

## **Focusing-Oriented Supervision**

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As an inexperienced training therapist, I was anxious about seeing my first clients, so I willingly acquiesced to the requirement of weekly group supervision. Supervision was a strange new activity that consisted of meeting with fellow students and a seasoned practitioner in order to explore what was *really* happening behind the closed door of therapy. I soon looked forward to these meetings as an opportunity to compare myself with my colleagues and to exchange real or imagined transgressions for the reassurance and advice of my more experienced supervisor. Unless my colleagues and I were entirely unrepresentative, such 'comparison' and 'confession' seems to constitute significant aspects of supervision, at least for training therapists.

However, my needs within supervision changed as I neared the completion of my training. This may be a logical and positive consequence of gaining practical experience as a therapist. The problem was that the supervision offered, or my use of it, did not evolve with these changing needs. Now as a training supervisor, I am conscious of looking for ways to enable supervision to evolve along with the needs of my supervisees so that our meetings remain personally and professionally engaging rather than merely compulsory. My question is, "How can we develop forms of supervision that are responsive to the needs of supervisees at various stages of experience and thereby more likely to be of benefit to our clients?"

In some countries the expectation for regular supervision ceases when training is completed. Within other jurisdictions however, regular supervision is accepted as essential to competent practice for counsellors and psychotherapists as long as they continue to see clients. In Britain, for example, on-going supervision is now a requirement in the codes of ethics and practice guidelines for the UKCP, BPS, and BACP, the main registering bodies for counsellors, therapists, and counselling psychologists (Bond, 1990). This requirement serves to reify supervision as an essential component of the claim to professionalism for counsellors and psychotherapists. Even the recently updated and less prescriptive *British Association for Counselling and Psychotherapy Ethical Framework for Good Practice (2000)* states :

'All counsellors, psychotherapists, trainers and supervisors are required to have regular and on-going formal supervision/consultative support for their work in accordance with professional requirements...!' (BACP, 2002)

With supervision being so embedded in training programs and/or continuing professional practice, how do supervisors and supervisees keep their discussions challenging, spontaneous and useful, and avoid supervision becoming a reluctant obligation or professional habit? What in fact comprises our supervisory time, and how central or ancillary is it to our actual work with clients? How can we make supervision sessions more directly relevant to our work with others and to our own personal development?

In the following chapter I propose that regardless of therapeutic orientation or years of experience, incorporating the experiential dimension of Focusing into supervision may enhance the awareness of the supervisee/therapist and carry forward the work of therapy. I am not suggesting that Focusing, as outlined by Eugene Gendlin (1981), should replace all other aspects of supervision, but that it offers a major avenue of exploration within it.

Incorporating Focusing into supervision sessions may address some of the questions raised above by reducing what I perceive to be a common obsession with the content of the client's narrative (or the supervisee's, for that matter). Supervision can at times concentrate so much on the client's story that we may well ask ourselves: "Although with the best of motives, are we just gossiping about the private struggles of another human being?" "Are we only impressing ourselves with the depth of our concern and compassion for others?" The assumption may be

that these discussions of content affect the supervisee's awareness in some way and *thereby* their work with their client. Doubtless this can sometimes be the case. However, I have partaken in too many long (sometimes theoretically based) conjectures about clients not to wonder if these are really of use in developing supervisee awareness. Depending to some extent on one's theoretical orientation, such supervision sessions are more or less likely to evaporate into the ethereal air of intellectual theorising or descend into the dark undifferentiated mysteries of synchronicity, parallel process, intersubjectivity etc. The question is whether and how we are able to transfer these speculations back to our therapeutic relationships in a way that is beneficial to our clients and not only intellectually or emotionally satisfying to ourselves. Without explicitly exploring how to take supervisory discussions back into the actual process with the client, how does this kind of supervision help with what happens in the next therapy session?

A Focusing stance may help address these tendencies to over-emphasise content, to adopt a paternalistic attitude to clients, and to apply general theories to intricate human processes. Focusing may contribute towards a 'demystification' of supervision, and of therapy in general. It could offer a kind of supervision that is more 'grounded' in the *process* of what is being experienced between the two people in therapy as well as the people in the supervision session. This emphasis remains responsive to the supervisee's needs as they are presented session by session. Received knowledge and common therapeutic assumptions may be challenged by this return to how we are actually living our situations. In this chapter I will outline some commonly held ideas about supervision and will follow this by a short description of Focusing before giving examples of how Focusing might function in supervision sessions.

## **Supervision**

Supervision aims to provide a space where counsellors and therapists can review and explore their way of being with clients. It is an opportunity to reflect upon (and re-experience) the processes of relating that occur in the therapeutic encounter in order to ask what this reveals about the therapist, what it may suggest about the client's responses to life, and what it implies about human existence generally. One assumption is that this exploration and reflection in supervision benefits the client in part because it can generate a return to openness for a therapist who may have jumped to conclusions regarding client issues, themes, or even pathology.

In order to facilitate open exploration of the supervisee's work, the atmosphere of the supervisory session is crucial. Ideally, supervisees will experience their supervisor as supportive of the way they are trying to practice so as to facilitate honest self-disclosures. Otherwise, supervisees may resort to presenting 'successes' in order to gain the approval of their supervisor, while simultaneously concealing what they perceive to be their 'mistakes' and 'failures'. Not only does this hinder the development of the therapist, it also creates a secretive world of unsupervised practice or even malpractice. The supervisory atmosphere is ideally one of respect and mutual exploration in which supervisee and supervisor feel safe enough to admit mistakes, try out new ideas, and disclose personal issues. With inexperienced supervisees, it may be especially important to accentuate the positive aspects of their development, even when they present sessions that may make the supervisor cringe. Yet, at the same time, supervisors (and, in a group setting, fellow supervisees) need to be able to challenge constructively (as distinct from criticising) client work, assumptions, and the theoretical stances of their colleagues.

The supervisee is responsible for presenting, in as coherent a manner as possible, their work with specific clients. They may also bring general practice issues, personal issues that are impacting upon their therapy work and which they are comfortable exploring in supervision, philosophical and theoretical issues, frame and boundary issues, and issues related to administrative tasks such as letter writing, clinical notes, data protection, legalities. In responding to any of these

issues during a supervision session, the supervisor's role functions in various ways. For example, supervisors take on the role of colleague, teacher, therapist, and may take the role of accepting clinical responsibility for the supervisee's work. This last role explicitly necessitates discerning when a supervisee's actions might be inappropriate or even unethical. The supervisor may at times give their supervisee information, suggest or request various courses of action, intervene in a way that is variously supportive, clarifying, problem-solving, all of which may perhaps result in cathartic or reflective experiences and increased awareness in the supervisee or, ideally, in both supervisee and supervisor. The way all this transpires in the supervision session will of course depend upon the individuals involved but it will also be determined to a significant extent by the theoretical orientation adopted by the participants.

In spite of there being as many orientations towards supervision as towards psychotherapy itself, in this chapter I will stick to what I believe passes for the most common components of 'good enough supervision'. Of course, some of this will fit more closely with one therapeutic orientation or another, but there seems to be broad agreement even among practitioners of different therapeutic orientations about what constitutes supervision, though what is emphasised certainly varies (see Jacobs, 1996). I will mindfully ignore issues regarding the basic assumptions of supervision, the difference between supervising trainees versus experienced therapists, and group versus individual supervision, in order to concentrate on how a Focusing-oriented supervision might address the concerns I raised at the beginning of this chapter. Before looking at how Focusing might augment the tasks of supervision, I will offer a brief introduction to Focusing itself.

## **Focusing**

Eugene Gendlin is an existential philosopher who became interested in how humans symbolise raw experience. As early as 1952, this interest brought him into contact with psychotherapists and psychological researchers and lately it has culminated in his 'Philosophy of the Implicit' (Gendlin, 1997). Gendlin saw therapy as a unique place where the process of symbolising experience could be investigated. According to Gendlin:

'A person struggles with and finds words and other expressions for unclear - but lived - experience...What was felt but undefined by the client was thought to be unmeasurable and incomprehensible and it made people uncomfortable to talk about such a variable...When it correlated with success in therapy while other variables did not, people began to try to understand it more seriously' (c.f. Friedman, 2000, p.47).

This ability to stay with an unclear (but clearly felt) bodily experience constitutes a natural form of self-reflection that is now called 'Focusing'. Focusing can lead to surprising insights, therapeutic change, creative thinking, and daily living in close connection with our bodily experience. Gendlin and others found that they could teach this simple and natural skill to people who had forgotten it, lost touch with it, stopped valuing it, or who were just no longer aware of it. Focusing is a way of paying attention to one's being-in-the-world, one's interaction as it is experienced through one's body. The bodily felt experience is the intricate interaction of self and world, elaborated by perception and language.

The psychotherapeutic usefulness of Gendlin's philosophy is that it is 'methodologically individualised'. However, Gendlin is concerned that this might be '...misunderstood as individual rather than social or historical. The historical process is individual when we think further. History moves through individuals because only individuals think and speak' (Levin, 1997, p.95). Therefore, according to Gendlin, our experience is not 'subjective' or 'intrapyschic' but interactional. What we feel is not inner content, but the sentience of what is happening in our living with others. He calls this feeling "the felt sense" and uses the '....' to indicate it: 'a '....' may

come. Then one finds that one's whole life-situation was in this at-first murky body-sense. We see: The body-sense is not subjective, not just internal, not private, it is the implicit situation' (Levin, 1997, p.241).

Life is not formed out of unrelated bits of perception or isolated internal objects: 'we humans live from bodies that are self-conscious of situations. Notice the "odd" phrase "self-conscious of situations". "Conscious", "self", and "situations" are not three objects with separate logical definitions' (Gendlin, 1999, p.233). Situations are process, and this is therapeutically useful.

Thinking and speaking from awareness of this '...' is exact and not arbitrary. I cannot convince 'it' to be something other than what it is. We find that such a body sense is more intricate than ambiguity - it is not a mish-mash of perceptions and concepts. It is my facticity, my thrownness, my living situation, and I may not like it at all, but I am not free to just change it, to mould it into something nicer or more acceptable.

In therapy, this '...' is revealed as the physically-felt sense of a situation. It includes emotion, history, meaning, intentions, but remains more than easily defined emotions, more than we can know or could ever say about the situation. I can pay attention to this felt sense in a specific way, as can my client. This allows what usually remains implicit to form in awareness so that we can access more information about our current interactions with each other, and our usual interactions in the world of other people. Rather than usual attention to content, this becomes a process which allows the bodily '...' to take steps forward. We are so used to thinking in terms of content and inner subjectivities that it can be hard to realise that a body sense *is* an implying of specific interactions. It can seem like content, but it is never permanent content, it is a process which 'points' to a way to continue living forward and this is clearly felt when we bring our attention to a felt sense. Language, when it speaks from this '...', is one way to live the situation forward: 'such sensitive phenomenological attention to an implicit speech which is "not yet formed" is precisely what is precluded by standard conceptual thinking about the body' (Wallulis, 1997, pp.277-8).

My client speaks about his current trouble with his mother and how it reminds him of the tragic death of his father when he was a child. I can see he is feeling something as he talks but he does not pay attention to this '...', instead he does what most of us usually do, he keeps saying the things he already knows about these relationships. His talking could bring him closer to what he is feeling, but it could also keep him far away from it. I invite him to pay explicit attention to how he feels as he talks:

**Client:** *I feel angry. It's that old anger again.*

**Therapist:** *Where do you feel that familiar old anger?*

**Client:** *It's here [pointing to his chest].* (This client has reflected this way before, so he knows immediately what I mean. Some clients might respond:

"What do you mean where do I feel it?" It is usually simple to guide a person into the middle part of the body where we typically feel our life situations.)

**Therapist:** *Does it feel OK to spend some time with that feeling there, the way it is right now?*

**Client:** (He is quiet for a minute, sensing if it feels OK for him to spend time with this.) *Yeah, it feels like a concrete block in my chest.*

**Therapist:** *So you can feel it's like a concrete block there. And does that word "anger" still fit the way the blocked place feels?*

**Client:** *Umm, well, no actually...(There is a silence while he checks what word, phrase, image etc. would better describe his actual present experience.) It feels more like sad.*

**Therapist:** (I can see colour coming to his face as he says 'sad' and suddenly there is a palpable feeling of sadness in the room - I can feel a sadness rising also in my chest). *That place in your chest, it's really feeling sad about something right now.*

**Client:** *Yeah, (he begins to cry). I dunno, (he is silent, now with his eyes closed). I feel so alone, so isolated. I still miss him. I find it so hard to love now. I say I love my girlfriend but I can't feel it. It's easier to be angry... (sensing again) It's about trust, I need to learn to trust again...*

The session proceeds and the client continues to have 'deeply felt' shifts in the meaning of his experience. We spend the last part of the session talking about what he has realised and how this challenges the way he sees himself and his way of living. We could have stayed with just the word 'anger', his interpretation of his experience. Perhaps then we would not have touched the deeper experience in a way that moved it forward from 'anger' to 'blocked' to 'sad' to a whole life situation that was current, past and future in its implications. We could have both missed the rich phenomena of his current actual experiencing and the forward movement implied from it ('it' as a living process, not sedimented content). Focusing allows us to be with the intricacy of our life situations so that we feel more than we already know about them, including the *specific* way these situations are implying a living forward. Although this way of describing experience may seem strange to those who have not experienced Focusing, the efficacy of Focusing in therapy is well known and well researched (Hendricks, in press). Focusing offers to therapeutic practice a phenomenological stance that arises from the therapist's embodiment rather than other's theories, resulting in an attitude of being-with rather than doing-to (Madison, 2001). Therapy and supervision are more than just Focusing, but I would like to suggest that Focusing could be as efficacious in supervision as it is in therapy.

### **Using Focusing in supervision**

I recently commented to a supervisee that I wanted to begin to use Focusing in our group supervision sessions. His response was: "But you do that already, it's obvious". Upon reflection, I realised that I was weaving a Focusing style and attitude naturally into my work as a supervisor. However, there are also more explicit ways of adding Focusing to the supervision that we usually do. In the following discussion I will demonstrate how Focusing can expand upon supervision from various angles; the reader may wish to consider further how it could be incorporated into different orientations as well as how it could be a distinct orientation itself.

#### *Choosing what to bring to supervision*

As supervisees it can be difficult to decide which client or what kind of issue we want to present in supervision. We often think our problems with each client are discreet, about only that particular relationship and in some respects that is probably right. But we may find, by inviting a 'felt sense' of specific clients, that there is also a similar feeling to our work with more than one client and that by presenting our work with one client, we are in fact addressing aspects of our work with other clients as well. Using Focusing, we can often feel if this is the case, we don't have to wonder "Maybe this also relates to the way it's going with Mr. Smith" - we don't have to make an intellectual link or take someone else's word for it, we can actually *feel* that our interactions with other clients have moved forward by staying with a felt sense of one client.

Rather than the supervisee consciously choosing what to concentrate on in the supervision session, he or she can ask themselves: "What feels most important today" or "What feels most important about this client" and wait for a felt sense to form, usually in the middle part of their body; throat, chest, stomach, or abdomen. It may be quite surprising what just *feels* most important and it may not seem to make much logical sense. What comes in the body in response to this invitation needs to be protected from doubting or critical voices that may interfere, "What,

that? How can *that* be most important?" A bodily felt sense includes more than we can put into words and what seems like an insignificant matter may be a better way into processing larger issues.

*When supervision touches upon an issue for therapy*

The distinction between therapy and supervision can be simultaneously clear and flexible. It is usually apparent when someone is not bringing enough of themselves into the supervision forum or when they are using supervision solely to explore their own personal issues rather than their client work. From a Focusing point of view supervision should, by nature, be deeply self-reflective and experiential and thus it will generate issues for the supervisee and supervisor to take to their personal therapy or personal Focusing sessions. So, at times supervision might, for some minutes, feel and sound a lot like therapy. Using Focusing, a felt sense can be explored while keeping private what personal issue it connects to. This means that a supervisee has a choice other than just stopping when material comes up that she would rather not disclose in a supervision session but which is still quite relevant to her client work. The supervisee can speak about what feels right to explore in supervision and 'mark' what is right to take up later in their therapy. This applies equally for the supervisor. The supervision session remains primarily a place to reflect upon practice, not upon the larger life issues of participants, though at the level of experience these are intrinsically linked. Often a supervisee might, after some personal exploration, close the discussion by saying "That feels like a good thing for me to take to my therapy". This demonstrates a flexibility to explore how personal issues impact upon relationships with clients while distinguishing this form of exploration from the wider personal context of a therapy session.

*The Supervisor's Issues*

Just as the therapist/supervisee's issues can affect the therapy, so the supervisor's issues can also affect the supervision, in a productive or adverse manner. In order to best manage this effect, Lees (1999) suggests that supervisors and supervisees should be seen as 'co-workers' rather than the classical view of supervisor as mentor or overseer:

'... there are several interconnected principles which arise out of the work which I have described. First, the need constantly to strive to establish balance in the supervisory system between supervisor, supervisee and client. Second, the need to protect both supervisees and clients from supervisor power and narrow-mindedness. Balance is maintained by giving space to supervisee concerns about the supervisor, to client issues, to the supervisory shadow and by maintaining an awareness of the dynamics of the context' (p.140).

For example, the supervisor may become aware in the session that she has a feeling about what is happening right now between her supervisee and herself. Exploring this can create a space that is potentially deeply self-revealing. It encourages both people involved to experience their connection and simultaneously their uniqueness, and to develop a working relationship based upon empathy across difference, whether personal, theoretical or cultural. According to Rapp (2000):

' ... "differences within cultures" are at least as important as "differences between cultures" and it may, in fact, be more difficult to remain aware that a supervisee or supervisor who has much in common with us is nonetheless an "other", a unique and different individual. We would be wise to assume as little as possible about another individual's very personal understanding of themselves and their world' (p.99).

The 'Focusing Attitude' facilitates this non-expert and democratic openness to the other, whether the other is client, supervisee, colleague, or anyone. In Focusing, one's own 'point of view' is first acknowledged and then bracketed in order to have space to understand the way the other really

experiences something. Approaching people with a radical acceptance of what exceeds either person's understanding fosters a real sense of mutuality. However, as I'll explore later, there can be responsibilities in a supervisory relationship which may necessarily supersede such a democratic stance.

#### *Working from the implicit phenomena*

Taking a phenomenological approach to psychotherapy is more an attitude or intention than it is an accomplishment. Basics of this approach include describing rather than interpreting experience, bracketing our expectations and assumptions in order to approach immediate lived experience, and having no pre-set hierarchy regarding what is significant and what is trivial (see Spinelli, 1989:pp.16-23). We can never access experience, ours or another's, free from prejudice, but the phenomenological attitude nonetheless enables us to be much more open than we would be if we were explicitly bound to a pre-set theory. Focusing enables supervisors and supervisees from any theoretical orientation to work phenomenologically. This supports our intention to stay close to the client's experience rather than intellectualising, generalising, or distancing ourselves with theories.

In supervision, for example, we can ask a supervisee: "Imagine what it really feels like to be with that client. Forget for a moment all the things you could say about that person and just let yourself feel again what it's like to be together with him". This enables the supervisee to focus directly on the experience of being with a specific client rather than trying to figure them out or continuing to recount their story. The relationship that therapist and client co-create in the session is thereby directly available in the supervision session, in some form, from one participant's point of view. We won't assume that by doing this the supervisee has privileged access to the way their client feels, but I have often seen supervisees gain surprising insights into themselves, their client's issues, the context of their sessions, or even the supervision group, by inviting and then staying with a felt sense of a particular client session. Some of these insights might completely contradict their understanding up to that point.

If the supervisee is having difficulty opening to her client's experience, this can also be explored using Focusing: "Can you ask yourself, down in the middle of your body: What's in-between me and my client?" In this way, some of the supervisee's own assumptions, fears, and prejudices can be made explicit by paying attention to the way they actually arise in that client interaction rather than by cognitive speculation and analysis of what she already knows about herself. If something new arises in this way, it can then be explored in terms of how it impacts upon the therapeutic relationship and again later in the supervisee's own personal therapy.

If a supervisee, supervisor, or entire supervision group, is having difficulty in empathising with a client's position or behaviour; it can be helpful to invite all participants to imagine being that client. Based upon what they know of the client's history, how that client struggles with his life situation, his way of being in sessions, etc. participants can be invited to "Really imagine being in that person's situation, imagine you were living his life. What feeling comes in your body as you do that?" Our experience may be very different than his, but we will have *an* experience. The felt sense that forms reveals something about the supervisees, something about human life in general and therefore perhaps it will contribute to an increased understanding of the client. From a felt sense we have more information to work with, perhaps something new will emerge, perhaps he will begin to make some sense to us or new questions may emerge for the next session. What arises in this way exceeds our pre-set concepts, assumptions, and theories. It is not the whole story, but it is more than we had before, and in the phenomenological tradition we would lightly hold anything that came and not use it to make conclusions or reduce our openness to the client.

#### *Play in Supervision*

I have described a few ways of using Focusing as a phenomenological method, but there are many ways that Focusing awareness might be incorporated into supervision. Supervision sessions can be lively and creative. They do not need to be heavy, sitting still in chairs, talking seriously with long faces. Playing with images, thoughts, trying out the client's posture, working with dream images, songs, drawing, etc. can bring out new aspects of experience. Any of these activities can be done from a felt sense so that any movement arises spontaneously from more than what one is already aware of.

For example, if a client regularly taps her foot while affirming how relaxed she is, try doing that, saying to yourself: "I feel completely relaxed" while tapping away. Don't think about it, don't analyse the apparent contradiction here. Just allow your attention to go down into the middle of your body and ask in there: "What does all this just *feel* like? What does it feel like to be a person doing this while saying that?" and wait. Let a feeling come. Then let a word or image come that fits that whole feeling. Of course, again we won't assume that the supervisee's experience and their client's will be identical. We don't want to reach any conclusions. If something seems to become clearer during this, *then* see if it makes any sense to apply that meaning to what you know of your client's life. While you do this, your supervisor can also Focus on what it feels like to be across the room from a person who taps her foot while insisting she is relaxed. This may give the supervisor some insight into what these sessions are like for the supervisee as therapist.

#### *'Parallel Process' and other Occult Influences*

At times it seems as if the 'client's issues' are repeated in the supervisory relationship through the behaviour of the supervisee. This has been understood in various ways and is often referred to as 'parallel process'. For example, Lees (1999) writes about 'how the dyadic interaction between supervisor and supervisee may be influenced by the unconscious "pathology" of the client, using such techniques as parallel processing...to gain access to these unconscious influences' (p.131).

Hawkins and Shohet's (1989) 'double helix model' of supervision includes concentrating on how the therapy process is reflected in the supervisory process. This includes exploring the therapist's counter-transference and the supervisor's counter-transference in order to examine the 'parallel process' that may occur. In parallel process, Searles (1955) says that the therapist 'is trying unconsciously by his demeanour during the presentation, to show us a major problem area in the therapy with his patient. The problem area is one which he cannot perceive objectively and describe to us effectively in words; rather, he is unconsciously identifying with it and is in effect trying to describe it by the way of his behaviour during the presentation' (c.f. Hawkins and Shohet,1989:68).

Similarly, Page and Wosket (1994) offer this description:

'... parallel phenomena are, similarly, forms of unconscious material imposing themselves on the basic affective relationship but, as the term suggests, in this case there is a degree of parallel between what is occurring in the supervision relationship and what is taking place in the counselling relationship...An example of this would be a counsellor who, when working with a particularly passive client, starts to act in an atypically passive manner towards his supervisor...Most supervisors welcome such parallel phenomena as the resulting dynamics provide a more direct way of experiencing the counselling process than second-hand reporting by the counsellor' (pp.103-4).

Parallel process supposedly occurs as a form of discharge towards the supervisor ("There, see how *you* like it!") and an attempt to resolve feelings by re-enacting them (Hawkins and Shohet, 1989). Focusing not only offers a parsimonious description of 'parallel process' but it also allows us to invite this experience to occur more often. The phenomena of parallel process are not mysterious or especially surprising when we recall that our bodies can create a holistic 'felt sense'



of our life situations. Just as the client might recreate the experience of actually being with his lover simply by talking about him or her in a session, so the supervisee can recreate the situation of a specific session simply by recounting it in supervision. Likewise, the supervisor will begin to live that session while listening to his supervisee's account. It is not necessary to assume that someone is *doing something* to someone else when so-called parallel process is experienced. Nor is it necessary to assume that this phenomenon displays a 'problem area'. It may simply be that in supervision our bodies each form a felt sense of *being in* that situation, so we sometimes more than recount it, we live it in a shared way. If this sense of the session being re-lived in the supervision is missing, it can be invited by asking ourselves the question: "And how does it feel to be with that client in the room? How does it feel for us to be exploring that here, now? What happens between us as we talk about your client?" As always, *after* the experience is explored, it is possible to return to the context of our own theories if that is actually useful.

### *Clearing the Space to Supervise*

The first step in Gendlin's original way of teaching Focusing is called 'clearing a space' (Gendlin,1981). When applied to supervision, this involves checking which issues the supervisor/supervisees are carrying bodily from their own lives as the supervision session commences. Each person takes a moment to ask down into themselves, "What am I carrying around with me right now? What's in the way for me, or what's in-between me and feeling as good as I could right now?" The task is not to list every issue, concern, problem, that can be thought of, but just to notice what is actually in the way now. Each issue/feeling that arises is gently acknowledged, not analysed, denied, or figured out. Each thing that is being carried in the body is then respectfully set down outside the body, gradually creating a sense of more space inside. These issues can of course be returned to after supervision, but for the next couple of hours or so it means that there is a little more space to concentrate on supervision issues.

The more a supervisor can be aware of her own issues and acknowledge or 'bracket' them, the more she is able to be open to listening 'phenomenologically' to her supervisees. This 'state' of openness to experience is referred to as 'listening from a cleared space' or as 'being in presence' by some Focusers (see Cornell, 1996). Being in presence is the experience of being open to all aspects of personal experience without taking sides with any particular feeling, desire, intention. It is a state of relative equanimity and may be the underlying requirement for developing what Hawkins and Shohet (1989) describe as an important therapeutic skill:

'... the most difficult new skill that supervision requires is what we call the "helicopter ability". This is the ability to switch perspectives; to be able to focus on the client that the supervisees are describing; to focus on the supervisees and their process; to be able to focus on your own process and the here and now relationship with the supervisees; to be able to see the client within their wider context and help the supervisees do likewise; and to see the work within the wider context of the organisation and inter-organisational issues' (p.37).

Through 'clearing a space' and integrating a Focusing style and a Focusing attitude, I believe that this 'helicopter ability' may more naturally develop and enhance the effectiveness of supervision overall.

### *Self-supervision*

Focusing is an easily learned and effective form of self-reflection. When leaving the consulting room after a session, or later while writing up notes, a therapist might become aware of a feeling related to the session. If she knows Focusing, she has the option of pausing and letting her attention drop down to where her body makes this feeling, and quietly staying with it until something emerges from the feeling itself. This again involves bracketing what one already knows and all the interpretations that might prevent anything new from arising. This slightly meditative style of self-reflection can form the basis of self-supervision during which one's

understanding of the client-therapist relationship as well as oneself continues to deepen between supervision sessions. Also, during a session a therapist can naturally Focus in order to reflect upon and guide their way of being with the client. The importance of this development is also highlighted by Hawkins and Shohet (1989) and Jacobs (1996):

'Supervision provides the opportunity to learn how to be a better therapist; but it also teaches the therapist how to monitor her or his way of working without always bringing it to supervision (it is impossible to talk about every client and every session). Such monitoring takes place after the session, when writing up notes, or thinking about the therapeutic relationship; it takes place with experience in the session, so that the therapist begins to function as her or his own 'internal supervisor' (pp.137-8).

### **Various Modalities and Orientations**

Freidman has suggested that 'Focusing is the way that the Heideggerian and phenomenological approach to the body enters the world of psychotherapy' (Freidman, 2000, p.225). While this makes sense, Gendlin himself (1996) also points out that Focusing can be added to any psychotherapeutic approach. There are different ways of being with people therapeutically and it is beyond this paper to discuss the differences and similarities between therapy orientations. Nevertheless, I assume that the Focusing emphasis of being respectfully with the intricacy of this specific person sitting across from me is not inherently incompatible with any orientation or approach.

Whether the supervision session uses the language of being-in-the-world, transference/counter-transference, congruence, empathy, resistance, splitting, or parallel process, if this language is referring to anything actual, then there is an experiential dimension to be explored. However, this requires setting aside one's theory long enough to connect with the phenomena it refers to, knowing that it is possible afterwards to return to the theory in order to speak of the experience to colleagues. Pett (1995), an existential therapist, asks how one can 'hold' onto any supervisory model while doing supervision without impairing the supervisor's ability to 'be with' the supervisee. He follows the generalities of the framework of Page and Woskett (1994). Though the specifics of Page and Woskett's model can seem quite prescriptive, Pett finds it's general outline sparse enough not to impinge significantly on his intention to work phenomenologically.

From his experience as a supervisor, Pett (1995) finds that while a supervisee presents their work with a client, 'very often this description will lead to a response "standing out" of the description, much in the way Gendlin's (1981) "focusing" leads to a "felt sense"' (p.122). If something 'stands out' then we can refer to it directly and explicitly explore it further, not only through language, but also through the body. For example, a supervisee working from an existential orientation may recount a client who expresses two values that seem to be contradictory. Rather than assuming a contradiction and exploring how to challenge this, the supervisee could 'play with' the felt sense of each expression. Take, for example, the two values: 'I want to be independent' and simultaneously 'I want to belong'. It may be that the possible contradiction is at the level of symbolisation while at the more intricate level of experience, there are nuances far too subtle for words. In Focusing on his own felt sense of these values, the supervisee might feel 'I want to be independent' shift forward to become something more like 'I want to reach my full potential', while 'I want to belong' may become 'I want to connect fully to others'. The apparent contradiction has moved to possible compatibility, not through arguments that reify the original positions, but by exploring the phenomena of the lived experience that gives rise to each value. This supervisee is now able not only to appreciate his own values more, but also to work with his client in a deeply phenomenological exploration of both implicit and explicit values.

Alan Cartwright (1996), a psychoanalytic therapist, emphasises the therapist's role in staying with the client rather than with theory or isolated verbal expressions. He says 'I have increasingly come to believe that it is often the implications and verbal contexts of words to which the patient and therapist are unconsciously responding' (p.51).

Prue Conradi (1996), a person-centred therapist, asks her supervisees how the session felt overall. 'I give primary value to this feeling dimension, which I believe keeps us more closely in line with the supervisee's immediate experience, and secondary value to thoughts about the session, which will almost invariably remove us somewhat from the immediacy of the experience...I do not believe new learning will arise without first looking closely at the experience itself, both for the client and for the supervisee' (p.55).

From a cognitive behavioural approach, supervision will likely echo the structured approach of therapy sessions, with an agreed agenda etc. Focusing could assist this collaborative approach by providing more information to work with, offering more resonance to situations that the therapist may have difficulty with, and creating a warm empathy that is just as important in Cognitive Behavioural Therapy as in other forms of therapy.

Lees (1999) points out the limitations of attempting to supervise across modalities while remaining within the limits of his own theory. Here is the result of using his own psychoanalytic language with a person-centred supervisee:

'...it was perhaps not surprising that our relationship eventually became stuck. Indeed, by session seven we really did not seem to be communicating at all and the sessions were tense and awkward, *leaving me with a feeling of tightness in my stomach. Both during and after the sessions I felt angry, and frustrated and anxious*' (p.134, my emphasis).

Since it can be incorporated into supervision sessions without bringing in new theory or content, Focusing may form a basis for supervisors who want to be able to work across modalities and orientations. Lees' example above also highlights a situation where it may be useful for the supervisor to Focus, either on his own after the session, or later in his own supervisor's supervision.

### **Concluding remarks**

Focusing is our natural ability to 'be with' the unclear process that always exceeds what we can articulate in symbolised content (words, concepts, images, memories etc.). As humans, we can refer directly to this on-going bodily experience, and in supervision there are specific activities that can be explicitly enhanced by Focusing. The resultant form of supervision would be 'process-centred' rather than content centred – regardless of whether that content originated from the supervisor, supervisee, client's story, or theoretical assumptions. Concentrating on the experiential process as I have suggested, could give us forms of supervision that are responsive to the changing needs of supervisees, keeping supervision challenging, exciting, and relevant to our client work and our own personal lives.

There are other supervision tasks which require a different quality of discernment or even an imposition upon the experiential. These tasks may originate in part from the *context* of supervision - the codes of practice and ethics of various professional bodies, training institutions, placement settings, and organisations. Discussing contracts, offering advice on professional development or practice, conducting annual appraisals and dealing with managerial concerns may all be appropriate or imposed aspects of supervision. While approaching these tasks in a Focusing manner may be helpful, they also require imposing upon our work the external

authority, knowledge, and judgement of the larger world of therapy, institutions, law, and accepted practice.

So, there may at times be conflicts and choices between the experiential and what is expected. However, being aware of the times when our felt sense moves in one direction while our professional duties move in another, can provide important information. It may be that Focusing not only enhances the efficacy of supervision, but that it assists in keeping us reflective regarding the professional accoutrements of supervision and of psychotherapy as a whole. It may also be that following the intricacy of our lived experience may lead to unique developments in the way we formulate supervision and the context of our practice as psychotherapists.

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