

7 Seven-eyed supervision: A process model

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Introduction

This chapter was originally written especially for those who supervise counsellors or psychotherapists, but over the last 20 years, we have found that it has been a useful model for those supervising right across the range of people professions from teachers to coaches; from general practitioners to management consultants. So we have now developed the model and changed some of the terminology to make it more available to the many different people professions.

Having presented, in Chapter 6, many of the maps and models of supervision that are currently available, we now turn to our own model of the supervision process. Our double matrix model, which we first presented in 1985 (Hawkins 1985), differs significantly from the other ways of looking at supervision. In this model we turn the focus away from the context and the wider organizational issues (discussed in the models in Chapter 6) to look more closely at the process of the supervisory relationship. This model has since been referred to as the 'Seven-eyed model of supervision' (Inskipp and Proctor 1995), a name we have since adopted.

The double-matrix or the seven-eyed supervisor model

Our interest in this dimension began when we were trying to understand the significant differences in the way each member of our own peer group supervised and the different styles of supervision that we had encountered elsewhere. These differences could not be explained by developmental stages, our primary tasks, or our intervention styles. From further exploration came the realization that the differences were connected to the constant choices we were making, as supervisors, as to that which we focused on.

At any time in supervision there are many levels operating. At a minimum all supervision-situations involve at least four elements:

- a supervisor,
- a supervisee,
- a client,
- a work context.

Of these four, normally only the supervisor and the supervisee are directly present in the supervision session, except in live supervision. However, the client and the context of the work are carried into the session in both the conscious awareness and the unconscious sensing of the supervisee. They may also, at times, be brought indirectly into the session in the form of audio and videotapes or written verbatims of sessions or through role-play.

Thus the supervision process involves two interlocking systems or matrices:

- The client/supervisee matrix;
- The supervisee/supervisor matrix.

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The task of the supervisory matrix is to pay attention to the supervisee/client matrix, and it is in how this attention is given that supervisory styles differ.

Our model divides supervision styles into two main categories:

- supervision that pays attention directly to the supervisee/client matrix, by reflecting on the reports, written notes or tape recordings of the client sessions;
- supervision that pays attention to the supervisee/client matrix through how that system is reflected in the here-and-now experiences of the supervision process.

Each of these two major styles of managing the supervision process can be further subdivided into three categories, depending on the emphasis of the focus of attention. This gives us six modes of supervision, plus a seventh mode that focuses on the wider context in which supervision and the client work happens.

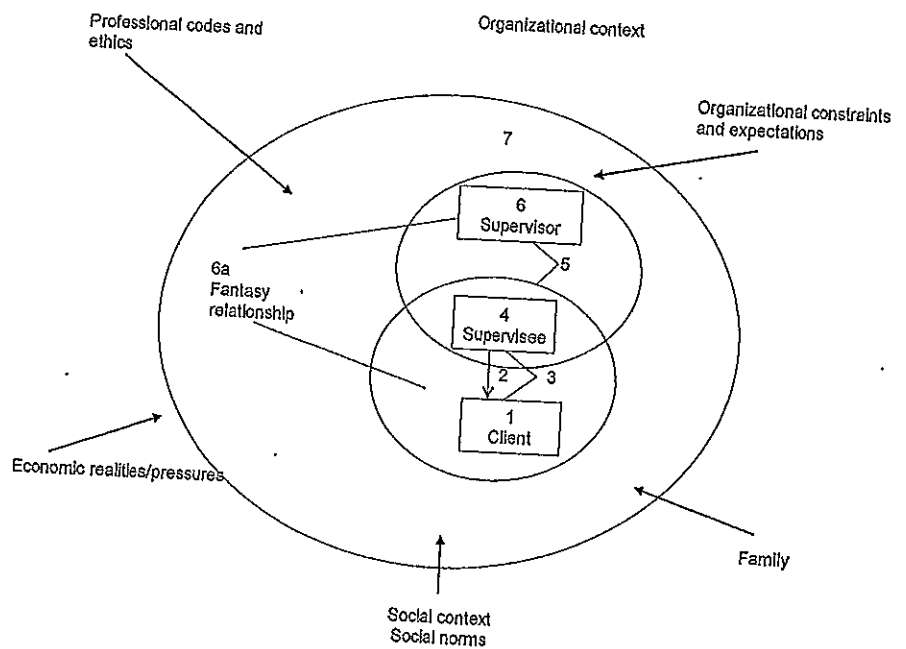


Figure 7.1 The seven-eyed model of supervision

Focus on the client and what and how they present

Attention is concentrated on the actual phenomena of the session, how the clients presented themselves, what they chose to share, which area of their life they wanted to explore, and how this session's content might relate to content from previous sessions. The aim and goal of this form of supervision are to help the supervisee pay attention to the client, the choices the client is making and the connections between the various aspects of the client's life.

Exploration of the strategies and interventions used by the supervisee

The focus here is on the choices of intervention made by the supervisee; not only what interventions were used but also when and why they were used. Alternative strategies and interventions might then be developed and their consequences anticipated. The main goal of this form of supervision would be to increase the supervisee's choices and skills in intervention.

Exploration of the relationship between the client and the supervisee

Here the supervisor will pay particular attention to what was happening consciously and unconsciously in the relationship between the supervisee and their client. This will include: how the session started and finished; what happened around the edges of the sessions; metaphors and images that emerged; and changes in voice and posture of both parties. The main goal of this form of supervision will be to help the supervisee to step out of their own perspective and develop a greater insight and understanding of the dynamics of the working relationship with a particular client.

Focus on the supervisee

Here the supervisor concentrates on how the supervisee is consciously and unconsciously affected by the work with their clients. It includes focusing on the supervisee's development and how they resource themselves (see Chapters 3 and 6). The main goal of this form of supervision is to increase the capacity of the supervisee to engage with their clients and more effectively to use their responses to the clients.

Focus on the supervisory relationship

Here the supervisor focuses on the relationship in the supervision session. This is essential in two ways; firstly to ensure that regular attention is given to the quality of the working alliance between the two parties; and secondly in order to explore how the relationship might be unconsciously playing out or paralleling the hidden dynamics of the work with clients (Mattinson 1975; Searles 1955). Thus, if the client was covertly acting in a passive-aggressive way to the supervisee, this might emerge in the supervision by the supervisee's becoming unconsciously passive-aggressive to the supervisor as they discuss that particular client. The goal is to enable the supervisee to surface unaware dynamics.

The supervisor focusing on their own process

Here the supervisor primarily pays attention to their own here-and-now experience in the supervision; what feelings, thoughts and images are emerging for them both in working with this supervisee and in response to the material that is shared about the work. The supervisor uses these responses to provide another source of information about what might be happening in the supervisory or client relationship. The unconscious material of the supervisee/client session which has been unheard at the conscious level by the supervisee may emerge in the thoughts, feelings and images of the supervisor.

Focus on the wider contexts in which the work happens

Although the six modes of focus are inclusive in so far as they include all the processes within both the client and supervisory matrices, the supervisory and client relationships also exist within a wider context which impinges upon and colours the processes within it. The supervisor cannot afford to act as if the client-supervisee-supervisor threesome exists on an island without a context. There are professional codes and ethics, organizational requirements and constrictions, relationships with other involved agencies as well as social, cultural, political and economic contexts. All of these need to be attended to and taken into consideration.

In Chapter 8 we explore how the organizational roles, power dynamics and issues of culture may affect the supervisory process and in the final section of the book (Chapters 13 and 14) we explore the wider organizational context in which supervision takes place and how to work with it.

It would be very unusual to find a supervisor who remained entirely in one of these seven modes of supervision and we would hold that good supervision must inevitably involve the movement between modes. However, distinguishing between the modes in their pure form has many advantages. It allows supervisors to be clearer about their own style, its strengths and weaknesses and which possible modes of supervision they might be avoiding out of habit or lack of familiarity and practice.

Not only does the model provide a way of increasing the options for the supervisor, it also can be used by the supervisee as a language within which to negotiate changes in supervision style and can be used as a tool in a regular two-way review and appraisal of the supervision.

The model is also useful in training supervisors to work with various elements of the supervision process, learning the refinements of each focus separately, so that they can then develop their own style and method of putting the different processes together (see Chapter 9). We liken this to musicians learning to play scales before performing concert pieces.

We now look at each of the processes in more detail.

Mode 1: Focus on the client and what and how they present

It is the task of the supervisor to enable the supervisees to become more aware of what actually takes place in the session.

(Shainberg 1983)

To a supervisor, focusing on what actually happened in the client session may sound deceptively easy. But as Shainberg points out in her excellent paper, 'Teaching therapists how to be with their clients' (Shainberg 1983), the difficulty for therapists in staying with their 'not knowing' causes them to fear their powerlessness and rush to try and make sense too quickly. This can lead on to premature theorizing and over early interpretation. Supervisors can both collude with and intensify this process through their own anxiety, their need to be potent, and their need to have answers for their supervisees.

Shainberg is not the first to point out this phenomenon. Freud relates how a store of

ideas is created, born from a man's need to make his helplessness tolerable (Freud 1927: 18) and Bion in his writings on therapy constantly entreats us to stay empty and unknowing, uncluttered by premature judgement, theory and interpretation. 'In every consulting room there ought to be two rather frightened people' (Bion 1974). 'True knowing,' Shainberg writes, comes from 'being able to observe and describe what is going on in the present in accurate, concrete, and complete detail. This is different from wanting to change or get rid of or compare or assume a fixed meaning about what is happening' (Shainberg 1983: 164).

Often the first task in every supervisory exploration is to ask the supervisee to accurately describe their clients; how they came to be having sessions; their physical appearance; how they move and hold themselves; how they breathe, speak, look, gesture, etc; their language, metaphors and images and the story of their life as they told it. It is almost impossible to do quality supervision on a particular client until the client has metaphorically 'fully entered the room'.

The task requires the clear focus of a portrait painter or Zen archer and the supervisor's job is to help the supervisees to stay with this difficult task. This involves challenging the assumptions that the supervisees make and asking them to return to what they saw or what the client said, rather than their interpretations. It also entails watching for the supervisees' 'ideological editor' or belief system that edits what information the supervisees are relating to and forms the frame in which they present the clients.

Shainberg shows, in her paper, how often new therapists have a fixed notion of how the work with the client should go. They are anxious to apply the theory that they have learnt about personality types and pathology to the patients they see before them. This leads them to stop seeing the actuality of the unique human being that they are with and can lead to 'objectification': the seeing of the patient as a challenge to their therapeutic prowess. In the second of her two illustrations, Shainberg describes the 'objectification process' in one of her supervisees:

She then said she did not experience the patient in the same way as she would 'a fellow human being'. She could not feel other than that the patient was 'so far a test of my being a therapist'. I said she had turned the patient into an object 'to be worked on' at this point. She said she felt the gist of it was that 'if it is a person you can feel free, but if it is a patient you have to do something to change things. Otherwise what are you doing there?' I did not comment on the use of her word it but heard it as how remote she experienced the patient at this point from herself, as though the patient were not her fellow being sharing the human condition of suffering, daily conflict, having a mother and a father, being in fear, facing the inevitability of death.

(Shainberg 1983: 168)

Shainberg gradually helps supervisees become aware of the internal dialogue inside their own heads, the judgements, expectations, self-doubt, etc., so that they can return to the actuality of the experience of *being* with the patient prior to *doing*.

Focus all your attention on seeing as clearly as you can the way this person behaves and what you think and feel being with her. Do not try to find

meanings, make connections, or understand. Observe what takes place and your responses.

(Shainberg 1983: 169)

There is a place for theorizing and using theory to understand what is happening in work with clients, but it must always come after direct encounter with the client in the fullness of their unique being. Between the stage of concentrating on the direct observation and the content of what the client said and turning to theoretical consideration, there are several further steps that need to be taken:

- an exploration of the connections between the content of one part of the session with material from elsewhere in the session;
- listening for the connecting pattern that is contained within each of the parts;
- the tentative linking of material from one session to material and sequences from previous sessions. Supervisees who are new to the work so often treat each session as if it was a closed system, rather than part of an ongoing process.
- an exploration of the links between the content of sessions and the life of the client, both outside and prior to these sessions. In this we can look at the content in the supervisee/client session as a microcosm of the macrocosm of the client's life and relationships as a whole.

We have found two techniques particularly useful when exploring Mode 1. One is to attend to the opening moments of the session, even before you think the session has started; to see how the clients first presented and revealed themselves before the conversation got fully underway.

The other useful approach is to use video or audio recordings of sessions. Here one can move between the phenomenon of the material and the feelings of the therapist (see Chapter 9, and Kagan 1980).

Mode 2: Exploration of the strategies and interventions used by the supervisee

In this mode the supervisor focuses on what interventions the supervisees made in their work with the clients, how and why they made them and interventions they would rather have made. One psychotherapy trainer that we interviewed uses this approach as the main focus of her supervision:

I ask them what interventions they have made; what reasons they had for making them; where their interventions were leading them; how they made their interventions and when and then I ask what they want to do with this client now?

(Davies 1987)

It is useful to bear in mind Abraham Maslow's aphorism: 'If the only tool you have is a hammer, you will tend to treat everything as if it is a nail' and it is important to make sure

that your supervisees not only have a wide range of interventions in their tool box, but also that they use the tools appropriately and are not blunting their chisels by using them to turn screws!

We have often found that when supervisees bring to supervision their concerns about what intervention to use they can get stuck in dualistic thinking. They will make statements which we term 'either-or-isms' such as:

- I either have to confront his controlling behaviour or put up with it.
- I didn't know whether to wait a bit longer, or interpret his silence as his aggression towards me.
- I don't know whether to continue working with him.

As you can see they do not always contain the words 'either or', but they are always based on the supervisees seeing two opposing options. The job of the supervisor is to avoid the trap of helping the supervisees evaluate between these two choices, and point out that they have reduced numerous possibilities to only two. Once the supervisees have realized that they are operating under a restrictive assumption, the supervisor can help them generate new options for intervening.

Generating new options can be undertaken by using a simple brainstorming approach. The basic rules of brainstorming are:

- Say whatever comes into your head.
- Get the ideas out. Don't evaluate or judge them.
- Use the other person's ideas as springboards.
- Include the wildest options you can invent.

Brainstorming is helped by setting a high target for the number of options, as it is only when we have exhausted all the obvious rational choices that the creative mind starts to get going. Often it is the craziest idea that contains the kernel of a creative way forward. In a group supervision you could try brainstorming 20 ways of dealing with a supervisee's impasse: in individual supervision you could ask the supervisee to invent six or seven different ways of handling the situation with which they are supposedly stuck.

Group supervision offers a great number of creative possibilities. The group contains a greater variety of styles and can avoid the potential dualism between the supervisor's or the supervisee's approach.

Group supervision also offers a greater range of active role-playing possibilities. Different group members can choose one possible approach they would like to try out from the list of brainstormed possibilities. Then, with supervisees playing the client, several different possible strategies can be tried and evaluated (see Chapter 10). Even in individual supervision the supervisees can try out different options. It is possible to use an empty chair or the supervisor to represent the client. If necessary, after trying the intervention, they can role-reverse and respond from within the role of the client.

Many supervisors, when focusing in Mode 2, offer their own intervention. There are dangers in doing this. It is easy as supervisor to want to show off your intervention skill without fully acknowledging how much easier it is to be skilful in the relative ease of the supervisory setting than when face to face with the client. The other danger is that the

approach of the supervisor will be introjected (swallowed whole) by the supervisees rather than helping them to develop their own improved interventions.

In Chapter 9 we describe John Heron's classification of six categories of interventions. We point out that one intervention is not better than another, but that all can be used, *appropriately, degenerately or perversely*. We explore these different types of interventions in order that supervisors may look at which forms they compulsively use and which they mostly avoid using. From this they can discover some aspects of the strength and weakness of their style, and how they might want to change the balance in the sort of interventions they are using. We find that monitoring our own interventions in such a way sharpens our awareness of the interventions of our supervisees.

Focusing on strategy should not be confused with 'strategic' approaches to therapy, for all those who work enabling others, use some form of strategy, be it interpretation, reflection, silence or the active facilitation of bodywork.

Mode 3: Focusing on the relationship between the client and the supervisee

In this mode the focus is neither on the client, the supervisee, nor their interventions, but on the system that the two parties create together. In this mode the supervisor focuses on the conscious and unconscious interaction between supervisee and client. To start with the supervisor might say one or more of the following:

- How did you meet?
- How and why did this client choose you?
- What did you first notice about the nature of your contact with this client?
- Tell me the story of the history of your relationship.

These interventions must clearly be requesting something different from a case history and must help the practitioner to stand outside the client relationship in which they might be enmeshed or submerged and see its pattern and dynamic.

Other techniques and questions that encourage this distancing and detachment are:

- Find an image or metaphor to represent the relationship.
- Imagine what sort of relationship you would have, if you and the client met in other circumstances, or if you were both cast away on a desert island.
- Become a fly on the wall in your last session; what do you notice about the relationship?

These are all techniques that help the supervisee to see the relationship as a whole rather than just their own perspective from within the relationship. The supervisor can be listening to the relationship even when the supervisee is talking about the client out of relationship. In this way, the supervisor acts like a couple counsellor, in so far as he or she must hold the interests of both parties in balance, and at the same time attend to the space and relationship between the two parties.

The supervisor listens to the relationship in a variety of different ways. All

approaches involve listening with the 'third ear' to the images, metaphors and 'Freudian slips' that collect around the supervisee's description of this particular client. Through this form of listening the supervisor is trying to discover the picture that the unconscious of the supervisee is painting of the relationship.

Attending to the client's transference

The supervisor is also interested in the transference of the client. By this we mean feelings or attitudes that may have been transferred from an earlier relationship or situation. In Mode 4 we look at how the supervisee might be doing something similar, transferring attitudes and feelings from another relationship. This is called counter-transference and in many ways it is necessary to move between these two modes and consider the transference and counter-transference together. However, for the time being, we will separate the focus and look only at the client's transference.

Many of the questions used above, and paying attention to the images and metaphors, will give important clues to the transference that is happening. If, for instance, the supervisee said that the relationship was like that of two sparring partners in a boxing ring, the transference would be very different from that of a supervisee who answered that their relationship was like a frightened rabbit wanting to cuddle up to its mother.

Learning from the patient

When attending to the process between the client and supervisee it is important to recognize that somewhere both parties probably know what is going on at a deeper and less conscious level and what is getting in the way of their healthy open meeting. This knowing is most likely unconscious, otherwise the case would not have been brought to supervision. The job of the supervisor is to listen to how the unconscious of the client is informing the supervisee about the client's needs and how the supervisee is helping or getting in the way. Robert Langs (1978, 1985) has developed a complex and very detailed system for attending to and then decoding the latent and unconscious communication of the client and then relating this to the interactions of the supervisee and how they were unconsciously received by the client.

A simple way to use this approach is to listen to all the reported content of the client, (such as stories they told, feelings they have about other people, asides and throw-away comments), as all relating to how the client experiences the work and the practitioner, especially recent interventions.

Langs (1985: 17, 20) gives a good example of this process.

The final session with a 45-year-old woman who was seen in once weekly psychotherapy for episodes of depression. She begins this last hour as follows:

Patient: One of the boys in the class that I teach at religious school is leaving town. I don't know if I will ever see him again. I wanted to hug him goodbye. My son is leaving for an out-of-town college. I thought of the time my father left us when I was a child. Yesterday, at religious school, I thought of having an affair with the principal.

The patient has largely made use of displacement and symbolization in her allusion to the external danger situation. Rather than alluding directly to the therapist's abandonment . . . the patient mentions the loss of a boy in her class, of her son, and of her father in childhood. Each involves an aspect of loss and termination and each expresses in some disguised form a meaning of the ending of the patient's psychotherapy.

Patrick Casement has written about a very similar approach to Langs in a more easily readable book called *On Learning From the Patient* (1985). Here he writes about 'the patient's unconscious search for the therapeutic experience that is most needed'. He gives a number of examples of how the client or patient's unconscious is constantly informing the therapist about its need *for structure, responsiveness* and the appropriate *space*. However, he cautions us to distinguish between patients' growth needs and their wants: 'I am here making a distinction between needs that need to be met and wants . . . The therapist should . . . try and distinguish between libidinal demands, which need to be frustrated, and growth needs that need to be met' (Casement 1985: 171-2).

Here is an example illustrating the difference between these wants and growth needs, drawn from the work of a psychotherapist that one of us supervises:

The therapist was a female worker who looked and acted in a motherly fashion. The client was also a female whose own mother had been very depressed, often not leaving the house for weeks at a time. The client went through periods of wanting the therapist to hug and cuddle her and of trying every way possible for the sessions to overrun the ending time. The libidinal demand was for unboundaried symbiotic mothering, whereas the unconscious growth need was for a therapist who would provide the clear boundaries that her own mother was unable to give her. Once this had been realised in the supervision, the therapist's anxiety with this client lessened considerably and she was able to set clear boundaries for the client, in a way that the client was able to accept.

Mode 4: Focusing on the supervisee

In this mode the focus of the supervision is on the internal processes of the supervisee and how these are affecting and being affected by the work and the relationship. This includes the emotional reactions and resonances of the supervisee, often called counter-transference. We would like to distinguish between five different types of counter-transference:

- Transference feelings of the supervisee stirred up by this particular client. These can be either the transferring of feelings about past relationships or situations on to the relationship with this client; or the projection of part of the supervisee on to the client.
- The feelings and thoughts of the supervisee that arise out of playing the role transferred on to him or her by the client (for example, if the client responds to

you as if you were her mother, you may find yourself feeling alternatively protective and angry, in the way her mother did).

- The supervisee's feelings, thoughts and actions used to *counter the* transference of the client. The client treats you as a mother figure and you find yourself becoming very masculine and businesslike to avoid the mother transference.
- Projected material of the clients that the supervisee has taken in somatically, psychically or mentally.
- Finally, we would like to mention a particular form of counter-transference that can very easily creep into the modern pressurized world. It is what Rowan calls *aim attachment counter-transference* where we want the client to change for our sake, not theirs. This could be because we want to see ourselves as successful, seeing the client's cure or otherwise as a reflection of our own well-being as a professional. This can also be fuelled by professional demands to produce results.

What all forms of counter-transference have in common is that they involve some form of predominantly unaware reaction to the client by the supervisee. It is essential for the supervisee to explore all forms of counter-transference in order to have greater space to *respond to*, rather than *react*, to the client. Counter-transference used to be thought of as something that had to be made conscious and removed as it formed a negative barrier. Now many professionals realize that in the counter-transference can be found the clues to understanding their work and their clients better.

It is clear from what we have said above that it would be hard to work with the counter-transference without reference to the client's transference and so Modes 3 and 4 most often work together. However, there is a difference in focusing predominantly on trying to understand the client 'out there', or on concentrating on the supervisee's own process.

The simplest way to focus on the counter-transference is for the supervisor just to pose the question 'What is your countertransference to this client?'; but, as we suggested above, most counter-transference is outside awareness and predominantly unconscious, so this question has only very limited effectiveness.

Another slightly more sophisticated technique is 'Checks for identity' which we have adapted from 'Co-counselling' (see Heron 1974). In this technique the supervisor takes the supervisee through five stages in order to elicit their counter-transference:

Stage 1: The supervisee is encouraged to share their first spontaneous responses to the question: 'Who does this person remind you of?' The supervisor keeps repeating the question until the supervisee discovers an answer, which could be a person from their past, a well-known personality, a historical or mythic figure or part of themselves.

Stage 2: The supervisee is asked to describe all the ways their client is like this person.

Stage 3: The supervisee is then asked what they want to say to the person that they discovered in stage 1, particularly what is unfinished in their relationship with that person. This can be done in role-play by putting the person on an empty chair and expressing their feelings to them.

Stage 4: The supervisee is asked to describe all the ways their client is different from this person.

Stage 5: The supervisee is then asked what they want to say to their client. If the previous stages have been completed satisfactorily then the supervisee will be able to address the client differently.

This exercise can lead to surprising discoveries about the most unlikely connections and unfinished thoughts and feelings, which are getting in the way of seeing the client.

The more unconscious material is often found at the edges of the supervisee's communication. It can be in their images, metaphors or Freudian slips of the tongue; or it may be in their non-verbal communication. The supervisor can elicit this material by getting them to free-associate to images or 'slip' words; or by getting them to repeat and exaggerate a movement or gesture that carries a charge. From these interventions can emerge strong feelings that then need to be related back to the work with the client.

Also when looking at the supervisee's counter-transference it is important to include an exploration of what Frank Kevlin (1987) calls 'the ideological editor'. This is the way the supervisees view the client through their own belief-and-value system. This includes conscious prejudice, racism, sexism and other assumptions that colour the way we mis-see, mis-hear or mis-relate to the client. This is explored more fully in Chapter 8.

One way of eliciting this ideological editor is through awareness of the supervisee's use of comparatives or associations. If a supervisee says about a client: 'She is a very obliging client', the supervisor can ask, 'How is she obliging?', 'She is very obliging compared to whom?', 'Tell me how you think clients should oblige you?' Thus the supervisor is seeking to discover the assumptions about how clients should be that are hidden in this comparative term 'very obliging'. Construct theorists (Kelly 1955) might describe supervisees as having a bipolar construct obliging/non-obliging.

Here is another example which shows the eliciting of counter-transference through spontaneous association. It is taken from a supervision session where Robin is supervising a senior manager in a social services department, whom we will call John:

Robin: Why are you allowing this staff member to drift and not confronting him?

John: Well, I do not want to be a punitive boss.

Robin: What would that be like?

John: As you asked that, I got the image of a little boy outside a headmaster's office.

Robin: So there is a link for you between confronting and being a punitive head teacher. If you were this staff member's head teacher, how would you want to punish him and what would you be punishing him for?

Having explored this together, Robin then encouraged John to try out other ways of confronting the staff member, which were less polluted by the punitive counter-transference. Thus having started with Mode 4 he then moved back into Mode 2.

Mode 4 also includes attending to the general well-being (resourcing aspect) and development (developmental aspect) of the supervisee's needs. Unless time is given to

these aspects, there is a danger that supervision will become overly reactive, always responding to the impact of the latest difficult client, rather than proactively helping to build the capacity of the supervisee over time.

We have often noticed that supervisees can be less stressed by the difficulties with their client group, than by the response or lack of it from their organization (Morrison 1993; Scaife et al. 2001: 31). They may also have as their central concern their difficult relationships with colleagues. When collegial relationships are brought to individual supervision it is important to ask why they have not been addressed directly instead; and to view the issue from a systemic perspective. It is also essential to remember that the only part of the system that you can help to shift is the part that is present with you in the room. In later chapters we explore how collegial relationship and organizational politics with a small 'p' can also be explored in teams, networks and organizations. One reason it may have been brought to individual supervision is the lack of suitable team or organizational supervision processes.

Mode 5: Focusing on the supervisory relationship

In the previous modes the supervisor has been focusing outside him- or herself. In Mode 1 the focus has been on the client and then increasingly in Modes 2 to 4, on the supervisee. Increasingly the supervisor has been encouraging the supervisee to look less for the answers out in the client and to pay more attention to what is happening inside themselves. But the supervisor has so far not started to look inside him or herself for what is happening. In the final two modes the supervisor practises what he or she preaches, and attends to how the work with the clients enter and change the supervisory relationship, and then in Mode 6 how these dynamics affect the supervisor. Without the use of Modes 5 and 6 the supervisors would lack congruence between what they were asking the supervisee to do and what they were modelling, that is, to look inside themselves.

Harold Searles, an American neo-Freudian, has contributed a great deal to the understanding of this supervision mode in his discovery and exploration of the paralleling phenomenon (Searles 1955):

My experience in hearing numerous therapists present cases before groups has caused me to become slow in forming an unfavourable opinion of any therapist on the basis of his presentation of a case. With convincing frequency, I have seen that a therapist who during occasional presentations appears to be lamentably anxious, compulsive, confused in his thinking, actually is a basically capable colleague who, as it were, 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 way of his behaviour during the presentation.

In the mode of paralleling, the processes at work currently in the relationship between client and supervisee are uncovered through the way they are reflected in the relationship between supervisee and supervisor. For example, if I have a client who is very

withholding (who had a mother or father who was very withholding, etc.), when I present them to my supervisor, I may well do this in a very withholding way. In effect I become my client and attempt to turn my supervisor into me as therapist. This function, which is rarely done consciously, serves two purposes for the supervisee. One is that it is a form of discharge – I will do to you what has been done to me and see how you like it; and the second is that it is an attempt to solve the problem through re-enacting it within the here-and-now relationship. The job of the supervisor is to tentatively name the process and thereby make it available to conscious exploration and learning. If it remains unconscious the supervisor is likely to be submerged in the enactment of the process, by becoming angry with the withholding supervisee, in the same way that the supervisee was angry with the withholding client.

The important skill involved in working with paralleling is to be able to notice one's reactions and feed them back to the supervisee in a non-judgemental way (for example, 'I experience the way you are telling me about this client as quite withholding and I am beginning to feel angry. I wonder if that is how you felt with your client'). The process is quite difficult as we are working with the paradox of the supervisee both wanting to deskill the supervisor and at the same time work through and understand the difficult process in which they are ensnared.

Here is a clear example of paralleling written by our colleague Joan Wilmot:

I was supervising a social work student on placement to our therapeutic community who was counselling a resident with whom she was having difficulty. He was a man in his forties who had been in the rehabilitation programme in the house for about seven months and was now to move on to the next stage which was finding himself some voluntary work. He was well able to do this but despite the student making many helpful and supportive suggestions, he 'yes but' everything she said. In her supervision with me, despite her being a very able student, her response to all my interventions was 'yes but'. I took this issue to my supervisor, in order as I thought, to obtain some useful suggestions with which to help the student. However, despite the fact that I was usually very receptive to supervision, I responded to every suggestion my supervisor made with a 'yes but'. He then commented on how resistant I was sounding and how like the resident in question I was being. This insight immediately rang so true that we were both able to enjoy the unconscious paralleling I had been engaged in and I no longer needed to engage in a resistance game with my supervisor. I shared this with my student who no longer needed to resist me but was able to go back to her client and explore his need to resist. His issues around needing to feel his power by resisting could then be worked on separately from his finding voluntary work and he was able to arrange some voluntary work within the week.

(Wilmot and Shohet 1985)

Margery Doehrman (1976) has done one of the very few pieces of research on paralleling that exist, in which she studied both the therapy sessions and the supervision on the therapy of twelve different people. In the introduction to her study Mayman writes:

What is strongly suggested by Dr Doehrman's study, a result that she herself admits took her by surprise, was the fact that powerful parallel processes were present in every patient-therapist-supervisor relationship she studied.

(in Doehrman 1976: 4)

Doehrman discovered that paralleling also went in both directions; not only did the unconscious processes from the therapy relationship get mirrored in the supervision process, but also the unconscious processes in the supervisory relationship could get played out within the therapy process. Mayman concludes by saying:

I believe parallel processing ... is a universal phenomenon in treatment, and that the failure to observe its presence in supervision may signal only a natural resistance on the part of the supervisor and/or therapist against facing the full impact of those forces which they are asking the patient to face in himself.

(in Doehrman 1976)

Mode 6: The supervisor focusing on their own process

In Mode 5 we explored how the relationship between the supervisee and their client can invade and be mirrored in the supervisory relationship. In this mode we focus on how that relationship can enter into the internal experience of the supervisor and how to use that.

Often as supervisors we find that sudden changes 'come over us'. We might suddenly feel very tired, but become very alert again when the supervisee moves on to discuss another client. Images, rationally unrelated to the material, may spontaneously erupt in our consciousness. We may find ourselves sexually excited by our image of the client or shuddering incomprehensibly with fear.

Over the years, we have begun to trust these interruptions as being important messages from our unconscious receptors about what is happening both here and now in the room, and also out there in the work with the client. In order to trust these eruptions supervisors must know their own process well. I must know when I am normally tired, bored, fidgety, fearful, sexually aroused, tensing my stomach, etc., in order to ascertain that this eruption is not entirely my own inner process bubbling away, but is a received import.

In this process the unconscious material of the supervisee is being received by the unconscious receptor of the supervisor, and the supervisor is tentatively bringing this material into consciousness for the supervisee to explore.

Supervisors need to be clear about their feelings towards the supervisee: 'What are my basic feelings towards this supervisee?', 'Do I generally feel threatened, challenged, critical, bored etc?' All that has been said above about transference and counter-transference is relevant to supervisors when they relate to their supervisees. Unless supervisors are relatively clear about their basic feelings to the supervisees, they cannot notice how these feelings are changed by the import of unconscious material from the supervisee and their clients.

In order to use this mode supervisors must not only be aware of their own processes,

but must also be able to attend to their own shifts in sensation, and peripheral half-thoughts and fantasies, while still attending to the content and process of the session. This may sound a difficult task, but it is also a key skill in being effective in any of the helping professions and it is, therefore, important that supervisors can model its use to those that they supervise.

Supervisors might use their awareness of their own changing sensations and feelings by making statements like:

- While you have been describing your work with X, I have been getting more and more impatient. Having examined this impatience it does not seem to be to do with you, or something I am bringing into the session from outside, so I wonder if I am picking up your impatience with your client?
- I notice that I keep getting images of wolves with their teeth bared, as you describe your relationship with this client. Does that image resonate with your feelings about the relationship?
- I am getting very sleepy as you 'go on' about this client. Often when that happens to me it seems to indicate that some feeling is being shut off either to do with the client or right here in the supervision. Perhaps you can check what you might be holding back from saying?

Mode 6A: Supervisor-client relationship

So far this model explores the interplay between two relationships: that of the client/supervisee and that of the supervisee/supervisor; but it ignores the third side of the triangle - namely the fantasy relationship between the client and the supervisor. Supervisors may have all sorts of fantasies about their supervisees' clients, even though they have never met them. The client may also have fantasies about the supervisor of the person who works with them, and we have known some clients to direct a lot of their attention at the unknown supervisor and their fantasies about what happens in their supervision! These fantasy relationships complete the triangle and like all triangular processes are laden with conflict and complexity. 'Any pairing ousts the third party, and may at an unconscious level, even revive the first rivalrous oedipal threesome' (Mattinson, quoted in Dearnley 1985).

The thoughts and feelings that the supervisor has about the client can clearly be useful, especially in Modes 1 and 6, as described above. Where the feelings of the supervisor are at odds with the experience of the supervisee, it can be that some aspect of the client/supervisee relationship is being denied and experienced by the supervisor.

Mode 7: Focusing on the wider contexts in which the work happens

Here the supervisor moves the focus from the specific client relationships that are figural in the session to the contextual field in which both the client work and the supervision work takes place.

The contexts surround all aspects of the supervisory process. We have gradually become aware that it is useful to sub-divide Mode 7 into various aspects.

7.1 Focusing on the context of the client

For many who are psychologically trained it is all too easy to fall into the trap of seeing how the client presents as deriving solely from their psychological patterns. This is only one aspect of the client. In Mode 7.1 it is important to also ask some of the following questions:

- Tell me about the client's background/their work/their culture, etc?
- What resources do they have that they are not utilizing or could utilize more?
- What is the client carrying for their family or team or organization?
- Why have they come for help now? Why you?
- When and where else have they had these difficulties?

7.2 Focusing on supervisee's interventions in the context of their profession and organization

The interventions and strategies that a supervisee utilizes will not just be the result of personal choices, but framed by the context of the tradition they work within and the policies, culture and practice of their organization. Even when the supervisee is an independent practitioner, they will still be part of a professional community with its standards, ethics and professional mores.

In this mode the supervisor may well ask, 'How does your handling of this situation fit with the expectations of your professional body?' Although the supervisor has some responsibility for ensuring ethical and professional work, the focus should not be just on compliance, but also helping the supervisee question how they may be over-constraining their practice because of their assumptions about 'expected practice standards' or fear of judgement.

If the supervisor gets trapped into seeing themselves as the channel of the current wisdom of the profession to the supervisee, then the danger is that the profession stops learning. Where supervision is an active inquiry process between supervisor and supervisee, it can become an important seedbed for the profession, where new learning and practice are germinated (see Chapter 12).

7.3 Focusing on the context of the supervisee-client relationship

Not only do the client and the supervisee bring aspects of their separate contexts into their working relationship, the relationship itself has a context and a pre-history. In this sub-mode it is important to ask questions such as:

- How did the client come to see the supervisee?
- Did they choose to come themselves, or were they sent or recommended to come by somebody else?
- If so what is the power relationship with that person or organization?
- How do they see this helping relationship and how does this relate to their experience of other helping relationships?
- How are such relationships viewed in their culture?

7.4 Focusing on the wider world of the supervisee

In Mode 4 we focus not only on the aspects of the supervisee that are triggered by the work with the particular client, but also their overall development and their general patterns of working. This has its own context, for it will be affected by, among other things;

- their stage of professional development (see Chapter 6),
- their personality and personal history,
- their role and history in the organization in which they work.

7.5 Focusing on the context of the supervisory relationship

The supervisory relationship, like that of the client and the supervisee, has its own context and pre-history. A key element of this context will be the nature of the supervisory contract. Is this supervision: training, managerial, tutorial or consultancy? (Chapter 5). If the supervisee is still in training it may be necessary to focus on the nature of that training and any role the supervisor has in an assessment process.

Other elements of this sub-mode include:

- the previous experience of both parties in both giving and receiving supervision;
- the race, gender and cultural differences between both parties (see Chapter 8);
- different theoretical orientations;
- how both parties hold power and authority and respond to the power and authority of other.

7.6 Focusing on the context of the supervisor

In order to reflect skilfully on sub-mode 7.5, the supervisor needs to be able to reflect on their own context and how it enters the supervisory relationship. This requires an advanced form of self-reflexive practice (Schon 1983). It necessitates a high awareness of one's own racial, cultural and gender biases and prejudices (see Chapter 8) as well as the strengths and weaknesses of one's own personality style, learning style and patterns of reactivity. This awareness is not to exclude these from the relationship, but to be aware of the lenses through which one is experiencing the supervisee and the system they are presenting.

In the final section of the book (Chapters 12, 13 and 14) we explore the wider organizational context in which supervision takes place and how to work with it.

Integrating the processes

It is our view that good supervision of in-depth work with clients must involve all seven processes, although not necessarily in every session. Therefore, part of the training with this model is to help supervisors discover the processes they more commonly use and

those with which they are less familiar. We have found that some supervisors become habituated to using just one mode.

Gilbert and Evans (2000: 7) also stress the importance of a balance of attention:

A systems approach to supervision involves the supervisor's capacity to retain a sensitivity to her own counter transference reactions in relation to their origins. In addition the supervisor must, at the same time, enter into the supervisee's world of experience in relation to interpersonal or intrapsychic events and achieve a view that takes into account the intersubjective nature of the supervisory process. At any point in supervision, any one of these elements may be the focus of the supervision intervention: 1) the psychotherapist's reflection on and understanding of client dynamics or of his own counter transference, 2) the psychotherapist's empathic engagement with the client and 3) sharpening his awareness of the delicate dance between them.

A parallel model to ours is suggested by Pat Hunt (1986) in her article on supervising couple counsellors. She suggests that supervision styles can be divided into three types:

- *Case-centred approach*: where the therapist and the supervisor have a discussion on the case 'out there'. This is similar to our Mode 1.
- *Therapist-centred approach*: which focuses on the behaviour, feelings and processes of the therapist. This is similar to our Modes 2 and 4.
- *Interactive approach*: this focuses both on the interaction in the therapy relationship and the interaction in the supervision. This is similar to our Modes 3 and 5.

Hunt illustrates the dangers of using one of these approaches exclusively. If all the attention is on the client 'out there', there is a tendency to get into an intellectual discussion 'about' the client. There is also a danger of a large 'fudge-factor' – the supervisees hiding material from the supervisor for fear of judgement. If the approach is exclusively supervisee-centred it can be experienced by the supervisee as intrusive and bordering on therapy. Hunt writes: 'I am not sure how supportive this kind of supervision would feel. I guess quite a lot of learning would occur, but I suspect assessments might be made in terms of the trainee therapist's willingness to open up and talk about himself' (Hunt 1986: 7).

If the approach is exclusively interactive-centred, there are fewer dangers than in the other two approaches, but a great deal of important information could be ignored in the immersion of the attention in the complexities of the two interlocking relationships.

Thus the trainee supervisor, having learnt skilfully to use each of the main processes, needs help in moving effectively and appropriately from one process to another. To do this, it is important to develop the supervisory skills of appropriateness and timing. The supervisor needs to be aware of how different modes are more appropriate for different supervisees, and for the same supervisees at different times. The most common pattern of the use of different modes in a supervision session is to begin with Mode 1, discovering what happened in the session; for this to naturally lead on to Modes 3 and 4, what happened in the relationship and how this affected the therapist; and if and when this

triggers unconscious communication to switch the focus to Modes 5 and 6. At any of these stages one might move from the specific mode to the appropriate sub-mode of 7, so as to reflect on that which is colouring the situation in the wider field. At the end of the exploration of a particular client the supervisor might then focus back on Mode 2 to explore what new interventions the supervisee might utilize at their next session with this client.

Linking the model to a developmental perspective

It is also helpful for the supervisor to be aware of the developmental stage and readiness of the individual supervisees to receive different levels of supervision (see Chapter 6).

As a general rule supervisees who are new to the work need to start with most of the supervision focusing on the content of the work with the client and the detail of what happened in the session. At first supervisees are often over anxious about their own performance (Stoltenberg and Delworth 1987) and they need to be supported in attending to what actually took place. They also need help in seeing the detail of individual sessions within a larger context (Modes 1 and 7); how material from one session links to the development over time; how it relates to the clients' outside life and to their personal history. In helping supervisees develop this overview, it is very important not to lose the uniqueness of the supervisee's relationship with their client, and for the supervisor not to give the impression that what is new, personal and often exciting for the supervisee can easily be put into a recognizable category.

As supervisees develop their ability to attend to what *is*, rather than to premature theorizing and over-concern with their own performance, then it is possible to spend more time profitably on Mode 2, looking at their interventions. As stated above, here the danger is that the supervisor habitually tells the supervisees how they could have intervened better. We have found ourselves saying to supervisees statements such as 'What I would have said to this client would have been ...' or 'I would have just kept quiet at that point in the session.' Having said such a line we could kick ourselves for not having practised what we preach and wish we had kept quiet in the supervision session!

As the supervisees become more sophisticated, then Modes 3, 4, 5 and 6 become more central to the supervision. With a competent and experienced practitioner, it is possible to rely on their having attended to the conscious material and having carried out their own balanced and critical evaluation of their sessions. In such a case the supervisor needs to listen more to the unconscious levels of both the supervisee and of the reported clients. This necessitates focusing on the paralleling, transference and counter-transference processes being played out within the supervision relationship.

We find that this model holds good for those of all theoretical approaches and orientations and that all supervisors are helped to be more effective by increasing their range over all seven modes. This is not to say that for some supervisors it may be more appropriate to focus more often on specific modes. So for example, supervisors who are behavioural clinical psychologists may favour Modes 1 and 2, whereas psychodynamic supervisors may favour Modes 3 and 4.

The developmental stage of the therapist is only one factor which will cause the

experienced supervisor to shift the dominant mode of focus. Other factors that should influence the choice of focus are:

- the nature of the work of the supervisee;
- the style of the supervisee's work; their personality and learning style;
- the degree of openness and trust that has been established in the supervision relationship;
- the amount of personal development and exploration the supervisee has undertaken for themselves;
- the cultural background of the therapist (see Chapter 8).

Critiques of the model

Since the model was first published in 1985, and then in the two earlier editions of this book (1989 and 2000), we have received many interesting and valuable critiques which have expanded and developed the model. Other critiques have shown us where we have not been clear enough, and have led to a misunderstanding of our model or intention.

Some of the most common critiques include (a) the model is hierarchic, (b) the model is claiming to be integrative but is biased or limited to a specific orientation; (c) Mode 7 is of a different order and needs to be contained in all the other six modes.

The model is hierarchic

A number of trainees have objected on egalitarian grounds to the supervisor being at the top of the diagram and the client at the bottom with the supervisee in the middle. Tudor and Worrall put this position clearly when they write: 'In Hawkins and Shohet's model, the fact that, of the three related circles signifying people, the supervisor is at the top, signifies a certain hierarchy and authority given to the person of the supervisor' (2004: 75).

We believe that this position is based on a misunderstanding that comes from confusing systemic hierarchy and political domination, and greater responsibility and authority with being authoritarian. In a systemic hierarchy a tree is 'higher' to the bough. The forest is 'higher' to the tree. This in no way implies the forest is superior to the tree, in fact the forest is dependent on the trees for its existence and being. In the same way a supervisor can only exist if there are supervisees, and the supervisees can only exist if there are clients. The hierarchy in the process model does not imply that higher is more important, more powerful or wiser. It does imply that in supervision the supervisor has responsibility for attending to themselves and both the supervisee(s) and the client(s), and that supervisees have responsibility for attending to themselves and their clients. However, the responsibility does not flow in the same way in the opposite direction. Those who want to learn more about this way of thinking should refer to Bateson (1973) and Whitehead and Russell (1910-13).

The model is claiming to be integrative but is biased to one specific orientation

For us the model is essentially integrative on two accounts. Firstly, it fundamentally draws on understanding from systemic, psychodynamic, inter-subjective, cognitive, behavioural and humanistic approaches to understanding relationships. The systemic understanding of how change in the supervisory matrix, impacts the client-supervisee relational matrix, which in turn impacts the client system is fundamental to the model. The model clearly draws on the psychoanalytic understanding of transference and counter-transference, particularly as developed by those working in the field of object relations or adopting the inter-subjective approach. Much of the creativity in ways of intervening draws heavily on the work of many humanistic innovators from psychodrama, Gestalt, psychosynthesis, transactional analysis, to name just a few.

Our second integrative claim is pragmatic. When we first developed the model we did not know the range of its usefulness, but were committed to taking it into different professional groupings to test out the limits of its ability to work with people from different orientations. We have been surprised and pleased to find that practitioners from most psychotherapeutic orientations have been able to use the model to develop their own practice, if they were able to think outside the frameworks of their original training.

Mode 7 is of a different order and needs to be contained in the other six modes

We found this challenge from Mathews and Treacher (2004: 200) very useful, and we fundamentally agree that Mode 7 is of a different order. The move from any of the other six modes to Mode 7 is a move from focusing on what is figural to focusing on the contextual field in which the phenomena is happening. We also have become aware that there are almost as many levels of context as there are modes of focus on the figural phenomena, and thus have developed the variety of sub-distinctions in Mode 7.

We still believe that it is important not to subsume Mode 7 into the other six modes, for this would lose the constant challenge that nearly all of us need: regularly to move our attention from what is naturally in the field of our vision, to the wider domain in which we are operating. This is a theme we pick up in Chapter 8 when we explore the cultural, race and gender issues that may be happening both within the relationships but also in the social context that surrounds them.

Conclusion

We have explored in detail the 'seven-eyed supervisor model' that we first developed in 1985. We have continued to teach and develop this model ever since and have found that it continues to provide a framework for new levels of depth and ways of creatively intervening in a supervision session. For us, the power of the model is that we continue to learn and gain new insights even after 20 years. It has proved useful beyond our original horizons, and has been used in a great variety of cultures and in different 'people' professions, from youth work to palliative care; from psychiatry to management development; and from education to couple therapy. We have become increasingly convinced

that to carry out effective supervision of any client work it is necessary for the supervisor to be able to use all seven modes of supervision.

The model also provides a framework for the supervisee and the supervisor to review the supervision sessions and to negotiate a change in the balance of the focus. Different supervisees will require different styles of supervision and in Chapter 8 we explore how the supervisor can increase their ability to work with a greater range of difference. We also revisit each of the seven modes and provide case examples of working with each mode transculturally.