay her back for what she did'. On occasion, however, he would also express his gratitude to Neil by stating that he felt 'indebted' for his help.*

As we played with these and other metaphors in supervision we came to feel that they revealed an attitude of mind that might best be defined as a form of 'moral accounting'. As conceptualised by Ben, inter personal relationships were akin to a financial transaction. Turning these metaphors over in our minds in supervision helped us both become more attuned to the unconscious assumptions influencing Ben's view of himself and his relationships with others.

Sue

*Sue begins supervision by placing a number of images on the table in front of us. All the images were recently made by clients in a weekly art therapy group she runs on a long stay ward in a local psychiatric hospital. However, rather than talk about these images immediately, she begins by telling me she wants to bring me up to date about a number of relationship and health related difficulties she has been recently experiencing, and which I am aware of from previous conversations. Sue tells me these things are still going on in the background and that she needs to keep them in mind; distracting though they sometimes are. I wonder whether, in telling me this, she is also commenting on our relationship – on whether I keep her in mind between sessions – but say nothing.*

*Sue then tells me that the room she works in has been redecorated to her specifications. She is delighted by this development because this is the first time in her career that she has had any control over her working environment. Sue then describes to me, at some length, her new working environment and how this has affected her and the clients she sees there.*

*This joyful description is, however, immediately followed by Sue expressing her concerns about the fate of the room. Having recently spoken to her line manager she fears there are plans for other staff to use the room for activities other than art therapy. Sue's voice betrays her distress at the prospect of this as she declares that there simply isn't room to do this, the room is too small. If implemented this would have serious implications for her work. Clearly annoyed by the prospect, this is yet*

*another – unwelcome – thing Sue tells me she has to think about. And as she does so the mood in the room darkens.*

*Drawing attention to the boundary issues she is referring to, a theme that has emerged in previous supervision sessions, I comment that there seems to be a lot to think about and that it seems difficult to make room for or squeeze it all in. That, in effect, there is both a practical and a metaphorical dimension to what she is saying. It seems to me that Sue is experiencing a lack of containment in so far as nobody seems to have considered the implications the suggested change in room usage will have on her. I also float the idea that she may feel a similarly about supervision. That it too, perhaps, isn't sufficiently containing.*

*The session continues in this vein for a little while longer, and it becomes increasingly apparent to me that at the heart of what Sue is telling me is a deeply felt sense of neglect, of being given little or nothing by the organisation she works for and of having to constantly fight for what little she has. These professional concerns also resonate with her personal circumstances.*

*I ask Sue in what ways she thinks what she has been telling me might connect with the needs and circumstances of the clients whose images she has brought to the session but not, thus far, neglected to discuss. Sue pauses to think about this then suggests a number of ways in which her story and the life stories of her clients overlap. These include feelings of invisibility and isolation, a lack of recognition and unmet physical and emotional needs. Themes that, once we began to look at them, were very evident in the images spread out before us. Having established this connection we begin to tentatively explore the nature of this identification along with some of the ways in which Sue's needs and circumstances also differed from those of her clients.*

Playing with metaphors in this way, particularly those spatial metaphors that established a connection between the external and internal world, helped facilitate the emergence of new ideas, perceptions and insights. More importantly perhaps, by facilitating the transition from unconscious to conscious thought they enabled us both

to link some of the processes active in the group, the work place and in supervision that we had hitherto been insufficiently unaware of.

### **Concluding thoughts**

The potential benefits of playing in supervision have been outlined above and I am inclined to agree with Skaife (2001) who states,

Playfulness, so long as it is respectful to clients and their difficulties, not only can be enlightening in supervision but can serve as a model for creative exercises that might be carried out by the supervisee with the client. The work can continue to be serious but the enjoyment of it may be enhanced (Skaife, 2001, pp. 173-174).

In concluding this article, however, it is necessary to add a note of caution. Not all supervisees are sufficiently free of anxiety to play in supervision, and not all that passes for play is necessarily truly creative. As (Youell, 2008, p.125) points out, 'play can look like play, whilst being devoid of any creativity, symbolic meaning or sense of playfulness'. Supervisees should not, therefore be obliged or coerced into playing anymore than clients should.

It is also necessary to acknowledge that the role of metaphor in therapy, and in supervision, presents a number of challenges and difficulties, especially when this is under or overvalued. Theoretical concepts such as play, containment and transference may help guide our thinking in a broad range of situations, including supervision, but we should resist the temptation to literalise our metaphors or mistake these for absolute truths.

At its best, within the facilitating environment that is the therapeutic relationship, there occurs what Siegelman (1990) terms an 'oscillation'.

The oscillation is not just an interpersonal process between therapist and patient but an internal process in each of them. The therapist oscillates between different levels of awareness and participation, from temporary

mergers or identifications to a more rational stepping back and reflecting, from states of reverie to moments of clarity, from image to word (Siegelman, 1990, p. 158).

I wish to suggest similar processes (or oscillations) occur in supervision as the attention of the supervisor and supervisee moves playfully up and down, backwards and forwards, in and out of the material under consideration. I also wish to suggest that if the supervisee is helped to do this playfully they will be better able to refine and renew their practice in ways that are truly creative and truly therapeutic. In supervision, playing with the unconscious meanings embedded in metaphor through words and through creative activities such as play and image making provides an engaging means of achieving this.

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## Endnote

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<sup>i</sup> See Friedman & Mitchell, 2007; Jones & Dokter, 2008; Lahad, 2000; Lett, 1993 & 1995; McNamee & McWey, 2004; Odell-Miller & Richards, 2008; Payne, 2008; Schaverien & Case, 2007; Skaife, 2001 (Chapter 10) and Wilkins, 1995 for a detailed exploration of this issue.

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