

Reprints from
Private Practice
BACP Quarterly Journal

Supervision columns

Jim Holloway

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Dear Reader,

These articles have been reformatted, with very slight changes to the original text, from the British Association for Counselling and Psychotherapy's *Private Practice* journal.

In 2015, John Daniel, the journal's longstanding editor, asked me to write the supervision column for each edition, and I gladly accepted his invitation. After enjoying contributing for seven years (2016-2022), I decided it was time for a younger supervisory voice to be heard, and was pleased to hand over the column to Dr Michelle Seabrook.

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With best wishes for your practice,

Jim

✉ jimholloway@protonmail.com
www.cambridgecounselling.co.uk

Jim Holloway is a BACP Senior Accredited Supervisor, a Cambridge Supervision Training Associate, and co-author with Penny Henderson and Anthea Millar of *Practical Supervision: How to become a Supervisor for the Helping Professions* (JKP 2014).

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The 'BACP' in my head

What sort of character could personify what BACP means to you?

I recently read a surprisingly persuasive account of how organisations don't really exist¹. No matter what their purpose, size or structure, they are 'legal fictions'. A limited liability company, for example, can be accurately described as a figment of our collective imagination: it can't be pointed at or touched, it is not embodied by any person or group of people and often not even located in one particular place. It is only an 'entity' in law. That could explain why many organisations of various kinds try to represent themselves to the general public through an individual figurehead or 'personality'.

You can probably see where I'm going with this. It's something I invite new supervisees to play with, if they are BACP members. Say you had to choose someone to be the face of our professional body as you perceive it, who would you select?

I don't mean a highly personable and wonderfully articulate PR person, however valuable they would be in reality. The fun is in making up an idiosyncratic character who somehow captures the subjective essence of what BACP actually means to you. Notice and include any seemingly random associations, however stereotypical, fantastic or daft, that come to mind. This is not a subtle branding exercise: it's about your unique, genuine, uncensored version of the 'BACP' in your very own head.

For myself, right now, I conjure up Harpo Marx in drag – all turquoise and lavender as it happens – intently making stacks of sandwiches out of policy documents, membership forms, committee reports, research papers... and occasionally honking his/her horn to get my attention. (What can I say? It works for me.)

Issues around power and authority need to be addressed openly in supervision and not dodged or dismissed

In my experience, most supervisees enjoy the chance to be free and frank when envisaging BACP in this way. The playfulness of the exercise helps to bring 'unallowed' feelings or 'professionally incorrect' attitudes out in the open with good humour and without shame. I believe this is vitally helpful in supervision for two main reasons:

Firstly, I want my supervisees to be true to themselves and not constrained by taking up a deferential or ingratiating stance in relation to me or the profession. While being ethically-minded is an essential requirement of the job, this does not oblige us to be polite and proper all the time. Many trainees or novice practitioners especially seem concerned not to say 'the wrong thing'. Well, let's be clear: very often those are precisely the things that need to be said! The supervisory space is nothing much if it is not full of candour.

Secondly, issues around power and authority need to be addressed openly in supervision and not dodged or

dismissed. In private practice we act mostly on our own authority but there is a higher authority to which we are answerable, and it has the power to impose sanctions and withdraw our individual membership. That's what you and I have signed up to and it is a big deal, both intellectually and emotionally, to be part of such a prodigious and powerful association.

Remembering the argument that they don't really exist, institutions seem especially likely to attract our best and worst projections and fantasies: we fill them in or flesh them out, as it were, through the power of our subliminal imaginings. To help make these transferences more conscious, I invite supervisees to say what they know about their typical patterns of relationship to authority. The story they tell about their personal power and what they do with it is always relevant. Some perceive BACP as a potent enabling force, like a nurturing family, so they feel empowered; others experience it as officious and demanding, so they feel oppressed. What follows from that? I want the supervisee to be aware of the movement they make in response, and they usually find it useful to reflect on this in terms of parent/adult/child dynamics.

This insight is reliably helpful when a supervisee is very anxious about applying for accreditation; even more so after they have made an unsuccessful first application. When a supervisee is despondent or frustrated, feeling let down or unjustly treated, then the restorative function of supervision is obviously invaluable. I believe there's added value to be gained by recognising that the intellectual and emotional struggle to become accredited is necessarily difficult and painful. Not everyone finds it excruciating, but I believe going through the process is very much like an initiation. In other words, it's about growing up.

I don't want to oversimplify this, but if the 'BACP' in your head is a) too much like a mother or father you *must* please and have approval from, or b) too much like a parental authority you *must* criticise and do battle with, then you are probably not in a truly grown-up relationship with BACP. Many supervisees in private practice adopt a kind of reluctant pragmatism ('There must be a less bureaucratic way, but I will do my best to jump through all the hoops because I need to become accredited'), and to be fair I think that is how a lot of us actually move closer to mature autonomy. Some less experienced supervisees wince, and some laugh, but most do both when I point out that the letters BACP do not stand for Big Anonymous Critical Parent. ●

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1. Harari YN. *Sapiens*. London: Vintage; 2015.

Figuring out the Framework

The new Ethical Framework gives us an accessible set of refined terms to engage with

I got an odd look the other day when I suggested to a wonderfully conscientious supervisee that the new *Ethical Framework for the Counselling Professions*¹ is a supreme work of fiction. I admit that was very pointedly postmodernistic of me – not my preferred mode as it happens, but it can sometimes stimulate useful new thinking. In this case, after a slightly tense discussion, my supervisee sat back and realised the essentially paradoxical nature of the *Ethical Framework* (EF). In the plainest terms the paradox is this: in the EF we say all these fine things about how superbly we conduct ourselves, and it's obvious we don't behave like that, because if we did it wouldn't be necessary to write it all down. A good way to develop this idea is to ask yourself how you would be practising differently if the EF didn't exist.

We might say the EF is fictional only in the sense that it's aspirational – it points you to the best version of yourself, which, unless you are some kind of living saint, is not going to appear all day every day. And this hints at another basic but more personal paradox: the very best version of me is one in which I accept my imperfections.

... the Ethical Framework has wrestled for years with some vague, unwieldy or obtuse terminology to do with values, qualities and principles ...

Another supervisee told me she had no trouble at all accepting the new EF as both excellent and flawed. She said she feels similarly about her religion: for her it is at once emancipatory and restrictive. This led us to talk about how counselling as a vocation might have a sort of religious aspect for some counsellors, with BACP as a type of church. Could the EF be mistaken for scriptural dogma? I really hope not. Although it could be aptly described as our trade association's 'Articles of Faith', the EF has not been delivered to us as a divine revelation, and its chief scribe, Tim Bond, isn't a holy prophet (as far as we know!). However, it does definitely tell us there is a strong moral code to be followed and we are committed to following it.

While not usually proclaimed as such, isn't supervision itself a morally based activity? Our professional lexicon seems to favour the word 'ethics' over the more pious-sounding 'morality' – though of course the EF does lay out a list of desired moral qualities for us to nurture in ourselves. (By the way, have you noticed that 'fairness' has been dropped from the list in the previous EF, and 'competence' has been renamed 'diligence'? Something to ponder, briefly. I think the two new additions, 'care' and 'identity', complement the others well but need a bit of discussion to make good sense of them as active personal virtues.)

Although it's packed with enormous nominalisations ('justice', 'wellbeing', 'integrity', and so on), the EF does give us an intelligible and manageable structure for remembering first principles, realigning values, giving shape and finding direction. In actual supervision sessions, ethical principles are often named but I've noticed how rarely supervisees refer to or include the Framework as a whole. I wonder about that. Perhaps there's a clue in the title: it's a framework, not the work itself. We sit in the frame to talk and then something happens. We are the work that animates the frame. And in fact we're still building the frame. I remind supervisees that the evolved document we have now is the result of painstaking collaboration between hundreds of people over a very long period – more than three decades in fact, if we take the new EF as having begun its life as the first BAC Code of Ethics and Practice in 1984.

That code must have had its critics back then, just as the current framework does now. Not all my supervisees seem aware of the major concerns some BACP members have raised about the new EF; or if they are aware, they don't hold particularly strong views about them. The debate is important and I feel we owe it to our fellow professionals to keep up with the arguments even if we don't always know where we stand. For a clear summary of the ideological, statutory and legal issues, I recommend Peter Jenkins' helpful article² and also the correspondence in *Therapy Today* between Arthur Musgrave, Els van Ooijen and Tim Bond³.

Despite perhaps being read by some practitioners as a worthy collection of numbered rules, the EF clearly expects us to think for ourselves – and we expect this of ourselves, surely! See the very last sentence (item 78): 'We will take responsibility for considering how best to act [...] and will be ready to explain why we decided to respond in the way we did.' We know from direct experience that describing our work in regular supervision is the best method to practise being 'ready to explain'. The way I see it, because the EF has wrestled for years with some vague, unwieldy or obtuse terminology to do with values, qualities and principles, we now have an accessible set of refined terms to help us shape our explanations. By using this shared language in actual practice we contribute to its further refinement. And the whole point of learning this language is to discern and contain the moral and ethical uncertainties brought into the supervisory space through our clients' stories. The ethical world we seek to construct may be a fiction, but it's always real people who live in it. ●

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The case of the sleeping supervisor

What can we learn from the legendary tale of the supervisor who dozes off?

Over the years I've been in practice I've heard several counsellors and therapists say they once had a supervisor who fell asleep in a session. You might have heard this a few times yourself and perhaps wonder, like me, if it's really true. I've never experienced it myself in almost 25 years as a supervisee with many different supervisors, but I suppose it might yet happen. (From the other side, in the supervisor's chair, I would like to point out that I've never nodded off when supervising – as far as I know. Seriously, I'm pretty sure I would remember if one of my supervisees ever had to wake me up in the course of a session.)

Whether told with gentle good humour or fierce indignation or a combination of both, the story of the sleeping supervisor is worth probing. It's a subtly potent little tale that seems to have a life of its own in our professional circles, rather like a piece of folklore. This sort of micro-myth must exist for a purpose, surely, so it could be useful to take a closer look at it and explore what kinds of meaning it might carry. One very direct approach, as a purely personal experiment, is to take a few minutes to imagine seeing your current supervisor fall asleep during one of your sessions, and then observe as vividly as you can what you think and feel as the scene unfolds in your imagination.

This exercise might seem a bit weird, but I did it myself not long ago and found the effect surprisingly moving and productive. If you try it for yourself, I think you'll find the thoughts and feelings that arise may yield some unexpected information about the current state of your relationship with your supervisor.

As you create the scene in your mind, you might be aware of tender and concerned feelings towards her or him. Are they unwell, or distressed, or just extremely tired for some reason? If you feel the urge to help, what can you say or do? Alternatively, you might get primitive sensations of being lost and abandoned, and start to feel anxious, scared or angry. Notice where your thoughts take you then. Maybe you begin to wonder about what kind of parallel process might be taking place.

You tell yourself this situation is absolutely not your responsibility and you are not going to rescue her or make excuses for her

Most of us are familiar with the phenomenally sleepy way in which we sometimes react to clients, and we know this embodied effect can be unconsciously transferred into the supervisory relationship. Might that help to explain why the supervisor has apparently drifted off? Sitting silently for a minute or two while she dozes is not what you expected from the session, no doubt, but something constructive could emerge from the oddness of the experience, if you let it develop with full awareness

in your imagination. You might take the view that almost everything that occurs in supervision is potentially relevant data to be used in the service of the client, in which case you can probably find it quite easy to stay curious and reflective.

But perhaps you're simply not in the mood for a sensitive reverie and instead you get busy exercising your sharply critical mind with immediate contractual concerns about professional ethics and fitness to practise: your supervisor is seriously letting you down and is probably over-working or suffering from an undisclosed illness. That may or may not be the case, but either way it could still miss the point, which is the plain fact that you're totally pissed off with your supervisor for falling asleep in front of you. How dare she? You tell yourself this situation is absolutely not your responsibility and you are not going to rescue her or somehow make excuses for her. The session now feels like a waste of valuable time and is definitely not what you're paying for.

Now, there are many angles we could take here, but let's talk about money. What difference does the fee make? If you imagine a colleague dropping off drowsily in a peer group or co-supervision session, I guess your response would be strongly affected by the greater equality in the collegial relationship because no money changes hands. The true significance of your ethical commitment to care for colleagues is heightened in this sense, because no-one is in charge and no-one is paid to take control.

When you pay your supervisor for their professional service (whether one-to-one or in a group) the equation is different. The way I see it, a proportion of the fee I'm paying my supervisor is for their self-care. At a basic level, the supervisor needs to charge enough for each session so they can make a good living without having to run so many weekly sessions that they become over-stretched and exhausted, and also so they can afford planned time off from working, whether just an occasional half-day or a whole week or two.

This is about organised resilience. One of the best measures to take against compassion fatigue as a therapist or supervisor is to get right away from the world of work fairly regularly. For me, a daily break is essential too. I'm a firm believer in the benefit of taking an afternoon nap for half an hour – a wonderfully simple luxury for which I feel grateful every day – but of course I must make sure it is affordable. It may sound odd to state that my supervisees (and therapy clients) are paying me to switch off in my own time, not theirs. But in relation to the mysterious tale of the sleeping supervisor, this reality is exactly what the supervisor must wake up to. ●

Saying the real thing

Bullshit in supervision shows up when we say the 'right thing' instead of the 'real thing'

I first came across the idea of a bullshit detector in a rather unexpected context, namely Michael Carroll's scintillating chapter on spirituality in *Integrative Approaches to Supervision*¹, where he says he got the idea from the American philosopher Sam Keen. Adapting Keen's concept of a spiritual bullshit detector for use in the field of professional supervision, Carroll identifies five things to beware of:

- 1) Highly charismatic supervisors who are seen as unquestioned authorities.
- 2) Supervisors with double standards: they ask from you what they do not do themselves.
- 3) Superior supervisors who set themselves apart and avoid collaborative peer relationships.
- 4) Supervisors who neither encourage difference of opinion nor invite challenge and criticism.
- 5) Deadly serious supervisors who have no sense of humour and are never playful.

So here's an immediate health warning: if you recognise your supervisor in this list, you could be exposing yourself to harmful levels of bullshit. Obviously I want to believe nobody reading this column currently has a supervisor who is anything like that. In private practice we usually select our supervisor on our own initiative according to our particular requirements, but many practitioners in other work settings are allocated a supervisor, and do not have a choice. However, even if you seek out your own supervisor independently you might still encounter a significant amount of bullshit. Our detectors, I would argue, need to be well-tuned at all times, in all professional circumstances.

In a world full of bullshit each of us can do our profession a favour by minimising our own production of it. Reflecting on its occurrence within the supervisory frame, what comes to mind? For me it describes the quality of what is spoken when the speaker doesn't really know what they're talking about but believes they *must* or *should* know. What's behind this might be a fear of seeming stupid or incompetent – the dark edges of shame, perhaps. If I bullshit regularly in order to hide my secret feelings of inadequacy, I might never find out whether those feelings are justified in the first place, and so I learn nothing new. When, for some reason, I pretend to be something I'm not, bullshit seems to provide an effective disguise.

Bullshit in supervision can be a type of dissimulation (making one thing appear to be another), which sounds more polite but is just as obstructive to genuine dialogue. It also shows up subtly when a supervisee or supervisor says the *right* thing instead of the *real* thing. That kind of convenient bullshit is probably something we all come up with occasionally in the ordinary flow of interpersonal relating, but keeping it out of the professional supervisory space as much as possible strikes me as a practical and ethical necessity.

The trouble is this: in highly verbal and inventive individuals, as many therapists evidently tend to be, bullshit (whether spoken or written) can be marvellously distracting, often seductive, sometimes almost hypnotic. I know this partly because I've been on the receiving end of it (I guess we all have, in one kind of relationship or another) and also because I'm perfectly capable of delivering it.

Let's not overlook our own little bits of bullshit. If you've constructed a bullshit detector and decided on the calibration markers (like the handful in the list above) which make sense for you personally, then be prepared to apply the detector not only to others but also to yourself.

As a practical anti-bullshit device in supervision, I like the simplicity of a brief personal story told 'against myself'. Like a teaching tale, it paints a picture and attaches some real emotion to the learning point. Take the following example of me being a bullshitter while supervising – or 'poopervising', if you like. This happened several years ago when I was a novice in the role, a fact which offers a partial explanation, perhaps, if not a full excuse.

A new supervisee, an integrative therapist who had recently qualified, talked about reading *The Therapeutic Relationship* by Petrūska Clarkson². I owned this important book without having done more than skim it but – *bullshit alert!* – I immediately reacted as if I knew the text, since I was at least aware it contained Clarkson's seminal and much-quoted stuff about the five relationship modalities, and a close colleague had only recently told me he couldn't imagine working effectively in therapy without fully appreciating her five level model. All this added up to a major bullshit-manufacturing opportunity in my head, and it extended for several long minutes as the supervisee, apparently encouraged by my sage-like nods as she spoke candidly about her struggle with the book, suddenly asked a really well-formed and very pertinent question about it. I wince to recall the crap I offered in response. Regrettably, my reply could only be expressed in the false language of bullshit due to my having already taken a phoney position.

Thanks to that early experience, one small but vital calibration point on my internal supervisor bullshit detector became firmly set: never give the impression of being familiar with something (a text, theory, author, research study, even just an acronym) that you're really not. It's disrespectful to myself and others not to simply state my lack of knowledge at any given point. As it happens, there is a bit of a twist in the tale too: I still haven't read the whole book. ●

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2. Clarkson P. *The Therapeutic Relationship*. London: Whurr Publishers; 1995.

Resistance and resilience

There is a curious connection between being resilient and being resistant

If your supervisor asked, 'How are you resiling right now?' it would sound like an odd question, but in the context of supervision it's actually a regular and familiar enquiry – we just put it in different language. What might we be doing when we resile?

When we *resist* things, we can usually figure out what's being resisted and why – on reflection, if not immediately – and we can become more conscious of how the resisting is done and what, if anything, can be changed for the better. To describe, understand and appreciate your action of 'resistance' involves using active verbs: you block, defy, turn against, push away, and so on. The fact that as a profession we haven't taken the verb 'to resile' into our customary lexicon could be significant in this respect. When you think of yourself resiling, what actions come to mind?

I will resist a tasty etymological digression at this point, except to note that 'resilience' comes from the Latin *resilire*, meaning 'leap back' or 'rebound'. I like that – a definite sense of movement there – and it also connects the action of being resilient to the vital concept of boundary.

A great deal of effective work is done right at the very edge of a boundary of some sort, despite – or perhaps due to – the counsellor feeling pulled out of shape by the process

In our profession, we tend to bang on about the importance of maintaining clear boundaries of all kinds, and properly so. But consider this: in actual practice a great deal of effective work is done right at the very edge of, or just beyond, a boundary of some sort, despite – or perhaps due to – the counsellor feeling pulled out of shape by the process. Tight boundaries are good, and slack ones are bad. All the same, I can imagine an inflexible, rigidly boundaried practitioner missing out developmentally and therapeutically by never embarking on 'edgy' or experimental strategies, avoiding all leaps in the dark, not risking any creatively spontaneous interventions, and thereby too often becoming 'stuck' in the work with clients.

I know that endurance of being-in-stuckness is sometimes necessary in longer-term therapy and can often be the start of a truly liberating movement by the client. But, if a therapist or supervisor or any practitioner becomes an expert 'stuckist' – too set in their ways, impervious to innovation and dismissive of novelty – then I would say they are almost certainly limiting what they can offer to their clients and colleagues. Moreover, they increase their susceptibility to boredom.

One of my supervisees (who is not at all boring and has let me use, anonymously, what follows here) told me about a long-term client he called 'a permanently stressed-out workaholic'. For session after session this client seemed to rebuff all possibility for change in his life. There were no apparent shifts in perspective, no new behaviours, no fresh insights, no reframing of anything at all. Now you might be thinking 'resistant client' and/or 'bored counsellor'. And both of them, you could say, were showing true resilience: the client kept rebounding by coming to every session in exactly the same shape each week; and the counsellor was always dutifully prepared and held the space for him reliably and regularly every time.

In supervision, the counsellor talked about sitting back with the client (often but not always a sensible position when things feel immovable) and claimed not to be bored or frustrated – but I certainly was, and after a while did not resist saying so. My willingness to *resile*, to continue to return again and again to all this unchanging sameness, was rapidly fading. How come?

With my supervisee's agreement, I sat in a different chair and voiced my feelings about the situation as if I were the client. By opening up the parallel process in this way, we realised it was more a case of 'bored client' and 'resistant counsellor'. That's over-simplifying the dynamic, but essentially my supervisee discovered that, distracted by the permanent array of presenting problems, he had been unconsciously resisting a deeper relational connection to the client, who we guessed (correctly as it turned out) was really desperate for closeness. The client had assumed he couldn't get that quality of relationship without keeping a tight grip on all his many issues; although he was totally fed up with suffering them, he believed they made him worthy of being bothered with, as if he was nothing without them. So a paradox became clear: due to his phenomenal resilience, he wasn't getting what he needed from therapy.

The notion that resistance and resilience are concurrent or convergent actions, which I think this brief story illustrates, does not mean they are identical or never separate. For example, resistance can often be absolutely non-negotiable. Some things in your professional life *must* be resisted in order to maintain safe boundaries – no ifs and buts, no excuses. When in doubt, your safety as a private practitioner is enhanced if you take to supervision what it is you know you're resisting and what you wonder you might be resisting, so you can then discern whether your resistance is in the service of your clients or detrimental to them. This ethical enquiry has a clear effect on the nature of your subsequent *resiling*: do you return to the client exactly as before or do you rebound in a different way with either a boldly revised or a subtly altered view of the client? I think that is essentially what it means to resile. ●

Who's in and who's out?

Some clients find their way into supervision right from the start, while others never appear

How do you decide which clients to take to supervision? That sounds like a straightforward question for any of us to ask, as part of good reflective practice. However, scrutinising a question can often be more productive than replying to it – so, instead of giving an answer, let's look at some of the basic premises underlying this one. I reckon four key assumptions are made.

The first assumption is that deciding which clients to take to supervision must be a conscious, deliberative process. Really? If you say you consciously decide, does this mean they are never unconsciously selected as well? We could get clever (or just pretentious) on this point by engaging with neuroscientific findings about the reality of 'free will' and so on – but let's work instead with an ordinary notion we're all familiar with: the hunch.

They say a hunch is stronger than a guess but not as strong as an intuition. Although we use 'the professional hunch' a lot of the time, I think we tend to underestimate its true value. Of course, we make carefully considered decisions too, but let's not overlook the sudden wisdom of our hunches. For example, when it 'comes to mind' that I need to take a particular client to supervision, even if I then wonder about what's going on with me and that person, I'm still not 'choosing' to take them for any obvious reason – but this does become clear later in supervision. When a piece of client work is seriously baffling or disturbing, I *am* very likely to take it, but other clients arrive in the supervisory space without any conscious intention on my part.

The second assumption is that choosing is necessary and unavoidable because it would be practically unworkable to take all your clients. This depends on what kind of supervisory arrangements you've devised for yourself. I know someone who runs six to eight therapy sessions a week. She has one-hour fortnightly supervision with me and two-hour monthly co-supervision with a colleague. This set-up means she can fulfil her self-imposed requirement to ensure *all* her client work is supervised. I admire her commitment, but some therapists might feel over-supervised in that situation.

One of my past supervisees had 15 appointments per week and saw me for 1½ hours every month – i.e. the recommended absolute minimum* – so several of her clients were never mentioned, let alone discussed. I asked her to write a caseload summary every other month, with a thumbnail description of the work with each client, plus brief queries. With this ongoing information about all her clients, I could request we give some time to certain cases that caught my eye, but which she did not choose or intend to bring. Preparing in advance for clinical presentations of clients is often essential, but I believe it's just as productive sometimes to bring them 'unrehearsed' and 'unrefined' – not so time-efficient, perhaps, but still valuable for therapeutic insight and learning.

The third assumption is that supervision is always for the benefit of clients, therefore as many clients as possible should be taken to supervision. We assume

supervision can benefit clients, and very often we feel it to be the case. In fact, we're in the peculiar position of believing it's beneficial, while knowing there is hardly any research evidence to support our belief.^{1,2} It would be more accurate to state that supervision is primarily for the benefit of supervisees. To put it in plain terms: we trust that whatever good stuff a supervisee derives from their supervision sessions, one way or another, it really does get passed on to their clients.

I hope that what you get mostly from supervision is support, understanding, challenge, development and encouragement for *yourself*, so that you are then well resourced, refreshed and ready to maintain the same or similar beneficence for your clients. If clients do benefit from supervision, it is mostly through a subtle, indirect transmission. The point is this: in order to gain the benefit of the supervisory space for yourself, it's not a good idea to squeeze as many clients as you can into the room.

The fourth assumption is that clients themselves have no say in the matter. In principle, if they've read in your contract that you consult confidentially with a supervisor, any client could ask if you talk about them in supervision. A few practitioners tell some of their clients about their supervisory discussions anyway, and then the remote supervisor can become a useful transference figure. So, in some cases, the client's own intentional input into the supervision process is central to the work.

What intrigues me is how certain clients leap straight into supervision from their first encounter and settle themselves there for a long time. They may be welcome, but who actually invited them? And then there are clients who suddenly 'pop in' while you're presenting another case. I feel sure some clients unconsciously let the counsellor know they need to be supervised. In this sense, clients 'bring themselves' to supervision.

In contrast, people you conscientiously put on your 'take to supervision' list may never show up. They 'get lost in transit', or you always run out of time. Or, if you do introduce them, you soon find yourself trailing off. In this instance, it's important to 'hear' what that individual's psyche could be telling you about their absence from supervision. Perhaps some clients unconsciously instruct us not to share anything of their story with anyone. With this in mind, we can invigorate our sense of choosing who we take to supervision – reluctantly or otherwise. ●

*In BACP documents, the figure of 1½ hours per month is always stated as the minimum for accreditation purposes. I've met many practitioners who wrongly take this to mean a 'sufficient' or 'correct' amount.

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Pressure of time

We can often work more effectively by embracing time-scarcity instead of fighting it

We're in the business of talking, primarily, and we know that a natural part of speech is silence. When sitting and talking with clients in therapy, letting silences happen is vital because the quietest parts of dialogue often move us in the most useful directions. I experience this as a therapist and as a client. But in the different role of supervisor I notice how I'm more likely to end pauses and fill spaces before they have much chance to deepen or ripen. By verbalising too soon – however inspired or confident I might feel in the moment – an opportunity for reflective drifting or extended thinking might be getting squashed.

Discussing this with a colleague who said she tended to do a similar kind of 'overtalking' when supervising, we both recognised the impulse to be brisk in supervision sessions in order to be truly efficient and effective supporters of our supervisees – who are themselves very often busy, pressured, fast-moving people. It's worth noting here that my colleague and I don't see ourselves as highly driven individuals. In fact we are generally 'rush averse'. But we're also well aware of the need to hasten when time is tight.

In supervision we experience the tensions between what we can do and what we must do

For many supervisees, time spent in supervision feels like a luxury. Of course every practitioner wants their supervisor to listen closely at length but also to talk about a range of practice issues, to ask questions, make observations, offer ideas, give opinions and so on. Every precious minute counts when supervisors have so much knowledge and wisdom to impart. My colleague and I joked about that touch of grandiosity, but we also recognised a serious point: in response to the diversity of needs, problems, doubts, demands, and challenges our supervisees bring, and in seeking to ensure they get the most from all their sessions with us, we find ourselves increasingly in 'full on' mode. This doesn't mean we don't do any well-paced reflective work but it does increase the risk of missing important details, jumping to conclusions or making misjudgements.

The wider world outside the supervisory space often feels absurdly hectic. When the daily news frequently shocks and appals us too, it becomes even more sensible to step aside from the fray for a while, to pause and sigh and re-ground ourselves. Let's not underestimate the simple benefit of a little respite from attending to the perennial problems of living. For any practitioner who is also directly involved in political activism or social justice campaigns, the need to rest and relax, to take a break from fighting the good fight, is doubly important. In this respect, I've often heard people talk about therapists and supervisors creating mini-sanctuaries of sorts – calm, benign spaces experienced as somehow separate from the seemingly perpetual onrush of daily life.

We want to be reliable, steady, grounded, unperturbed, and yet we find ourselves grinding through the gears and hitting top speed in sessions. Not always flat out, but often. What might be driving this? What 'shoulds' and 'oughts' could be influencing us here? Perhaps some unrealistic personal and professional self-expectations are at fault. Distinguishing unhelpful personal imperatives (e.g. 'I must always work as hard as I possibly can or I'm no good at all') from questionable professional assumptions (e.g. 'I should be constantly up-to-date with supervision research') helped my colleague and me to clarify the issue for ourselves. One key thing we acknowledged was how the 'quality control' aspect of supervising our peers – significantly at a time when we both had an unusually large number of trainees coming to us for supervision – had probably led us to set our own standards so high that we 'overshot the mark' from time to time. The mark we aim for is where we deliver the most helpful level of supervisory intervention. This moveable point, largely influenced by the nature of the client material brought to supervision, hovers somewhere between the supervisee's and the supervisor's responsibilities.

There's a difficulty in finding the right balance. As appointed gatekeepers and entrusted guardians of the counselling professions, supervisors are inevitably obliged to keep a load of 'shoulds' and 'musts' in mind. This applies when working with long-established practitioners just as much as it does with trainees and novices. Good ethical practice is not defined by a rigid set of regulations but at the same time we know it's not rule-free either. In supervision we experience the tensions between what we can do and what we must do. The rules (more aptly known in the current *Ethical Framework* as 'commitments') are there to be considered, discussed, exercised, applied, tested – and carrying this out conscientiously in supervision can obviously take a great deal of time.

If attempting to do too much within the time constraint is a problem, it has a straightforward solution: supervisor and supervisee(s) agree to experiment with doing less. This requires brief preparation and micro-contracting for the session. Don't try to cover a lot of ground – you might end up touching on several topics or multiple aspects of client stories but only superficially or clumsily. Instead, decide deliberately to explore fewer issues (ideally with a focused supervisory question attached to them) and enjoy the benefit of greater depth and clarity.

It's a simple matter to divide the session time into no more than three or four segments, making sure the first (which might be the most urgent) really does focus on the presenting issue. If it needs more time, the supervisor and supervisee can explicitly acknowledge this and perhaps agree to reset the schedule. This mutually decided time-management works *with* time-scarcity rather than against it. In practice, I've found it enables small but valuable periods of stillness and silence. ●

Professing and confessing

What do we mean when we describe ourselves as 'professional'?

A therapist who wanted help with his application for BACP accreditation recently contacted me. He was young and keen, with a lot to say about his professional attitude, rigour and integrity. He used the word 'professional' so frequently I began to feel it was losing any real meaning. After acknowledging his commitment to a thoroughly professionalised approach to psychotherapy, I asked – more out of curiosity than exasperation – what the term actually meant to him personally.

I've asked myself before what it really means to me too. This self-enquiry can go deep, if you let it. First of all, I think it's simply about the good feeling of doing something very well. At another level, it's to do with my self-respect and earning the respect of my peers. The mutuality of this esteem among my co-professionals relates to a deeper need to feel genuinely recognised and appreciated by others.

This surely connects to a basic need to belong, and to have an identifiable place in the complex social world. Here I could get very personal, having been a sort of lost outsider for most of my life. I'll just say that, for me, being a professional person means I'm not only a marginal person.

Colleagues talking about their own professionalism almost always describe it in terms of maturing, arriving, consolidating, realising their *gravitas*. Becoming a professional requires you to take your work seriously – no longer 'playing' at being a coach or counsellor or whatever – and to commit to a binding code of ethics. It's possibly even a kind of initiation into the grown-up world. Some have spoken of the urge to prove something to themselves or someone else (most often a parent) and this has moved them towards the arduous goal of becoming a qualified and accredited professional. In that respect, gaining BACP's public 'seal of approval' can have profound private significance.

Others I know find the formalised and institutional aspects of professional practice less significant than their personally felt sense of vocation as a helper or healer. One counsellor took the view that if bodies like BACP didn't exist, she would be working with her clients in the same way she is now. She believed that the strength of her convictions about the meaning and purpose of her therapeutic work would not be noticeably diminished in a 'de-professionalised universe', as she put it. That's quite a statement. What difference do you imagine it would make to you to be practising in such a world?

Useful provocations often arise in these reflective dialogues. For example: am I truly professional in my role or is it more truthful to say I behave in such a way that I *appear* to be professional? If that is indeed sometimes the case, what's the critical difference between acting 'as if' and being the genuine article? (It's pertinent to note here that the verb 'to profess' originally meant 'to avow', and it can still carry this earlier ambiguous sense: when we say someone 'professes to be a great cook', for example, we're implying they're really not.)

Asking searching questions like these is necessary for supervisors and supervisees because, in all forms of supervisory work, the pseudo-professional or less-than-professional aspects of the supervised practitioner's work can be – and must be – honestly identified and constructively addressed. Declaring our pretences, vanities, weird lapses and delusions of grandeur can of course feel 'confessional', but this is, after all, how we learn from the 'errors of our ways': by exploring them, not burying them. The latter is all too quick and easy; the former takes time, effort and courage. It's an essential professional task to find the time, make the effort and call up the courage.

You might agree that a sense of professionalism builds quite slowly at the start of a career – and ideally continues to grow for as long as the career lasts. I doubt if any of us can ever achieve a complete understanding of our professional persona, which is then done and dusted. That sounds like a barrier to lifelong learning. We might even say that a steady commitment to continual learning is a defining trait of true professionalism.

Is CPD the only thing you need to sustain your professional identity and prevent it from becoming jaded? Reflecting in supervision on the current state of your working life, with all its ups and downs, is in itself a resource for the nurture of this identity. Maintaining a sound professional practice is not merely a bureaucratic, timeserving achievement. Any concept of professionalism is pointless unless it's animated and energised by what we actually do in our relationships with clients, and how we conduct ourselves around the work. In this sense, the certificates on your wall – while hard won and proudly displayed – are only details.

Am I truly professional in my role, or is it more truthful to say I behave in such a way that I appear to be professional?

To return to the therapist I mentioned at the start, his response was, in short, a hesitant yet brave declaration of his relentless perfectionism. He 'confessed' (his word) that he set such high standards for himself, he could hardly bear to discuss his difficult cases (which he called 'failures') in supervision. Another 'confession' was about his strong need to impress me. Here was an ambitious practitioner (and I have his permission to say this, slightly disguised) whose highly professionalist approach looked and felt to me like an elaborate performance. Naturally, he wasn't exactly delighted to hear this when I gently let him know. What he had not yet realised, we might say, is that it is perfectly professional to confess to not being a perfect professional. ●

What do your clients say about you?

Exploring the double meaning of this question can take us to unexpected places

Here's an unusual visual experiment to play with: imagine all your current clients assembled together, as if at a social event of some kind, posed for a group photograph. Hopefully you can *enjoy* gazing at this unexpected gathering in your mind's eye. Apart from the curious novelty of the situation, what's the first thing you notice about this bunch of people? Scan the room (no need to be discreet) and observe the most evident similarities and differences between them in terms of age, sex, gender identity, ethnicity, social background and so on. (In reality we can't know all these things just by looking at people, but you get the idea.)

This is supervision in super-visual mode. As a mental exercise it doesn't appeal to every supervisee I've suggested it to, but looking at a picture like this in your imagination is hopefully more fun than merely writing down a list of all your current clients and wondering what the list says about you.

It's important to come out with the real and perhaps peculiar reasons why we think we want to work with some people and not others

What effect does your visualisation have? One colleague, after envisioning her clients like this, said how remarkably similar most of the individuals were to each other, and fully realised for the first time how closely they mirrored her own social circles. With some wry smiles she reflected on the advantages and disadvantages of this 'sameness' for her clients. In contrast, another supervisee saw several people she would be unlikely to meet socially due to their widely differing backgrounds, and said she felt surprisingly drawn to them as a group. We talked about this in relation to her own view of herself as an outsider with very fluid networks.

Everyone will create something different in response to this brief experiment, but in practice there is often one common outcome: more clarity about whether you're attracting the kinds of people you want as clients and, conversely, how you may filter out or 'disattract' other individuals. Are you 'favouring' a particular type of person for professional reasons (e.g. to do with specialist training or expertise) or is it perhaps more to do with personal bias? I invite my supervisees to be completely frank with me about why they might turn certain clients away. It's important to come out with the real and perhaps peculiar reasons why we think we want to work with some people and not others, and then we can challenge and elucidate those reasons in supervision if necessary.

Now, get ready to take your powerful imagination on a further trip. This engages with the title question's most literal meaning: what your clients *actually* say about you –

assuming they do sometimes talk about you to someone else. We clearly talk a lot about our clients (whether or not they know it) when we're working in supervision. What's not at all clear is how much our clients talk about us outside their sessions. The seemingly obvious answer is: we really don't know.*

But let's not stop there. When and why a client talks to someone about their therapist is surely part of that client's unique therapeutic process. There are all sorts of reasons why any of my clients might talk about me to anybody. But is this really any of my business? I would find it hard, though not impossible, to think of a good therapeutic reason why I'd ask a client directly what they are saying about me to other people. However, I'm still free to imagine – without getting snagged up on my narcissistic needs – what they say.

So here's the second experiment: choose any current client at random and imagine them describing you to their best friend. Based on what you know about the client and your work together, what sort of language are they most likely to use about you? I suggest you go for any negative stuff first, and be precise. In up to three words or phrases, what might be the most unflattering things?

At worst, you could see your client telling their partner (or whoever it is in your imagination) how vague, forgetful and inscrutable you can be, or how gushing and soppy. I'm exaggerating here to make a serious point: the worst thing you fantasise a particular client saying about you is going to contain a vital grain of truth. Make of that what you will. Even if in reality your client is not thinking or saying any of those things, the fact that you've told them to yourself is surely significant.

Now, putting aside any false modesty, think of the most positive comments the client is likely to make. Don't hold back in the slightest. The aim is to embrace your 'celebrated self' – your sheer loveliness, generosity of spirit, finely tuned sensitivity and relational intelligence. If you believe a client would use any those kinds of wonderful words to describe you, then you are irrefutably self-celebrating!

Up to this point, you're only dreaming up what your clients might say about you. So reconnect to the non-imagined world as follows: at your next meeting, ask your supervisor or a close colleague to tell you sincerely what they see as your three finest and most admirable qualities. Be sure to listen well. Notice how those genuine affirmations and heartfelt compliments settle in you – or not. My first therapist many years ago once said that when you're told golden things about yourself, it helps nobody if you leave them behind on the chair when you get up. Those words were meant for you only, so take them with you. ●

*As clients in therapy ourselves, of course, we do know precisely how little or often we talk to others about our own therapist, and we might even know why we do it.

Ending the contract

Throughout supervision, let's always keep an end in sight, just as we do with clients

Good supervision creates professionally intimate relationships that can last for many years. A longstanding supervision group that works well can become like a loving family you never want to leave. Likewise, a long-term one-to-one supervisory contract often resembles a solid and successful marriage. But are you really going to keep working together until one of you dies?

I'm only half-joking. If 'till death do us part' is indeed the consciously stated agreement between you and your supervisor, then at least you're both absolutely clear about where you stand contractually – and good luck to you. No longer being alive in a supervision session, or being too deceased to attend, would certainly be an indication that the working alliance had come to a close. Seriously though, while such a contract would obviously not be practicable, it does have the great merit of establishing a distinct end point well in advance.

Right from the start, supervisory contracts are strengthened by being upfront about their eventual termination, along with setting timeframes for reviews that sharpen the working agreement along the way. This business-like approach helps to keep the warm collegial feel of the relationship in good order. We risk mis-serving our clients if we let supervision sessions continually enfold us in a haze of mutual esteem. Of course we often feel genuine respect, affection and admiration for colleagues through our shared experiences and learnings, and so naturally we want to keep our best supervisory collaborations going and make the most of them. But to act as if these relationships are permanent and unchangeable is naïve.

Things inevitably change, both inside and outside the supervisory relationship, which may result in the contract coming to an unexpected and perhaps abrupt end. Whatever the circumstances, we jointly profess an ethical commitment to ensuring these endings are conducted safely. This means doing all you can to prevent any likely adverse effects on clients without compromising your own self-care.

If your current supervisor had a serious accident or illness and was unavailable for an indefinite period, what other supervisory arrangements would you be able to make without delay? In case of emergencies like this, it's good practice to have a pre-established 'stand-by' agreement with another supervisor, or at least to prepare a 'back-up' co-supervision arrangement with a peer. The contract with your original supervisor would have to be suspended for a while – and it might not resume.

This uncertain juncture presents a developmental opportunity. If it happened to me, I imagine feelings of loyalty to my supervisor could initially get in the way of clear thinking about my options. But then I hope my final decision about the contract would be made after thorough consideration of what was best for my clients and my professional development. I wouldn't want to make a choice based only on what seemed most convenient for my unfortunate supervisor.

Uncertainty can be planned for. As elders in the professional community, quite a few supervisors tend to be getting on a bit, shall we say, so the natural ailments of old age might play a significant part in the process of curtailing a contract. Supervisors know they have a responsibility to themselves and to the profession to monitor their own fitness to practise the role. It could be a very tough decision to wind down or stop supervising altogether. Either way, taking timely measures to pre-empt disruption to supervisees and their clients is an active duty of care.

Even the finest supervisory relationship has a shelf life

Less painful, perhaps, is the type of change brought about by moving away to another part of the country or abroad. Given the increasing number and variety of practitioners using communications technology to provide counselling and coaching sessions, your existing face-to-face supervision contract could easily be adapted to a new medium. Telephone supervision and online meetings work brilliantly for some people and have many practical advantages in terms of travel time and cost, mobility issues, and childcare. Whatever solution is found to accommodate the move, it's essential to draw up a new contract and be precise about the legal parameters of the work, especially around security and confidentiality.

Regarding actual rules or guidelines about changing supervisors, it seems, from conversations I've had, that a change every two to three years is believed to be recommended by BACP. This isn't indicated in the current *Ethical Framework* or, to my knowledge, in any current Good Practice in Action documents. (I'm not aware of any research on this issue either.) But that doesn't mean it's not a good idea to change supervisors during your career.

The 'why and when' of changing your supervisor is an important matter for frank discussion at each contract review. In my experience, talking about the pros and cons of continuing or ending not only vitalises the relationship, it helps me and my supervisees fully appreciate the quality of the work we're doing. This is a useful paradox I always keep in mind: celebrating our effective alliance doesn't actually preclude making plans to stop. As it happens, I believe in the benefit of working with different supervisors and experiencing a variety of formats for supervision in the course of a career. How can any of us discover our optimal supervisory conditions if we don't experiment in this way?

For the reasons I've already outlined, even the finest supervisory relationship has a shelf life. And in fact it helps to keep the work stimulating to realise that the 'best before' date can never be known in advance. I hesitate to finish here with a malodorous metaphor, but if you sense your supervision is 'going off', don't just put up with the smell – it's telling you something is dying. ●

Embrace your inner idiot

A lot can happen in a state of mental blankness in supervision

How often do you see a blatantly blank look on your supervisor's face? Watch out for this. If you never see it, your supervisor might not be doing their job properly.

I mean, there are two basic and essential attributes for being a good supervisor: one is to be comfortable knowing you don't know the answer to everything, and the other is to be comfortable with your supervisees clearly seeing that you don't know. (In terms of the 'personal moral qualities' listed in the *Ethical Framework*, we can say that the first is an aspect of wisdom – very much in the Socratic sense – and the second is humility.) In other words, a good supervisor is ready and willing to be transparently unknowledgeable from time to time. Hence the unmistakably blank expression.

I should make it clear that in this context 'blank' is not synonymous with 'stupid', and 'comfortable' doesn't mean 'complacent'. (Of course, any supervisor or supervisee will no doubt have their inglorious moments of stupidity or complacency once in a while but hopefully only as fleeting shadows of the two more enlightening 'moral qualities' mentioned above.)

Some of my supervisees may agree that I'm somewhat over-practised at staring dimly into mid-space. What they might not realise is that I'm actually having an in-depth consultation with my internal supervisor. I seem to be 'switched off' for several seconds but really I'm 'switched in'. If my apparent dimness persists for longer than usual it's only because my inner supervisor is also coming up blank. Always an exciting moment...

Our conscientious minds can go into a sort of cognitive overdrive in the quest for insight and clarity

A lot can happen in a state of mental blankness during a supervision session. Perhaps most significantly, the body starts moving in curious ways according to its particular abilities – head shaking, leg wriggling, bum shifting, hand clapping, that sort of thing – which is a relief of sorts. At least those ordinarily neurotic movements let me know I'm awake and responsive.

More seriously, such pronounced physical activity could be a timely reminder to stop trying so hard to 'get it right' or 'find the perfect solution' and so on. Our conscientious minds can go into a sort of cognitive overdrive sometimes in the quest for insight and clarity, but all that great effort can be unproductive. Meanwhile, our involuntary body movements could be subconscious instructions to turn attention away from the intellect and towards a different informational system – most notably the gut. Sometimes the belly-brain can tell you something vital that the head-brain can barely whisper.

The point I'm making here will be familiar to practitioners who have taught themselves the habit of observing and articulating their immediate somatic

experience in their work. I'm always impressed by how spontaneously some of my supervisees do this. Not everyone operates so fluently in this way, but I've never met a supervisee who doesn't put a hand to their heart, or shake their head, or wave their arms around sometimes as they speak about their clients. Most of the time our visible non-verbal communication (prompted by invisible internal processes) matches our words so well that we barely notice how active the body is in supporting the meaning we're making. Or does your language support the meaning you make in your body?

One way to find out is to shut up. Then listen to your body. I know some practitioners feel a bit foolish when they're invited to stop talking and simply 'go inside' instead. The idea of taking a few moments for quiet inward-focused attention can seem silly or pointless, but actually we are always 'consulting the body'. Doing it intentionally with full awareness can make a big difference. The trouble is that the body part of the bodymind system can be so easily overlooked in the highly verbal context of supervisory dialogue.

As extremely communicative creatures we are susceptible to 'psychobabble'. One thing I've found helpful recently in addressing this with some of my supervisees is to do a simple exercise. It goes like this: *sink into your body and let yourself be an idiot*. Just stop, drop and flop right out. (One of my colleagues flinched from the word 'idiot' and preferred 'numpty' as it felt less embarrassing. That's fine – anything that helps to reduce the potential for shame in this experiment is obviously welcome.)

Next time supervision gets too heady, wordy, repetitive or whatever, give yourself full permission to sink down into your body for two or three minutes and contact your unthinking, disengaged mind. See what happens. It's a benignly anti-intellectual exercise. It puts us directly in touch with our sensual, organismic presence in the room. And the invitation to access our 'inner idiot' is a gently provocative and humorous way to let go of the earnest, insistent striving to be a continuously coherent, profound and clever problem-solver.

In practice the effect is liberating. Most people sigh loudly a few times and smile or laugh. Often there's a release of something stifled, like tiredness, sorrow or exasperation. Our inner idiots tend to joke and swear too – another great energetic discharge. Almost everybody says it's oddly enlivening to choose to welcome their 'mindless' self into the supervision session. The experience literally re-minds us, wordlessly. To connect to our playful empty-headedness is definitely beneficial – but not all the time. As a practical part of supervision, the whole exercise need take no more than ten minutes.

I'm proposing that you regard your inner idiot as an unlikely ally in supervision and not a blank-faced part of you to avoid at all costs. Even if you find it impossible to conceive of yourself as having an inner idiot at all (what's wrong with you?!), the epithet still stands as an invitation to set yourself free and to play. ●

Typical difficulties

Whatever our orientation, we all experience similar problems in our work with clients

Supervisors who support the work of many practitioners, in different settings, over several years, will naturally get to know what most often comes up in supervision sessions. In this specific sense, supervisors really *do* see more. As a counsellor or therapist in supervision you can identify your own particular glitches, wobbles or slip-ups that tend to recur for you individually – and learn what you can do to avoid them. But you might not know how typical they are across the profession generally.

Regardless of our differing backgrounds, trainings and orientations, we do seem to encounter very similar difficulties. If you've had positive experience of large group supervision, especially with a broad diversity of members, you'll almost certainly know what I mean. This observation is not so much about common themes in clients' stories or clinical material; what I'm mostly talking about here is process not content. Take utter bafflement, for example: in my experience, this emerges in supervision with surprising regularity.

Well, on reflection, perhaps I could easily have stopped being surprised a long time ago. Given the notoriously 'impossible' nature of our therapeutic work,* it should come as no real surprise that we're often at a loss to say what it is we think we're doing. This theme clearly shows up when a supervisee says (or mumbles, or screams) something like 'I don't get what's happening with this client'; or, 'I've no idea where this is going'; or, 'I can't understand why they keep coming'. Sounds familiar? Good. These are highly useful statements to make in supervision. I commend the candour of anyone who comes out with them. It would be worrying if we said stuff like this all the time, but I do hear it a lot.

I'm stretching Freud's original meaning here, but our work is only 'impossible' to the extent that we hide behind some kind of weird professional mystique, or pretend to be something we're not, or – to put it bluntly – get too far up ourselves. I trust effective supervision to gracefully dispel such unhelpful delusions. When the creative focus of a session is as immediately compelling as 'What the hell's going on with me and this client?' then we're likely to wake up, phenomenologically speaking, to the true relational reality of our impossible task – and from this point on, in my view, we actually start doing some of our best work. You might consider it this way: *no mystique, no pretence, no problem*. Weaving this sort of mantra into the supervisory dialogue keeps us working ethically *with* the apparent impossibility of the therapy project, not struggling against it.

Now I don't want to overlook what you might call 'bread-and-butter counselling' – well-defined, familiarly shaped, often short-term and not highly demanding pieces of work, where sophisticated ideas about the necessity of therapeutic failure seem not to apply. Teaching a client a relaxing breathing technique, discussing strategies in a self-help book they're reading, inviting them to bring in family photographs to talk about, and that kind of thing, seem simply beneficial and unproblematic.

But even so, another common theme in supervision is often attached to this type of case. It crops up when you say something like, 'This appears to be helping the client but I feel we're not addressing the real issue'; or, 'The client still avoids getting into their early childhood stuff'; or, 'We've barely touched the surface of what we could achieve'. So the theme, in plain terms, is about not 'going deep', even when your clinical experience tells you that making that movement would be of more benefit to the client. You end up having to hover carefully at the edge of the depths, so to speak, while there is potentially good healing or transformative work still to be done. Descriptions of this hovering stance, in one form or another, come up a lot in supervision.

... often the most beneficent response is to stop trying so hard to be helpful ...

Another tendency you might recognise is TATTO (I've also seen it called OITO) – yes, it happens predictably enough to be acronymised in my session notes. If you've never become Too Attached To The Outcome (or Over-invested In The Outcome) during any piece of work with any of your clients, I reckon you are an extremely rare practitioner. What frequently becomes apparent in supervision is our inclination to over-work in sessions with certain people. Most practitioners I've supervised have at times got so closely caught up in problem-solving or issue-fixing, they start to believe the eventual outcome of these cases will be a valid judgement on their own competence and self-worth.

I found myself in TATTO mode recently when I failed to recognise a new client's subtle but potent talent for avoiding self-responsibility and obliging others to take over. Although I was slow to spot the pattern, I realised what was happening before getting irreversibly locked into it. As is so often the case with these common themes, the most beneficent response is to stop trying so hard to be helpful and instead to just sit back, breathe, attend, listen, and – whatever happens – be fully present. Good advice, I expect you'll agree. And I suspect we all hear it a lot in our supervision sessions. ●

*Late in his life, Sigmund Freud wrote (in *Analysis Terminable and Interminable*, published in 1937) that psychoanalysis was one of three "impossible professions" (the others being education and government). In 1981 Judith Malcom's provocative book *Psychoanalysis: The Impossible Profession* (described as "witty and wicked" by Peter Gay, Freud's biographer) helped make the notion stick, and since then it seems to have been applied to all psychotherapies. For a useful contemporary take on this concept, see Michael Soth's articles at www.integra-cpd.co.uk/blogs/the-impossible-profession/.

Questioning the edge

Is it always the case that supervision and therapy have distinct and separate functions?

As supervisors are also therapists, it's true to say that when you go to a supervision session you're literally seeing a therapist. You're paying them to provide you with professional supervision and you're not expecting them to engage you in psychotherapy or counselling – but in actual practice, supervision sessions can sometimes feel like therapy. How much have you experienced this yourself as a supervisee? It's not unusual for a part of a session to 'switch modes' in this way. Depending on the nature and quality of your supervisory relationship, it might never be problematic, but even so the blurring of roles needs to be consciously noted and named as such.

An assumption I've made here is that your supervisor is not contractually also your therapist. You might regularly see the same person for monthly supervision as for weekly therapy sessions, for example. I've never heard of anyone doing that, outside of 'old school' psychoanalytic trainings perhaps, though it's clearly possible. But why does it sound wrong? Perhaps it's not as exceptional as I think. If you've ever had that kind of arrangement, either as a supervisor or supervisee, I'd be very interested to know how it worked out.

The undefined space where supervision and therapy overlap can be not only comfortably habitable but also a rich resource

On a relevant personal note, I have a contract with a practitioner I go to see three or four times a year for individual two-hour sessions which are neither clinical supervision nor psychotherapy but certainly combine features of both. Crucially, this person lives in a different part of the country and operates outside my usual networks, so we have no tricky dual relationships to contend with. This practitioner is also an older elder than me and – if I can put it this way – 'differently wise'. With great professional finesse, we've labelled our combinatory work as 'this thing we do', though a more considered name would simply be 'personal consultation'.

Whatever it's called, the blended role works brilliantly for me, and complements my frequent local supervision. I'm giving this only as an individual example of how, within a mutually constructed one-to-one contract, the undefined space where supervision and therapy overlap can be not only comfortably habitable but also a rich resource. However, here's a telling detail: during a period when I'm seeing my regular local therapist for a block of sessions (I choose not to be 'in therapy' continuously), I feel less need for the hybrid consultation thing.

The conventional view within our professional field is that supervision and therapy are two distinct and separate forms of practice. Where do you personally stand on this? From discussions I've had, it seems people take one of

three positions, all of which are clear enough and usefully debatable: 1) making very little or no essential distinction between supervision and therapy; 2) recognising their differences are important yet they inevitably sometimes merge; 3) seeing them as critically different and never to be combined.

My impression is that the first view is most likely to be held by highly experienced practitioners – people who've done extensive supervisory work as well as a lot of personal therapy and so on. As outlined above, my own experience (albeit relatively limited) of roaming freely around and across the edge between therapy and supervision, has brought home how aware and adroit you need to be to move purposefully in that expansive realm. I would hesitate to recommend this sort of mashup to trainees or novices.

The second viewpoint strikes me as the most realistic, if only because it's shared by nearly all my colleagues. They argue reasonably along these lines: the purpose of supervision is to support the practitioner to support their clients; when the primary focus is on the clients, that's clearly supervision; when the primary focus is on the practitioner, that's still clearly supervision – as long as the clients haven't dropped out of the picture altogether.

If a supervision session is all about the needs of the practitioner, and their clients are barely mentioned, then it's very likely that the restorative function of supervision is dominant for some reason, such as recent news of an unexpected bereavement in the supervisee's private life. This is, of course, when supervision will feel therapeutic. It needs to be, to meet the ordinary demands of the extraordinary moment. Pre-existing positive transferences in the supervisory relationship will obviously help matters. But it doesn't follow that the supervisor becomes the practitioner's therapist. It means the supervisor consciously offers extra consideration and concern for the supervisee's emotional state and, by doing that, also helps them to take good self-care and manage their workload well. While attending compassionately to the person of the practitioner the supervisory emphasis is ultimately on the person's professional role. In this situation, if the supervisee already has a counsellor or therapist, so much the better.

Finally, there may be a theoretically sound rationale underlying the proposition that supervision and therapy do not and must not overlap, but, in my opinion, this stance is too rigid to be of any real benefit. In practice, strictly maintaining the division feels harsh and artificial. Perhaps an ethically expedient compromise can be struck here: to practise consistently as if supervision is always distinguishable from therapy while remaining open to other possibilities when some kind of edgy blurring occurs. Talking together at the edge about the edge is surely the safest way to negotiate it – or discover that it's not even an edge. ●

Shadow signs

Are your unsaintly traits plain to see or hidden somewhere in the shadows?

I am furtive, careless, cowardly, selfish, arrogant, superficial and wilfully stupid – and that’s just for starters. All these epithets and more occur to me while looking at the list of ‘personal moral qualities’ in BACP’s *Ethical Framework*. Whenever I read it, each fine quality listed there brings abruptly to mind its crude opposite, as if the worst aspects of my character are as notable as my virtues. Is this only me being perverse, or do you have a similar reaction? Perhaps the list is such a worthy compilation of superb values and principled behaviour that it can’t help but remind us of our very ordinary capacity for dubious values and bad behaviour.

Let’s not forget the main reason we devise professional codes of conduct is because deep down we know we’re dodgy. While supervision nurtures our most beautiful aspects, we don’t pretend to be angels. As a ‘good enough’ practitioner, are your unsaintly traits fairly plain to see or are they almost always held somewhere in the dark? Where there is light, there is shade, as the truism goes. That ancient homily can also take a more personalised form: *the flip side of the best version of yourself is always present*. When this ‘other you’ turns up – seemingly from nowhere – all sorts of trouble could follow, for better or worse. Learning from trouble leads us to liberation. In professional supervision, as in most kinds of reflective dialogue, odd manifestations of your personal shadow may prove to be useful. There might be some shock or shame to deal with but, paradoxically, shadow material can illuminate our work.

We need to be careful of course. Anyone steeped in Jungian* lore and legend knows that venturing into the psyche’s shadow is no walk in the park. In therapy it can feel like a trip to hell and back. But even if we somehow manage to avoid going there in supervision, we’d be wise to acknowledge its astonishing power and keep our conscious minds alert to its potential. Individually and collectively, we’re dangerous when we’re naïve about the unconscious darkness in our souls. This is why I want to offer some reminders here of how the shadow may signal its presence in supervisory work.

I’ll kick off with the concept of negative projection. Most of us are adept projectors of our shadow selves. The most basic process goes like this: what I would hate to see in myself I unconsciously project onto someone else and then hate it in them. It’s that unobvious. Your shadow looms large in supervision when you find yourself ranting on in great detail about someone who’s not there. Perhaps an energetic offload of crap is sometimes necessary in a session, but it’s likely to be more helpful to the work if some of what’s being projected is taken back and reflected upon. For example: if I’m volubly outraged by the incredible arrogance I see in a colleague, my shadow projection is also telling me to acknowledge and take care of my own arrogance.

An emotionally charged disowning of what is unacceptable in yourself applies to positive projections too. Our personal shadows contain buried treasure. As a

counsellor and supervisor, I’ve seen people squirm with a sort of pained delight when I’ve reflected back a lovely quality they’ve projected onto me or others without recognising it in themselves. Similarly, if a super-keen trainee puts me on a supervisory pedestal and hangs on my every word, I’m helping neither of us by merely receiving that gratifying projection as if there were no flip side to it.

Some of us put competitiveness in our personal shadow where that energy grimly festers until emerging as sheer bitchiness

Unequal dynamics in supervision evoke strong shadows. Consider these two familiar words: *power* and *authority*. If your immediate associations are about domination, oppression and abuse, you could simply say the negative aspects of power and authority are not hidden from you. But what then happens to your actual ability to be powerful and authoritative as an independent practitioner? We know how power is misused in supervision, as it is in any kind of helping relationship, but if this knowledge prevents you or me from exercising our own benign power authoritatively, then the unexplored shadow has won.

Since we all participate in supervision in one role or another, we can each take responsibility for daring to call out the signs of shadowy stuff. How about boldly making it an explicit part of your supervisory contract? With candour and goodwill in the mix, it becomes only difficult, not impossible, to comment on shadow intrusions in supervisory dialogue. They appear in sarcasm, put-downs, over-talking, teasing remarks that fall flat. Omissions can be telling too. For example, supervisor X might not be aware of the mean-spirited envy she feels towards supervisee Y until X ‘forgets’ to write a reference for Y’s exciting new job. Some of us put our competitiveness and rivalry in our personal shadow where that energy grimly festers until emerging as unkind gossip or sheer bitchiness.

We’re only human – and isn’t that the point of the *Ethical Framework*? Our professed goal of embodying all the bright and shiny qualities delineated there means we can’t honestly avoid encountering some of our shady characteristics too. A cool and cunning part of our ethical awareness as practitioners is *expecting* them to show up. If we imagine they stay constantly obscured in the shadows and never affect our working relationships, then we really are heading for trouble. ●

*I don’t mean to imply the shadow metaphor is exclusively Jungian, though Jungians famously have the most to say about it. For an accessible, thorough, and appreciatively non-Jungian exploration, I highly recommend *The Shadow and The Counsellor* by Steve Page (Routledge, 1999).

Ethical hypocrisy

It's not unusual to be hypocritical, so let's make sure we're ethical about it

Supervision is a bit sneaky. We meet in private to talk about individuals who aren't there. We're constantly reporting, guessing, imagining and putting two and two together. Some people would call this gossiping. And we often say things in supervision about a client that we wouldn't say to their face. Imagine if one of your clients was sitting in your session with your supervisor and listening to you talking about them. How might that affect you? The degree of difference it would make to what you said, or the way you said it, could be very useful as a measure of your ethical hypocrisy.

Of course we're not mere gossips, and we're not sneaks either, but you take my point. It's your well-tuned ethical sense that tells you why you're describing a client in language you wouldn't use if they were in the room with you. We need to know why we do this and we would be non-ethically hypocritical if we didn't know.

Good supervision enables us to take a dispassionate and curious look not only at how 'two-faced' we may be, but also how we use our awareness of that duplicity. This reflective process can be awkward but it's not agonising. We could start with the familiar notion that a hypocrite* is someone who doesn't practise what they preach. So that's already most of us, right? When you offer therapeutically wise and sensible ideas to your clients – about self-care and self-compassion, for example – do you genuinely apply these same things to your own daily life?

The high level of confidentiality in the consultation process allows for, and even legitimises, the application of double standards

Let's not dishonour our subjective truths on this. For myself, I reckon the answer is 'no' about a third of the time. From discussions I've had with colleagues it seems that we do regularly practise some of the good stuff we preach, but we're also quietly aware of ways we fail to 'walk the talk'. Bringing that self-awareness into the supervisory frame is always beneficial, because where we are in some sense 'lapsing' or 'falling short' is precisely where we invigorate the natural impulse to grow and develop. In this respect, gently declaring our personal pieces of hypocrisy in supervision becomes self-motivating, not self-shaming.

We talk a lot about our clients in supervision sessions but how often do we talk about our supervision in client sessions? Hardly ever, it seems. In fact most clients probably know almost nothing about supervision other than what's stated briefly in the counselling contract. In my experience, it's extremely rare for anyone to ask about supervision. So in any given piece of work, it's highly likely that both the practitioner and the client are totally silent on the matter – albeit for very different reasons. One

professional rationale for the silence is that the content of supervision sessions is confidential between the parties undertaking the supervisory contract; the client is not a signatory to that specific contract, so what goes on in supervision is strictly speaking not their business. It makes sense in terms of strong containment, but the more I think about this set-up, the more intriguing it gets.

I wonder if the practice of supervision itself isn't a discreetly specialised form of hypocrisy. The high level of confidentiality within the consultation process allows for, and even legitimises, the application of double standards. The therapy space and the supervision space are held to be distinct. Different rules apply in each. Whatever we do and say in one place is not witnessed in the other. Confidences can become confused with secrets. Dual relationships can result in clinical collusion. And who really knows what goes on behind closed doors anyway? Things can get weird. No wonder we have such a carefully crafted set of commitments to accountability within BACP's *Ethical Framework*. We might have set ourselves a nice trap there: the greater the ethical language we use to describe our professional obligations in supervisory relationships, the more we lay ourselves open to the charge of hypocritical posturing.

The traditions and conventions of supervision have evolved primarily to minimise the risk of harm, mainly to clients and also to practitioners. As a profession we're somewhat compromised in this regard since we have almost no research-based evidence that supervision is intrinsic to the achievement of that worthy aim. We *feel* that it helps more than we *know* that it does.

Engaging in supervisory work is not unlike an act of faith: we believe in its goodness without being able to prove it other than doing it steadfastly in the belief that it's good. The reality is that as members of BACP we are *required* to believe in it. This situation potentially exposes us to two particular states of active hypocrisy: practising supervision while not believing in it (completely cynical), and practising supervision while never admitting our doubts about it (secretly sceptical).

If you know how it feels to embody the second type of hypocrisy, you'll also know the best ethical move to make is to become openly doubtful. Actually, this applies to all of us: our least worst hypocritical position is frank and fearless scepticism. Then we can honestly call ourselves good ethical hypocrites. ●

*I like the fact that the word comes to us directly from *hypokrites*, the old Greek word for 'actor'. It literally means 'speaking from underneath' – in ancient Greece actors wore masks to indicate the character they were portraying, and acted or spoke from underneath or behind the mask. This theatrical origin is still evident in the modern use of 'hypocrite' to mean someone who is not what they seem: they're a 'bad actor', in the sense of a person apparently acting in good faith but in reality only pretending to.

What are we up against?

In these troubled times, our work is more powerful than we realise

Sometimes I imagine supervision sessions as subversive cells of invisible activity, as if we're creating remedial pockets of resistance to the madness and destruction going on around us. If you've ever thought of your supervision as an oasis of sorts, or a kind of safe haven, you'll probably know what I mean. Such a restorative space isn't necessarily 'subversive' in the revolutionary sense, but I often get a feeling there's something we're seeking to overthrow or turn upside down.

To push against anything requires firm footing. When supervision provides a holding field with solid ground to stand on, it strengthens our connection to our foundational values. The benign, fair, inclusive and equitable world evoked by BACP's *Ethical Framework* is hopefully what we're pushing for – and all the while an uncaring, unjust and oppressive world 'out there' inevitably pushes back. And still we continue to push on through, as best we can.

In supervision, the individual stories we recount from people's lives constitute something far greater than 'case histories' in the clinical sense. With each person, at each session, through each therapeutic encounter, we're dealing with the human struggle to overcome suffering. We want to make sense of how our clients suffer and to help them help themselves find a way to suffer less. This is what we're good at. And because we habitually reflect on what we do, we keep getting better at it. Our supervisory skills in collaborative sense-making and appreciative enquiry can make the process of supervision itself feel like an antidote to suffering, even if only partially and temporarily. The truth is, we know we all suffer, and because we're all in this together, we press on.

It's this pressing on that heartens me every day in the role of supervisor. Practitioners in supervision often say how deeply some of their clients inspire them. I hope that supervisors never overlook how often they are in turn moved and inspired by their supervisees. Clients, service users, patients, clinicians, supervisors, pastoral carers – whatever our role, we're all people who learn from each other. It would be grandiose to place supervision right at the heart of this collective learning, but it does perform a vital role in keeping our professional body alive.

All heart metaphors are bloody ones. I'm reminded of a recent conversation with a colleague about what it means to be truly whole-hearted when supervising. She talked vividly about trusting herself to get her blood up in supervision when she needed to, pointing out that real passion is rarely polite. For myself, I know I sometimes take advantage of the robust confidentiality of the space to spout things about my working life I might never let loose anywhere else. How about you? If an issue within or around your professional practice makes your blood boil, be sure to let your supervisor know about it. The same goes for what you might perceive in yourself as 'bloody-mindedness': if you find it applicable, that curious term probably says less about your stubborn ways than it does about your steady resolve and fortitude in adversity.

The sheer effort we frequently put into supervision isn't always obvious, even to ourselves. While we engage in our somewhat specialised dialogue, focused on finding meaningful language and imagery to create more understanding, our bodies are also busy making sense of the wide-ranging and often richly metaphorical discussion. Embodied experience in supervision can be more intense than we appreciate. Sensations of physical tiredness, for example, may arise after a session which at the time did not feel at all tiresome or draining. Conversely, I often feel mentally and physically 'charged up' following supervision, despite having been sitting down in largely reflective mode for an hour or more.

Supervision reminds us we're not superhuman. We persevere with our fine sensitivity because we've also learnt what to do to restore ourselves

As our psychosomatic states ebb and flow, they may be only partly traceable and explicable, yet we owe it to ourselves to notice the changes as they occur and ask ourselves what they could mean. What might be identified as vicarious trauma or second-hand shock is very likely to affect any of us in some way at some time. Supervision reminds us we're not superhuman. We persevere with our fine sensitivity because we've also learnt what to do to restore ourselves. You know your supervisor really cares about you and your work when they gently and persistently check to see if you're practising effective self-care. Almost no other profession applies this crucial ethic as part of regular and continuous support.

We would be extraordinary creatures if we never felt pulled out of shape or unpleasantly disturbed by our client work. Talking about these experiences in supervision fulfils our ordinary human need for recognition and understanding. This process is commonly called resilience, but I think there is something else going on which is not usually acknowledged.

When I referred to 'subversive cells' and 'pockets of resistance' earlier, the associations with underground liberation movements were intentional. I'm not suggesting that by engaging in supervision we become militant protagonists in some kind of covert insurrection, but I am saying we are involved in a movement against the established order of things. I'd like us to say this to ourselves more assertively and more often. The processes of supervising and being supervised are not carried out with the purpose of keeping everything just the way it is. ●

Curious correctness

Making our language more inclusive has a double-edged effect

A colleague was talking about how the initialisms 'LGBT' and 'LGBTQIA', and other colourful variants ('QUILT BAG' is a personal favourite), were becoming increasingly contentious. As we discussed the way some so-called 'politically correct' terminology can – for better or worse – lose its potency, it became clear she hadn't heard of the more recent term 'GSRD' (Gender, Sexual, and Relationship Diversity). She liked it and found it made a lot more sense. I'd had the same response when I first came across it.

In their extremely useful BACP guide to *Gender, Sexual, and Relationship Diversity*¹, Dr Meg-John Barker points out that our understanding of GSRD is just one among many in the world today. The biopsychosocial model they advocate is open and inclusionary, therefore it's inevitably expanding and shifting. This fluidity is to be welcomed even though it means that some of our contemporary concepts are likely to be seen in the near future as misleading or just plain wrong. Historically, sex and gender research shows how firmly held beliefs and standard practices become dispelled and superseded as each decade passes. In this respect, we are wise to remind ourselves how little we know.

Supervisory dialogue is our way of grappling with what it is we think we know about our work with persons with all kinds of identities. Much of the language we employ comes from an assortment of psychologies and therapeutic theories invented throughout the twentieth century; some arrived in our lexicon only yesterday, so to speak, and therefore can sound peculiar and feel unwieldy. During supervision sessions I've noticed a tendency to doubt the validity of a trendy neologism when it appears to be merely the latest addition to 'woke' orthodoxy. But some words that strike us as novel have been around for a long time. To take just one example: 'cisgender' seems completely new-fangled to many people I've talked to, but according to Wikipedia² it was originated in the 1990s and has been in the Oxford English Dictionary since 2013. That's not ancient, but it's not exactly brand new either.

'Correct speech' in the public sphere is arguably never a bad thing when it has the effect of making our everyday language kinder and more socially inclusive, but it doesn't follow that 'non-correct speech' in private conversation is always a bad thing or inherently unkind. In the confidential setting of a supervision session our ability to speak freely is essential for the deepening of our real understanding of ourselves and others. Simply adopting the corporatised language of 'wokeness' is not the path to genuine awakening.

That view was expressed repeatedly in responses to a questionnaire I've been circulating in recent months, as part of a non-academic enquiry into 'free speech' in supervision*. Many people referred to the importance of trust in the supervisory relationship – the kind of mutual trusting that enables unguarded dialogue around divisive issues. Some spoke of the relief they felt in not having

to 'walk on eggshells' with their supervisors when discussing certain controversial topics (the debate around transwomen's and ciswomen's rights was given as an example). At the same time, several practitioners were primarily concerned not to say anything in supervision that could be offensive to anyone.

The high level of concern about words that cause offence – especially to people in marginalised groups – is a contemporary phenomenon that seems to run through us like an electric current. It regularly generates a stream of commentary on popular social media, where the flow of offence-giving and offence-taking is relentless. Even in normal, friendly conversations lately, I've noticed a tense kind of attention paid to certain words and phrases. This goes beyond simple good manners. When it shows up in a supervision session, I'm curious about what might lie behind the apparent tension. And I'm especially interested when the notion of 'permitted speech' comes into the frame.

For example, a supervisee recently asked 'Am I allowed to say this?' before hesitatingly describing a client as 'mixed race'. Now, the initial thoughts you might have in response to this are probably similar to what occurred to me at the time. First of all, I wanted to know what the client called themselves, because I would almost certainly take that to be their preferred term. Secondly, I wondered what the counsellor really meant by asking me if they were 'allowed' to say those words. What's implied by the question is that our ordinary speech is somehow being regulated and monitored. This might lead us disingenuously to ask: who exactly is in charge of all this policing anyway? But it's more useful to reflect on what *ethos* it is that permits or prohibits the language we use.

In the context of professional supervision, I believe that what gives us the freedom to speak freely is rooted in the ethical principle of self-respect. Out of all the principles stated in the *Ethical Framework*, self-respect comes to the fore here. Respecting myself is the basis of my respect for others. I disrespect myself when I silence myself, and I disrespect others if I silence them. About one-third of the people who took part in my survey believe that political correctness in supervision leads to harmful self-censorship. Are we becoming censorious? I hope not. I want supervision to be a space where everything is seeable and nothing is unsayable. ●

*I did this research in preparation for a workshop on 'Feeling Edgy: Free Speech in Supervision', part of the Supervision Conference UK, entitled 'Supervision on the Edge: World in Crisis, World in Trauma', organised by Severn Talking Therapy in Birmingham in March 2020 – cancelled due to pandemic-induced lockdown.

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Professing our love

Let's be sure to embrace the part that love plays in our work

I feel I've been around in this crazy world long enough to know something about love. But, as Erich Fromm points out on the very first page of *The Art of Loving*,¹ love is not a sentiment to be easily indulged in by anyone, regardless of their level of maturity. Loving requires artistry and dedicated practice – just like therapy.

Do we talk enough about love in our professional lives? This question has been on my mind for a long time. I've been wondering how to write about it without reducing the emotive significance of love to platitudinous mush. But discussing it now, as the pandemic drastically disrupts our routine ways of living, feels not only relevant but essential. The urgency of what we're facing every day is potentially so transformative, even a mushy old platitude might turn into something vital and true.

While it may seem incongruously technical to adopt a 'modality' of love, this form of conceptual differentiation doesn't reduce love's therapeutic power, it refines and enhances it

We all know we couldn't do the work we do without love in our hearts, but in supervision we seem hesitant to talk openly about our loving feelings. To do so would risk being seen as sentimental and naïve, perhaps, or unboundaried. So we might say that love is shy in supervision. Or maybe love is always quietly present anyway, and needs no announcement. Even so, I'm still interested in what's happening in a session when love, as an embodied relational quality, is silent.

Many other kinds of feelings towards clients do find expression as we talk – and they're not always warm and compassionate. It's not unusual to get in touch with our irritation when describing our work. And there might be occasions when we need to talk frankly about hating a client. In transference terms, giving a voice in supervision to your unusually negative feelings towards a person can feel clinically more important and necessary than putting words to your more familiar positive feelings towards people. Yet I'd say there is – without wanting to sound trite – a whole lot of love in our work.

At one level, the truth of this is discreetly revealed in supervision when you say of a client, 'He's such a lovely guy'; or, 'I really love working with him.' You're not directly saying, 'I love him', but you are directly naming love. Maybe we do this in supervision more often than we know. One way or another, our ordinary language tells us when a loving feeling is happening in the relationship.

On another level, more than simply hearing the words when I'm supervising, I like to notice all the signs of affection that supervisees show towards their clients.

Smiling and chuckling when you discuss a client are usually indications of a strong liking for the person. Sighing dreamily and mentioning that the client reminds you of a former lover will mean the depth of liking needs closer attention. Owing to the various ways the little words 'love' and 'lover' are commonly used in English, awkward misunderstandings can arise. Sexual chemistry is almost always in the mix. It certainly helps everyone, when we speak in supervision of loving our clients, to know what ground we're on.

Where do we stand in the field of love? Grounding ourselves in a particular 'mode' of loving provides some clarity here. While it may seem incongruously technical to adopt a 'modality' of love, this form of conceptual differentiation doesn't reduce love's therapeutic power, it refines and enhances it. I feel confident in making this assertion thanks to the unique 'taxonomy of love' set out by Suzanne Keys in an article in *Therapy Today*.² Rooted in person-centred theory and practice, Keys proposes to reclaim love as central to the counselling encounter. She does not regard loving in therapy as an active technique, but as an emergent property of the relationship, and I'm sure most of us would say something similar about the kind of professional intimacy created by strong supervisory alliances.

Her framework for love in therapy takes the four 'classical' forms of loving (using the old Greek terms *agape*, *storge*, *philia* and *eros*), and describes five dimensions (psychological, transpersonal, physical, political and ethical) within each of them. At first sight, this might look like a cumbersome theoretical model, but don't be put off. In practice, I've found it has helped me to 'think feelingly' about the many meanings of love in therapy and in supervision.

As an immediate way to stay open to sensing and understanding love in a professional setting, you might prefer 'feeling thoughtfully' to 'thinking feelingly', but I reckon they amount to the same thing. Although love is not a thing, of course. We imbue things with love, but there is no such thing as love. Writing about supervision, this observation is eloquently expressed by Joan Shohet when she says: 'My experience, over the 40 years I have been receiving and offering supervision, is that, like love, it is a verb, not a noun. It is a process, a service and a relationship in which love, trust, self-belief, self-knowledge, creativity, grieving, suffering, bearing witness and attending to the context are all core ingredients.'³ Those words point to what we might call the 'growing-upness' of supervisory relationships – and it's hard to imagine growing up professionally without love playing a central part. ●

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Beyond working well

You don't really know you're working well until you're not

'How do I know I'm working well?' A newly qualified counsellor asked herself this in a session recently and it threw me a little. She knows I see her as an engaging and creative practitioner, but her sincere question seemed to reach beyond that. What exactly does it mean to work well? How do any of us – keen novices and old hands alike – know for sure that we are doing good work?

You might immediately say that our clients are always telling us, or showing us, in one way or another, directly or indirectly, how we're doing. After all, they're the only people who see us working. Not only are we working with them, they *are* the work. And, more prosaically, they're the paying customer, which means their view of things matters most. So the quick answer is: ask the client. But let's take a moment to pause here, and think about what might be inside my supervisee's question.

What's internal to a good query can usually be transposed into an 'I-statement'. In this case, it could be: 'I don't feel I'm working well very often'; or 'I can't trust my own judgment about how well I'm working'; or 'I find it difficult to ask for feedback from my clients.' None of these rang true for my supervisee (though she did acknowledge she could perhaps invite feedback more frequently). We talked a bit more about the timing of the question (why now?), and about two or three current clients who came to mind. Then she rendered her implicit statement as: 'I'm almost constantly aware that I don't yet know how to truly believe I'm a good-enough counsellor.'

*Her internal supervisor was increasingly interested in **what** she was doing, while her internal critic was only ever interested in **how** she was doing*

As we discussed this positive clarification (I'll come back to that valuable but possibly misused term 'good enough' later), we created an image of supervision as a sort of testing ground, a reliable and robust space in which we practise the art of authentic self-questioning just as much as the craft of doing therapy and supervision. She also accepted a reframe I offered her: the question was prompted by her budding internal supervisor, not by her longstanding internal critic. In relation to the notion of 'working well', her internal supervisor was becoming increasingly interested in *what* she was doing, while her internal critic was only ever interested in *how* she was doing. Paying too much attention to the latter is almost always more discouraging than motivating. Any trainee practitioner whose self-belief is hesitant and slow to grow is very likely to need evidence of their supervisor's genuine belief in them. This dynamic may be so obvious that we take it for granted. Who would want to

work with a supervisor who didn't find them credible? I believe the mentoring aspect of supervision must be based not only on the supervisor's ability to see the supervisee's true potential, but also on their ability to give explicit credence to what the supervisee can't yet see clearly in themselves. I can still recall the plain, but precise words of encouragement spoken by my first supervisor when I was a beginner. Significantly, none of what she said felt like bland reassurance or mere praise. (To read about the specifics of giving encouragement in supervision, see the article by Anthea Millar, Penny Henderson and me in *Private Practice*, Spring 2014¹.)

Most supervisors, it would seem, don't have much of a problem with their own credibility. We reckon we've paid our professional dues over many years in varied settings and can speak from wide experience, hopefully without grandiosity or false modesty. But a strong level of self-belief doesn't preclude useful self-doubt.

For example, I notice feeling a bit fraudulent from time to time. When this happens in a session, I take it as a likely indicator of a new learning edge appearing in the field, or at least a sudden sign that I've forgotten what I'd assumed I still knew. Or it's reminding me that the 'fake it to make it' strategy, which has its merits, is less than ideal and doesn't always come off. And sometimes I'm just not mustering enough trust in myself, and it shows. In any case, that silent inward shift from self-belief into self-doubt tells me not to be complacent about how well I think I'm working the rest of the time.

The paradox here is sharp: you really don't know you're working well until you're not. Working well is fully noticing and getting genuinely curious about what's happening when you feel you're 'off'. Furthermore, you're working well when you respond to your 'offness' by taking it honestly to supervision and figuring it out.

Returning briefly to the phrase 'good enough', here's a question to consider: is believing yourself to be a good enough practitioner truly satisfying for you? There's an enticing challenge here. It's to do with your readiness to raise your game – to go beyond 'working well' – not just when an unusual situation demands it, but in everyday practice too. The same point has been put differently, and in no uncertain terms, by Michael Carroll: 'Good enough is at times not good enough, and can become a lazy catchphrase for mediocrity and low expectations.'² Ouch! He's addressing supervisors, but I think these words can serve as a benign kick in the pants for anyone in our profession. ●

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Convention and unconvention

If we don't get a grip on our conventionality, we risk being gripped by it

A year ago, reflecting on the power of our work in troubled times, I wrote that the '... processes of supervising and being supervised are not carried out with the purpose of keeping everything just the way it is.'¹ I was saying that supervision can be positively subversive. Today, in our even more troubled world, I stand by that assertion, but having thought more about it, I'm going to partly disagree with myself now and argue that supervision is also a conservative practice. (You'll note the small 'c'.)

It is conservative in the sense that the ethical principles underpinning our therapeutic and supervisory endeavours are primarily about preservation and protection. Essentially, we seek to preserve good mental health – and all the human potential that goes with that – and protect it from harm. From many decades of enquiry, experimentation and experience, the counselling profession has created a huge knowledge base that informs our modes of preserving and protecting. No one knows everything that's held in this knowledge base. It's so extensive and complex, we need to keep an attentive, collective eye on it or risk losing some of the treasures it contains. By taking this perspective, we can regard the development of supervision as an attempt to conserve the best of our traditions.

What kind of tradition do I mean? There's one that always stands out in our field: the cultivation of virtue. Traditionally, counsellors from all schools have sought to become especially virtuous. Although we're not philosophers in the manner of the ancient Greeks, the *Ethical Framework* states (page 12) that our actual and aspirational 'personal moral qualities' constitute a 'contemporary application' of virtues derived from moral philosophy. Clearly, the activity of pondering the rights and wrongs of human behaviour is as old as the hills. To be human is to ponder. As practitioners of supervision, whichever chair we're sitting in, we might even call ourselves professional ponderers. And we know that the troubled client stories we recount in supervision are very often illustrations of moral predicaments that are actually nothing new – people have been wrestling with these sorts of problems for centuries.

Another tradition sustained by supervision is what the Greeks called *phronesis*, usually translated as 'practical wisdom' or 'applied virtue'. These terms remind us that supervision of counselling is not academic work. Of course we have several theoretical models that help to guide the supervisory process, but these are lifeless constructions without the energetic messiness of real people's actual 'stuff' (to use the correct technical term) flowing into them.

When the messy or perplexing stuff we engage in with clients comes into the supervisory space, it stimulates our virtuosity. We apply our moral knowledge to it through honest dialogue, to our highest ability. In order to do this, we convene (literally 'come together'), and in making that movement, conveniently enough, we make ourselves conventional. Supervising thereby becomes

conventionalising. How does that sound to you? My point is more than a piece of wordplay: it's essential for us to get hold of the conventions of supervision and not just be held firmly by them. If we don't get a grip on our conventionality, we risk being gripped by it.

The 'containment' function of supervision may sound rule-bound and conservative, but containing is not the same as constraining

As you read this, what kind of associations do you make with the word 'conventional'? My first associated word is 'dull', followed by 'safe', 'routine', 'unquestioning', and also I see an image of a well-worn path. Now, none of that is how I view supervision itself – except that I do experience it as providing safety in the sense of it being a trusted space in which to take risks. And, there's also something really valuable about the routine aspects of regular supervision. The characteristics of familiarity and continuity are not inherently dull or incurious – so much depends on what is brought into the space. If your thinking runs along similar lines, you'll probably agree with this idea: we need a conventional approach to the construction of supervision while feeling free to break conventions within it. What's often spoken of as the 'containment' function of supervision may sound rule-bound and conservative, but containing is not the same as constraining.

In principle, you and I are perfectly free to judge how unconstrained we want to be in supervision. While we all endure the variable restrictions of pandemic-induced lockdown, some of us feel a strong urge to 'unlock' ourselves in some way. Given the currently pressurised sociopolitical conditions – not to mention the apparently ever-present climate emergency – I see this sort of loosening up and letting go in supervision as an aspect of professional self-care.

However superbly skilled you may be at 'applied virtue', there are times when your client-centred ponderings could become merely ponderous. So you might choose to decompress in a supervision session by, for example, having a good old rant instead. Or, more seriously, if you come to a session with a heavy heart, then instead of ranting, you could find yourself lamenting. It would be an unconventional use of supervision to moan and groan, or weep and wail, perhaps. But who sets the rules about that? ●

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The integration of honesty

Our capacity for acting with real integrity is strengthened where fear and shame are felt

Who can say they're totally honest in every supervision session? Probably the answer is 'no-one', but that would be too literal-minded, even if it seemed to be the truth. Besides, are we sure we know exactly what it means to be honest in supervision? Honesty is much more than the absence of dishonesty. I'm not necessarily being honest with someone simply because I'm not lying to them. Likewise, in supervisory dialogue, we're not necessarily being honest with each other just because our professional contract obliges us to avoid mendacity and deception.

I'm assuming most of us are aware of our ability, when talking about our work, to censor what we say, both knowingly and subconsciously. While some of this selective editing is inevitable and necessary, and therefore honourable, I believe we tend to exaggerate things too, which could be dishonouring the story. I doubt if any of us are never tempted to get creative with the truth. If that's the case then there's a further question to ask: what keeps us from being dishonest in supervision? That may sound irreverent but it deserves a conscientious answer.

When the *Ethical Framework* mentions 'honesty' (which it does in four places), it's always linked to 'integrity' (mentioned twice as often) – one of the personal moral qualities to which we all agree to aspire. The words 'coherence' and 'probity' are both used just once in relation to honesty. Perhaps surprisingly, 'authenticity' doesn't appear at all. It looks like the key ethical term to engage with in a discussion of the meaning of honesty in supervision is *integrity*.

I don't think we can say anything really useful or convincing about integrity without employing some active verbs. It's derived from the Latin *integer*, meaning 'whole', so we could speak of wholing – but we don't. We do speak of integrating (becoming whole) and disintegrating (becoming unwhole). How does this happen? In a court of law, by swearing solemnly to tell the whole truth and nothing but the truth, people are in a sense integrating themselves. In supervision, less solemnly but no less seriously, we are committed to integrating ourselves not only by giving honest accounts of our work, but by being open to receiving and integrating honest responses to those accounts.

To become fearful or ashamed in supervision does not somehow make you dishonest

Let's illustrate this rather earnest-sounding business of integrating – of practising with integrity – with some examples of issues that counsellors have said they find very difficult to bring to supervision, or fear being brought up in supervision, and therefore might not be completely honest about. I'm using research summarised in an

article¹ published by BACP over two decades ago, but I don't suppose things have changed much over the years.

There seem to be four main areas of difficulty: 1) Very strong negative feelings (hatred, revulsion) or very strong positive feelings (sexual desire, yearning for close friendship) towards clients: some counsellors may find such feelings so tricky and uncomfortable to talk about, they are never openly declared. 2) Very strong feelings about supervision: supervisors evoke emotional reactions in counsellors that go unspoken; a supervisor may be perceived as incompetent, critical, demanding and controlling; the counsellor is unable or unwilling to confront the supervisor's power and authority. 3) Clinical errors: when a counsellor makes a serious mistake either through omission or inappropriate action; when there is a significant boundary transgression. 4) Personal issues: when aspects of a counsellor's private life or identity that could significantly affect the counselling relationship are not disclosed to the supervisor.

Those four problematic areas may not always be intrinsically 'disintegrative' or 'unwholesome', but they are likely to go that way if never attended to with honesty within supervision. We could say the supervisee is practising dishonestly by not raising these matters, but if we do make that judgement we must surely seek to understand why they're keeping silent. The research describes several explanations. Here are three that stand out:

1) Fear of negative evaluation: trainee and novice counsellors face a dilemma in wanting to present themselves as competent while having to engage in a process which requires them to be transparent. 2) The impact of an audience: for some counsellors in group supervision the presence of several people can feel such a threat that sensitive material is purposefully avoided due to shame and embarrassment. 3) A defective working alliance: a poor supervisory relationship means that counsellors feel too unsafe to disclose all aspects of their work.

These brief descriptions tell us that when fear and shame are active in the supervisory space, honesty is inhibited. But let's be clear: to become fearful or ashamed in supervision does not somehow make you dishonest. Your individual capacity for integration, for acting with real integrity, is tested and strengthened precisely in the places where fear and shame are felt. None of us can avoid encountering this challenge in supervision if we're truly seeking to integrate ourselves.

It's undeniably tough to be faced with the task of being honest about our ability to be less than honest, but we learn how to put ourselves through this without dying of shame. It's honourable work, and it regularly reinforces our integrity – perhaps far more than we realise. ●

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Doubts about power

Supervisors are expected to own their power but powerful roles can be played badly

There is something dubious about supervision. Despite being firmly embedded in our professional culture, it isn't warmly embraced by everyone. Some of us love it, some of us have mixed feelings about it, and some just don't like it. I reckon a small minority of therapists in private practice would choose not to have supervision if it were an optional condition of BACP membership. But our contract with BACP doesn't give us that choice. So while we're all clear that supervision is something we're committed to, not all of us are wholehearted about making the commitment.

We rarely see them in print but there are good reasons to be doubtful about supervision.¹ As a mandatory requirement, it deserves scrutiny. I certainly want my supervisees to be candid about their doubts and not disallow them as 'inappropriate'. We all benefit from being frank with each other about what supervising and being supervised really mean to us. The meanings we give to the practice of supervision and the ways we conduct ourselves as we engage in it, can be quite different from what the textbooks say.

Each of us is responsible for what we make of supervision. We learn to find a way to make it work for us and to meet our individual needs – or not. If you heard a counselling colleague say they 'put up with' their supervisor, what would your response be? I'd be tempted to say, 'Get a new supervisor'. But perhaps the counsellor isn't taking their share of responsibility for making the sessions more fulfilling. I would wonder what kind of power the supervisor holds over the counsellor, and what the counsellor is doing with their own power.

Who hasn't heard a story of supervision going painfully wrong?

Power in supervision seems central to any critique. Supervisors are expected to own their power and use it as a force for good, but powerful roles can be played badly with harmful results.² Who hasn't heard a story of supervision going painfully wrong? Maybe you've been through such an ordeal yourself. I feel very fortunate in having had a succession of positive (which doesn't mean frictionless) relationships with several supervisors in my career, and each of them ended well, but evidently this isn't everybody's experience.

In private practice you're usually free to choose a supervisor to match your requirements, but even if you take care to get the right person and agree on a suitable contract, things can still turn out negatively. In principle everyone can learn something valuable from these poor outcomes – with hindsight it's possible to see where a difficult but necessary conversation early on in the relationship could have pre-empted a lot of pain – but their impact can linger for years.

BACP's new *Supervision Competence Framework*³ makes some interesting comments about power. It acknowledges the existence of a professional hierarchy and names the power dynamics created by social and cultural differences and privileges in supervisory relationships. There is no implication that supervisors should somehow diminish their power or give it away.

What it does imply is that supervisors must develop the kinds of knowledge and understanding that provide them with the competence to practise powerfully. Succinct examples are given of misuses of power: 'violating boundaries', 'forcing adherence to the supervisor's theoretical orientation' and 'shaming the supervisee'. If you've ever experienced any of that from a supervisor, you may justly conclude the supervisor was incompetent.

The framework follows its notes on power with sections headed 'Fostering an Egalitarian Relationship', (largely about the competences required to work collaboratively) and 'Empowering Supervisees and Promoting their Autonomy' (where the emphasis is on encouragement). One item stands out: the supervisor should have the '...ability to recognise when a supervisee is deferring their power and enable them to move towards a more autonomous response.' This dynamic is vital. It can be overt as well as subtle. I imagine it as an energetic current flowing between supervisor and supervisee, and the to-and-fro movement itself is what generates power (the power to make the decision to stop working with an extremely demanding client, for example). It's similar to the idea that a supervisor authorises the supervisee to self-authorise.

This might sound paradoxical, but in my experience highly autonomous practitioners tend to be those who know the importance and usefulness of consulting with others and looking at things from different angles. Although autonomy means 'self-governing' (the term used in the *Ethical Framework*) this is not the same as self-limiting. To practise with autonomy is to keep your mind open to other possibilities, not to close them off. That is a more powerful position to take than adopting a narrow view of the situation at hand. It is a creative stance too: with multiple perspectives in sight, ambiguity increases, doubts unfold and grey areas come into focus. Supervisory dialogue is often powerful not because it provides clarity but because it provokes uncertainty.

Certitude feels good and generates power, but I believe we're just as powerful in supervision when we embrace the vitality of doubt. In this sense at least, supervision is a wonderfully dubious activity. ●

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Knowing your reputation

Your perception of yourself as a practitioner may be very different from how others see you

A little book that made a big impression on me when I was a novice counsellor back in the 1990s is Gaie Houston's *Supervision and Counselling*.¹ Looking through it again recently, a single sentence in her quirky chapter on ethics caught my attention: 'I only want to supervise people I would be prepared to recommend to clients.' It seems a straightforward statement but it set my thoughts going in an unexpected direction. I found myself reflecting on an aspect of supervision we don't talk about very much, perhaps because it doesn't have a recognised name. I'd like to call it 'reputability'.

Professional reputations have some significance when we recommend a therapist to a client, and especially when we refer a client to a therapist. Although a 'recommendation' and a 'referral' are different things, it seems many of us use the words interchangeably, which is confusing. I want to clarify this usage because it's relevant to defining what it means to be reputable.

There are three kinds of recommendation I assume we're all familiar with: you give someone the name of a suitable therapist you know personally, or a therapist you don't know but who seems suitable from what you've heard about them, or a name given to you by a trusted colleague – your supervisor, for example – after you ask them to make a recommendation.

In all three cases you're looking for a good match between the potential client and the therapist. Through a client-centred lens, it's about suitability. Through a practitioner-centred lens, it's about reputability. What I mean by this will become clearer when we look more closely at what a referral is.

In conventional medical practice, a patient gets a written referral from their GP to see a specialist. The doctor's letter contains confidential information about them, and this is primarily what distinguishes a referral from a recommendation. In non-statutory practice we're not required to write a formal letter but we do engage in a process of 'introducing' the client to the practitioner we're referring them to.

This careful introduction, which is often a kind of 'handing over' of the client, is of course done with the client's knowledge and consent. When a client is referred to you in that way, you probably wonder how and why you were chosen. You might start thinking about – or imagining things about – your professional reputation.

I'm sure most of us entertain some sort of fantasy about our individual reputations, since none of us can know for certain how we're seen by everyone in our profession. No matter how skilfully you present your business and manage your 'brand' (if that's your thing), your perception of yourself as an independent practitioner in the marketplace may be very different from how others see you, both online and offline. And other people are not all going to have the same impression of you anyway, and some could change their opinion for better or worse over time, based on nothing more substantial than word of

mouth. So, any sustained attempt to pin down your reputation would seem a futile exercise. However, I reckon we can take meaningful readings of what we're reputed to be by asking our colleagues directly. The first person to ask is your supervisor.

If you're a supervisor and you're working with a supervisee you wouldn't recommend or make any referrals to, I'd say you need to be able to explain why

I'll get straight to the point here. If your supervisor has never recommended you to anyone nor referred anyone to you, I'd say you need to be told why. If you're a supervisor and you're working with a supervisee you wouldn't recommend or make any referrals to, I'd say you need to be able to explain why. The reasons may be clear and simple, or awkward and complex, but they should be stated and discussed. The conversation could also usefully include the supervisee's thoughts and feelings about recommending or referring people to the supervisor.

Not only does a collegially frank discussion like this help to reveal assumptions and dispel projections, it sharpens our awareness of how collaborative or competitive we are as practitioners.

Referring clients and recommending colleagues are vital indicators of competition and collaboration.² None of us can stand apart from this give-and-take with rivals in the professional marketplace – it's intrinsic to how businesses thrive.

What's it like for you to compete and collaborate with your peers? I think your attitude and behaviour in this respect is far more significant for reputation-building than, for example, having a dozen letters after your name and several glowing testimonials on a swish website. In other words, your reputability in the eyes of your actual colleagues is what matters most, not what you imagine the general public and potential clients might be making of you and your image.

Supervisory practice invites us to be transparent – to show ourselves as we are, not as we think we should be. In this sense, supervision allows you to 'lose' your reputation. If you're not ready and willing to see through it, you may never find out what it really is. ●

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Making the best of jargon

Whether we like it or not, most of us tend to speak a version of psychobabble in supervision

Here's a word for you: *superverbalisation*. It's 'supervision' with 'verbal' jammed in the middle. Yes, I know – not very elegant. I doubt it will ever catch on as a neologism, but it makes the point that supervision is as much about verbalising as it is about visioning. We keep on talking about our work so we can see what's going on. We say what we see and we see what we say – but not necessarily in that order, if you see what I mean.*

Superverbalising happens non-stop in the public sphere. The sheer amount of verbiage available online is astonishing – countless podcast interviews, chat shows and blogs spout hundreds of hours of speech every day. In the private and less noisy context of therapy and supervision, where our spoken language is inevitably shaped by our extensive professional lexicon, a superverbaliser is likely to be fluent in psychobabble.

You might consider that a rather pejorative term, but I enjoy playing with it. I reckon most of us, whether we like it or not, tend to speak a version of psychobabble in supervision, especially when we're not really sure what we're talking about but feel a certain need to talk about it. Despite its unintelligible aspects, this linguistic phenomenon interests me because it almost always arises out of a genuine desire to explore and understand.

I'm proposing we use supervision as a space where we take good care of our language, just as we take good care of our clients and ourselves there

What is it about our typical speech habits in supervision that can hinder genuine exploration and understanding? I think it's largely to do with the dubious convenience of talking in therapeutic clichés or counselling jargon, which can make us sound plausible but may actually convey very little information. Sometimes, what we're saying doesn't point us towards anything, or takes us round in circles, but we still keep on looking.

The notion of supervision as an active space for improvisation is relevant here: to improve our therapeutic practice, we improvise the act of giving accounts of it in supervision sessions, and to do that, we need cues and prompts.

I wonder if this is where psychobabble, if it makes any sense at all, sometimes comes in handy. Even if we try not to employ stock phrases and worn-out expressions, they might, on a good day, actually serve a purpose in getting us going. Ready-made language in this sense offers raw material we can work on. And there is no shortage of pre-owned lingo in the therapy world.

The terminology of psychodynamic theory, to take just one example, gives us loads to play with: the inner child, narcissistic rage, acting out, projective identification, erotic transference, avoidant attachment, splitting and so on. If you find these terms indispensable as tools for verbalising the work of therapy, how do you handle them in such a way that they don't wear out or break, due to overuse or misuse?

I'm proposing we use supervision as a space where we take good care of our language, just as we take good care of our clients and ourselves there. Psychobabbling isn't always inherently careless, but its flow can dilute and distort the value of meaningful words and phrases. Time is well spent in supervision refreshing and burnishing the terms we use when they start to feel tired and jaded or even meaningless.

It's significant that much of the previously esoteric language of psychology and psychotherapy is now in the public domain. Numerous concepts like 'cognitive dissonance', 'passive-aggressive' and 'in denial' are common currency. This drift of vocabulary from the confines of specialist disciplines into general discourse is partly due to the successful efforts of the therapy profession in destigmatising mental health problems.

I'm sure we've all heard a few clients say they've 'got OCD', for instance, when really they're just extremely tidy or something like that – and they probably haven't had any contact with someone with an actual diagnosis of OCD and so never see how seriously disabling it can be. Similarly, you might agree that describing a person as 'narcissistic' or 'paranoid' nowadays is pretty meaningless because these adjectives are being used so loosely and frequently on social media everywhere – it's as if we're all paranoid narcissists now.

Looking after our language as we practise supervision doesn't mean making it exclusive. Let's not imagine our supervisory dialogues are vastly different from ordinary, 'non-clinical' conversations. But, at the same time, let's be sure we're keeping our particular professional terminologies sharp, charged and fit for purpose. Invigorating our language as we speak it is a creative act, and a vital part of the craft of superverbalisation. ●

*Just as most blind people say things like 'I see what you mean' or 'See you later' as often as most sighted people, this use of 'seeing' to mean *understanding* or *meeting* is naturally common in supervision too, where we profess to practise the skills of 'super-seeing' to deepen our understandings and connections. And while we're at it, we also do a lot of 're-seeing' – literally reviewing what we're doing and revising what we've understood.

The paradox of pseudocompetence

I'm not faking anything when I and my supervisor know I'm making myself up as I go along

What does 'imposter syndrome' mean to you? It's a phrase I hear from time to time in supervision, usually spoken with a knowing smile or a wry laugh, as if we're all very familiar with it and no further comment is needed. Well, I'm not so sure. I think there's something valuable wrapped up in the throwaway remark – something tricky, perhaps, but important to get hold of.

I've watched a couple of TED talks about imposter syndrome and there were odd ripples of laughter coming from the audience. People were presumably recognising aspects of themselves in the description of the syndrome's makeup, and probably experiencing relief – like I was – that others were finding some humour in it too. But, as the psychological literature* shows, feeling like a fraud really isn't funny. In fact, chronic sufferers of the condition don't actually feel *like* a fraud, they sincerely believe they *are* fraudulent, and live in dread of being found out and publicly exposed. And here's the painful irony: they suffer the internal torment of this private fear while being seen by colleagues as highly competent, accomplished and successful. All evidence of being well-regarded only adds to the hidden shame of the individual in the grip of the syndrome.

The 'imposter' phenomenon manifests in supervision in different ways. Not all of us experience its emotional impact as strongly as described above, and some of us might even believe ourselves psychologically immune to the syndrome's embrace, but in practice I reckon almost everybody dances around its edges – nimbly or clumsily (or both in my case, I think). How can we detect and discuss these various moves we make as we encounter the imposter within? Whether you're sitting in the supervisee's or the supervisor's chair, the supervisory frame is surely the best place to catch yourself in the act, so to speak.

What's helpful in this respect is to engage with the notion of 'pseudocompetency'. You might find the word rather provocative, but it needn't be used judgementally. The essence of the concept is this: when you or I are consciously pseudocompetent in the role of supervisee or supervisor, we are acting as if we are competent in order to become more competent. That's the most lenient interpretation of the notorious 'fake it to make it' strategy. I see it this way: paradoxically, I'm not faking anything when I know and my supervisor knows that I'm making myself up as I go along. Honest competence is acquired through the experience of being honestly pseudo-competent. So far, so good, you might think – it sounds OK to be a transparent imposter. But there are snags.

We can imagine all kinds of impostering that could cause unwanted trouble. I'd say there are three that seem typical: the 'Complacent Imposter' – the one who knowingly keeps on pretending to be competent without feeling the crucial urge to become genuinely competent; the 'High Stakes Imposter' – the one who believes they will never become as competent as their peers but has too

much to lose to admit it; and the 'False Imposter' – the one who has become truly competent without realising it. In all three cases, with the last being perhaps the most common and the least excruciating, the practitioner could become permanently stuck in an awkward state of pseudocompetency.

To embrace your secret imposter openly in supervision, you might need to call up some extra courage – or perhaps just make sure your sense of humour is alive and kicking

In the context of supervision, it's important to note that reflecting on what type of imposter you might be is not simply about identifying a lack of competency in certain areas. That's a different exercise. Likewise, you're not merely pointing out your known incompetencies or learning edges. What you're doing is naming, claiming and boldly welcoming the part of you which knows itself to be a professional fake. If it's embarrassed at first to emerge from the wings, then so be it – you won't die of shame. Let's respectfully invite this phony part to dare to take centre stage, demonstrate its clever actor's tricks, and hear what it has to say. We can be pretty sure there's a vital energetic charge around it that wants expression.

To embrace your secret imposter openly in supervision, you might need to call up some extra courage – or perhaps just make sure your sense of humour is alive and kicking. The nervous laughter that seems to flicker around any mention of imposter syndrome is there for a good reason. If we can let that deepen into a belly-laugh, we're doing great work. ●

*The text I've found most useful is Petrūska Clarkson's *The Achilles Syndrome* (Element Books, 1994). As the title suggests, the ancient Greek tale of the godlike hero and his famously vulnerable heel is a recurrent theme in the book, but Clarkson keeps things down-to-earth and explanatory, addressing the reader throughout, often offering practical, therapeutic suggestions to undo and overcome the syndrome – and she makes some specific references to counselling and supervision too. (*The Achilles Syndrome* was re-published by Vega in 2003 as *How to overcome your secret fear of failure.*)

Re-encountering the Ethical Framework

There is always the possibility of being genuinely surprised

There's an odd bit in the current *Ethical Framework*¹ (EF) where it states that the application of the framework should be discussed in supervision regularly and not less than once a year (see point 69). I've never been quite sure what to make of that. It's rather like an operating manual telling you to use the operating manual, or an instruction that says 'read this instruction' – annually! The more I think about it, the more absurd it gets. Nevertheless, it raises a serious question. Why do we need to be reminded to talk about the EF?

I think a large part of the answer is that we take it for granted. The framework is a given. We regard it as a normal and conventional part of our professional world. It's certainly been around a long time – nearly four decades, in fact, if we take the current version as having begun its life as the first BAC *Code of Ethics & Practice* in 1984. The finely crafted 35-page document we have now is the result of painstaking collaboration between hundreds of people, and is still best understood as a work in progress. It's unlikely to ever be 'complete' and certainly never 'perfect'. Just like therapy, as it happens.

I'm thinking of those supervisees who give me a quizzical look when I suggest they open it at random, read one page and see what catches their attention. I suggest they expect the unexpected, and they usually get it

Reading the EF might not strike you as anything like a therapeutic experience, but let's play with the possibility of it being at least enlivening. You might be surprised. Here I'm thinking of those supervisees who give me a quizzical look when I suggest they open it at random, read just one page and see what catches their attention. I suggest they expect the unexpected, and they usually get it. Of course, the thing they notice could in their view be baffling or annoying rather than edifying and inspiring, but the point of the exercise is really to see what's actually there on the randomly selected page as it stands, not to search for anything in particular – and then to discuss what the immediate responses are.

Before I give you a couple of interesting examples, this is a good moment to consider the EF as a physical object. What kind of thing is it for you? What are its aesthetic qualities? If it seems outwardly dull and unappealing, why not experiment with making it more sensually attractive? I'm not joking. Some time ago I found scrolling through it on my computer screen really tedious,

so I printed myself a copy on high quality paper. Now I enjoy handling it, feeling and smelling the vellum, and – even more satisfyingly – making notes on it with a dark crimson pencil. Or perhaps vermilion.

You can probably see where I'm going with this. The sort of experimentation I'm suggesting might seem idiosyncratic but that's really the whole point. Let's treat the EF as more than an important list of principles and commitments, accessed remotely online or kept dutifully in a digital folder along with other professional documents. Each of us could craft a personalised relationship with it, to make our encounter with it a richer, more sensory experience. Talking about this in supervision with a colleague, we wondered if what we really wanted was some kind of *eros* energy flowing in and around the framework. Our laughter about finding a way to 'eroticise' the EF seemed to confirm the desire – but we agreed not to confuse that with trying to give it a 'sexy' makeover. Although, if that's your thing ...

Returning to the examples of points found on randomly selected pages, here's a good one that turned up recently: '... [we] are open-minded with clients who appear similar to ourselves or possess familiar characteristics so that we do not suppress or neglect what is distinctive in their lives' (page 20). I really like that careful approach to apparent sameness, and the use of 'distinctive' in this context is just right. What's more, it's true to say, despite having looked through the framework several times, I don't recall having read these words before. From my supervisee's perspective, it helped them extend their meaning of 'diversity' to include the distinctiveness of individual people from all social groups, not only minorities.

Another colleague alighted on a curious sentence in the section on principles (page 11, item 7): 'A decision or course of action does not necessarily become unethical merely because it is controversial or because other practitioners would have reached other conclusions in similar circumstances.' My supervisee's curiosity was excited by this point partly because it felt completely new to them, but mainly because their approach to counselling is, in their own words, 'straightforward and traditional'. They wouldn't want their practice to be seen as 'maverick' in any way, but our discussion of this sentence helped them to recognise that atypical responses or unusual decisions can derive from conventional ethical consideration.

Both supervisees were pleased with what they found. I could give more examples but these two illustrate my point. The *Ethical Framework* can surprise us if we approach it in the right frame of mind. ●

Reference

1. BACP Ethical framework for the counselling professions. Lutterworth: BACP, 2018. [Online.] <http://bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf> (accessed 18 May 2018).

Consulting yourself

All supervision is a form of dialogue, but in self-supervision which part of you is talking?

While telling me about an intensely knotty problem she was facing at work, a supervisee mentioned her 'eternal supervisor'. That sounded impressive. I wondered aloud if it meant she consulted a deity of some sort – but no, I'd just misheard the word 'internal'. Nothing godly was involved, as far as she could tell. However, my mistake did initiate a brief exploration of what it would be like to have constant supervision from a timeless Supreme Being, and whether they would be a member of BACP.

The notion of an 'internal supervisor' is not much discussed in the literature on supervision. This may be simply because there's not a lot to say about it. But how often do we consciously use the concept, and for what purpose? From discussions I've had, it seems to mean slightly different things to different people. I reckon there are three distinguishable versions, and it's useful to describe them, to help clarify what we're doing when we self-supervise. If all supervisory work is really a form of dialogue, then self-supervision is also dialogical – but who's doing the talking and who's actually listening?

The first and probably most familiar type of internal supervisor is basically constituted by your own best advice to yourself. Usually, it's the thoughtful part of you who 're-minds' you – it points to a reflective mental space where other parts of you can be reminded of what they know*. To this end it probably says calming things to the parts that are alarmed or dismayed. For me, it represents an ally who's not caught up in what the rest of me is doing but is nevertheless interested to understand the complexity or messiness of the story I'm involved in. At the same time, the internal supervisor is in what we could call 'professional textbook' mode: it emphasises ethical principles and conventional ideas about good practice, and it offers prompts and suggestions about what course of action to take along these lines. It doesn't necessarily agree with them all but it tells the other parts of you not to ignore them.

The second version might more accurately be known as the internalised supervisor. This is a figure derived from actual supervisors you've worked with, or one in particular, most likely your current supervisor. The phenomenon of internalisation here is similar to how a client forms an image of their therapist: it's based on the real person but there's also a lot of fantasy and projection blended into the imaging. This is where things get interesting in supervision too. Novice counsellors in supervision at the start of their career will inevitably be gathering impressions of what a supervisor is, and if the relationship goes well, we can expect the trainee to have a useful fantasy of the supervisory figure for future reference. However, not everyone has a positive experience of supervision while in training, and some may even have a negative view of a particular supervisor. It's important not to overlook this, because the concept of 'internalised supervisor' is often taken to mean 'idealised supervisor'. I'm not sure this is helpful.

Almost everyone will be all too familiar with the third type of internal supervisor, who comes thinly disguised as a valuable member of your ethical team. From its tedious tone of voice, it's possible to recognise it as the sound of your internal critic, or critical parent, or a self-sabotaging part. We can be certain this is an untrained supervisor – it believes it's saying the right thing but doesn't really know what it's talking about. Unfortunately, the finger-wagging pseudo-supervisor insists on being heard. When this happens to me, I turn to one side and invite the two other kinds of internal supervisor described above to step up and have their say. A far more beneficial dialogue ensues.

The 'other side' of any internal supervisor is not merely an anti-supervisor, reflecting nothing back to you or leading you astray. It likes finding hidden trouble, and so it has its creative uses

Three types of internal supervisor seem quite enough for our purposes, but I'm going to add a fourth. You may already know what it is and probably have a secret relationship with it. Shadow is the key word here. The 'other side' of any internal supervisor is not merely an anti-supervisor, reflecting nothing back to you or leading you astray. It likes finding hidden trouble, and so it has its creative uses. For example, it shows up when you take a 'devil's advocate' position in self-supervision and make wildly provocative statements or ask wicked questions of yourself. I wonder if this inner dialogue with what we might call the 'infernal' supervisor happens more frequently than we like to admit? It can be tricky, but the unprincipled voice is sometimes the one to respond to most carefully. ●

*A fascinating way of working with 'parts' in supervision is well described in *Internal Family Systems Therapy: Supervision and Consultation*, a pioneering book edited by UK-based IFS practitioner Emma Redfern, published by Routledge in 2022. The essence of IFS, which is a psycho-spiritual practice, is usefully captured in a dialogue between Emma Redfern and Robin Shohet in BACP's *Thresholds* journal, April 2022.

Virtual embodiment

What might it mean to 're-embodiment' our encounters in the sort of virtual spaces we provide?

If you stick around long enough, you end up living in the future. When I started training as a counsellor, way back in the last century – 1994, to be precise – the ordinary conditions of my counselling practice today would have seemed highly futuristic. Video calls with clients and supervisees anywhere in the UK and other parts of the world are now not only technologically easy but taken as normal. Most of us, it seems, largely in response to the pandemic-induced restrictions, have adapted successfully to the new era of online appointments in our various professional roles. Meanwhile, many healthcare providers are currently offering psychological therapies (for example, treatment for phobias) as virtual reality (VR) sessions. The rapid pace of developments in artificial intelligence (AI) makes broader therapeutic applications of VR very likely in the next few years. The future of counselling is looking increasingly virtual.

Transferential phenomena, frequently signalled by physiological sensations of one kind or another, are useful reminders of our continuously embodied relatedness even in digital space

Discussing this with an experienced supervisee who was concerned about therapy becoming 'disembodied' by AI and VR, I pointed out that in supervision the client is always disembodied in one literal sense: they are physically absent. Through dialogue, we *imagine* the client as an actual person. We might say the body, mind, spirit and soul of the client can only ever be virtual in the supervisory space. The fact that many of my supervisees currently see most of their clients on video calls only, and in some cases have never met any of them in person, could perhaps result in even more disembodiment of our organismic identities in supervision, reducing us to what my colleague calls 'pseudo-entities'. To get real, we need primary reality. For instance, we noted we missed the smell of our clients, including the whiffy ones, somehow, and also the way a face-to-face client brings in something of the street and the weather with them, especially if they arrive on foot or by bicycle. Ordinary yet enlivening sensory information like this is lost online.

What might it mean to consciously 're-embodiment' our encounters in the sort of virtual spaces we provide? Not all my supervisees hold strong views on the primacy of the body in therapy and supervision, and some tend to overlook the somatic aspects of consultative work generally. Transferential phenomena, frequently signalled

by physiological sensations of one kind or another, are useful reminders of our continuously embodied relatedness even in digital space. I'm not sure about this, but I think transference effects online often take on a subtly different character to those in the flesh.

I propose we take some time in supervision to reflect on how we experience the energetic differences between meeting clients and co-supervisees in actual space and virtual space. My hunch is that for many of us the differences will be clear, and for just as many there won't be much to report. Either way, I want us to stay alert to the effects and not become complacent about them.

For example, from the client's perspective the contrast is significant between a) clicking into Zoom or VSee, and b) travelling to their therapist's practice location. The time spent moving towards and away from the therapy room is effectively part of the therapy – two segments of time alone (usually) for pre-reflection and post-reflection, which bracket the session itself. I've heard this from several clients, including those who apparently had no problem with remote sessions at home. Some of my supervisees have made a similar observation: part of what they value about face-to-face supervision sessions, as distinct from online meetings, is that they move themselves out of their own workplace or home office into mine. All the physiological sensation involved in this movement through time and space is brought into the session. To state the obvious: it's the whole body that moves, not just a finger on a keyboard.

It's also obvious that not all of us have bodies that move in the same way. We each get about according to our own abilities, and are enabled or disabled by the structure of our built environments. As part of my therapeutic or supervisory attention to the individuals I'm working with, I keep in mind that I'm able-bodied and not living with chronic pain or a restricting medical condition. Genuine approaches to 'embodiment' in supervision, or ideas around 're-embodiment' our virtual meetings, must be sensitive to the diversity of actual bodies and what they presently can and can't do. Those of us who offer 'walk & talk' sessions – whether for counselling or supervision – can't help but be aware of the variability of people's capabilities and preferences when it comes to moving around outdoors.

On a personal note, and returning to the temporal theme I started with, I'm delighted to be continuing to move into the future by handing over the writing of this column to Dr Michelle Seabrook, with thanks to editor John Daniel for asking me to take it on all those years ago (in 2015, to be precise) – it's been a real pleasure. ●

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