

Feedback in supervision

Why is feedback rarely sought by supervisors? *Emma Redfern* explores the possible blocks and fears and why systematic relational feedback is essential to a healthy supervisory relationship

I have been a therapist for 10 years and a supervisor for three. During that time I have been in relationship with and given feedback (systematic or otherwise) to five different counselling supervisors and an EMDR (eye movement desensitisation and reprocessing) supervisor. Or have I? To supervisees reading this article, I ask:

- when was the last time you gave feedback to your supervisor (whether verbal or written as a lead in to dialogue, either ad hoc or systematic)?
- when was the last time your supervisor asked for feedback?
- is the feedback you give restricted to a particular area of the work?
- do you schedule regular reviews of your work and relationship?
- are you able to dialogue with your supervisor about your relationship?

To all supervisors reading this article, I ask:

- when was the last time you requested feedback from your supervisee(s) about how you are doing?
- have you asked how well supervision is meeting your supervisees' needs?
- how much do you rely on observation of your supervisees' behaviour (they smile, pay and come back) to assess the health of your supervisory relationships?

What is good supervision?

According to Gilbert and Evans,¹ research into supervisor effectiveness suggests that the 'best' supervisors both receive feedback about how they relate to their supervisees and also provide clear and direct feedback of their own to those same supervisees. The BACP information sheet S2 'What is supervision?' similarly states that 'good supervision provides a space in which reactions, comments,

challenges, feelings and *two-way* feedback can all be shared' (my emphasis).²

I believe there is a place for relational systematic feedback from supervisee to supervisor. Sadly, my experience has been otherwise: feedback has been rarely invited by my supervisors and, if attempted, has often not been welcomed or understood. Talking with peers, therapists and supervisors and reflecting on my own practice as a supervisor, this absence of relational systematic feedback, particularly in the direction of supervisee to supervisor, appears to be fairly widespread. Here I want to explore some of the unconscious and sometimes conscious phenomena that I think contribute to this.

In my experience there is often disquiet/distaste in parts of the psychotherapy world about 'being judgmental'. I believe my first supervisor may have experienced this disquiet. Their report, when I was in counsellor training, offered four words on my counselling abilities (I imagine it was a stock phrase). They were positive words, thankfully, but the giving of them, without examples, dialogue and personalising, contributed to my own disquiet about 'being judgmental' and provided me with an unhelpful model. Such inner fears and shame do not contribute to building a relationship in which mutual feedback is possible.

The drama triangle

Many of us in the helping professions would identify as 'wounded healers'. As such, we may have been victims in childhood and later find ourselves as adults acting out Karpman's drama triangle of victim, persecutor and rescuer

in our relationships with others.³ Aspects of this include insecure attachment styles; limited authentic expression; increased feelings of fear, shame, blame and increased dissociation, and activation of the fight/flight/freeze responses. It hardly needs spelling out that any such responses run counter to the giving and receiving of appropriate and constructive feedback.

I am sure we can all remember or can imagine how difficult it can be for a supervisee to give feedback to a more experienced, more powerful supervisor. This can be exacerbated when a trainee has no means of choosing their supervisor or when some sort of formal appraisal is required from the supervisor (a report for a training organisation perhaps, or an accrediting body).

Also, drama triangle dynamics can affect *both* parties. As Gilbert and Evans point out: 'Realistically, we cannot assume that all supervisors have a secure attachment base; the co-creation of the supervisory relationship will be influenced by the "working models" that both supervisor and supervisee bring to the relationship.'¹

Supervisees have told me about past supervisors who regularly wept or behaved in a punitive and fear-driven way towards them when they refused to accept that their supervisor's views were necessarily the 'right way'.

Oppression in relationship

Other barriers to mutual feedback/review of the supervisory relationship include common unconscious models of mental health such as the medical model and the deficit model. In the medical model the supervisor is

perceived (by one or both parties) as the mental health professional dispensing expertise, knowledge and prescribing certain courses of action to a dependent supervisee/patient. In the deficit model the supervisee may be viewed (by one or both parties) as flawed and as someone who must be prevented from harming their patient/client who is even more in need of the non-flawed/fixed supervisor's expertise (via the supervisee). According to such power dynamics, giving feedback becomes the province of the supervisor; the supervisee may not even realise that feedback can go both ways and that he or she has needs that may not be addressed.

In my experience (which includes being a traumatically-birthed incubator baby, white, educated, middle-class, professional, raised by parents who grew up in World War II, the 'younger' twin, now living and working in a relatively non-multicultural area), the medical and deficit models sketched out above have been influential in three of my past supervisory relationships. In all three cases I ended the relationship because I felt that my needs came last (after those of the supervisor and/or organisation, followed by those of the client) or were squeezed out completely. Only in the most recent relationship was I able to state that my needs were not being met, and I still ended the relationship (I felt that the supervisor had no desire to change to accommodate my preferences and needs).

Now, as a supervisor, I can see that at times I have been seduced by a similar dynamic in some supervisory relationships. The supervisee fills the hour with talk of the clients and I/we make no room for talk about 'us' and

whether the supervision is meeting the supervisee's needs. Time and money are too limited. Gilbert and Evans quote Heath: 'One of the typical symptoms of oppression is that there are no resources available to address the oppressed groups' concerns and dilemmas. Only selected and dominant "truths" can be met. No time. No resources... means no inclination and no commitment.'¹

Narcissist-co-narcissist relationships

Early in my life as a counsellor I experienced what I call 'vertical supervision' in which it seemed that my supervisor tried to counsel my clients via me. It was as if I was meant to be a receptacle that carried away what I had been given to pass it on to my clients when next we met. I felt unseen, unvalued and silenced (none of which I could voice). In the supervisor's presence I was compliant, hiding from both of us my inner discomfort. Afterwards I might rebel by rejecting what had taken place as inappropriate or untimely. I would also feel angry.

Thankfully, as part of my professional growth, I have learned to reflect and make meaning of experience. The meaning I have made of this early relationship is that we created a narcissist-co-narcissist relationship (particularly as defined by Alan Rappoport⁴). My early experiences have provided me with a tendency to default into a co-narcissistic role, especially when encountering a person with narcissistic tendencies. Thus, I struggled hard to please my supervisor, deferring to their opinions. In their presence I struggled even to know my own view or hold onto my own experience. Out

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of their presence, I took the blame for the interpersonal problems I sensed existed between us. (At the time I was also dependent on my supervisor for a supervisor’s report.)

In the circumstances Rappoport describes and I experienced, feedback from the co-narcissistic position to the narcissistic position is virtually impossible. Similarly, if the polarities are reversed, with the supervisee taking the narcissistic role and the supervisor the co-narcissistic role, then the supervisory relationship and processes will also be badly compromised. As Rappoport writes: ‘In a narcissistic encounter, there is, psychologically, only one person present. The co-narcissist disappears for both people, and only the narcissistic person’s experience is important’.⁴

Rappoport goes on to explain that there are three common types of responses by children to their parents: identification, compliance and rebellion. In this early supervisory relationship I achieved three out of three. My rebellion came in the form of ending the relationship by letter, without saying why or goodbye. The catalyst for my leaving was when I realised that perhaps the responsibility for my discomfort wasn’t all mine, and that maybe we didn’t even have a ‘relationship’ as such.

The unspoken relationship

I have since come to recognise that this supervisor may have been using the CLEAR model⁵ (the R stands for ‘review’ of the supervision session) in some of our sessions. Asked ‘How was today’s session?’ I regularly said how helpful it had been and thanked my supervisor very much. Was this sufficient feedback?

To my mind, no; it was a verbal expression of deference; it was certainly not fully authentic and there was much left unsaid.

In an article in the December 2013 issue of *Therapy Today*, Mick Cooper argues in favour of relational systematic feedback from client to therapist.⁶ The article refers to David Rennie’s work on deference in the client–therapist relationship. I consider Rennie’s work applicable also to the supervisee–supervisor relationship and suggest that it should be part of the role of the supervisor to initiate enquiry into any ‘inner discomfort’ that the supervisee may be experiencing and that may be being co-created in and getting in the way of the supervisory relationship. (Similarly I would expect a supervisor to take the initiative to voice their own inner disquiet, if any exists.) Adapting Rennie’s work, I suggest that, for supervisees, withholding comment is often a ‘preferred deferential strategy’.⁷

Dave Mearns likens the supervisory relationship to an iceberg in which only a small percentage of the relationship is open to mutual awareness and the bulk is open to the awareness of only one or neither party and constitutes what he terms ‘the unspoken relationship’.⁸ The latter includes ‘unclarified differences of opinions... counsellor’s unvoiced reactions to the supervisor... supervisor’s unexpressed assumptions about the counsellor’.

Addressing the lack of feedback

So how can this absence of supervisee feedback be addressed? I suggest there are a number of ways in which systematic relational feedback can be enabled.

Education and training

It is important that supervisors receive supervision training and that their training and/or CPD pays attention to the importance of giving and receiving feedback in forming a sound and effective supervisory alliance.

The Centre for Supervision and Team Development training in supervision teaches CORBS, a structured way of giving and receiving balanced feedback,⁹ as well as appreciative enquiry.¹⁰

As I mentioned earlier, the CLEAR supervision model developed by Peter Hawkins includes the R for ‘review’,⁵ in which the supervisor encourages feedback from the supervisee about what in the supervision session may have been helpful or a hindrance and what they would like to be different in future supervision sessions.

Hawkins and Shohet cite Batts’ ‘five barriers to supervision’.⁹ These barriers include avoidance of contact, denial of difference and denial of the significance of difference. Training on these issues would also seem relevant to reducing fear of feedback.

Contracting

Explicit and mutual contracting with a supervisee is important, including explicit reference to feedback. I was delighted recently to agree a contract with a supervisor for my EMDR practice in which one of the rights of the supervisee was to receive feedback. I would now add to this my own right as a supervisor to give feedback.

Developing an internal supervisor

I suggest that development of an internal supervisor¹¹ (rather than being

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dependent on an external supervisor or the internalised supervisor) may assist in enabling supervisee feedback.

Personal development/therapy

Ideally a supervisor has undertaken a substantial amount of personal therapy and is a reflexive practitioner who is able, for example, to accept the interactional nature of any ruptures/blocks to the supervisory alliance and is ‘open and willing to explore his own contribution to the process’.¹ Such a supervisor models and promotes a supervisory relationship and way of being characterised by qualities of the ‘healthy triangle’ of vulnerability, potency and responsiveness.

Speaking the unspeakable

Mearns speaks for many when he suggests that the supervisory alliance includes provision for regular ‘time-outs’ in which both parties can attend to the unspoken relationship.⁸ He also writes about the importance of creating a relationship of freedom, non-defensiveness and lack of fear so that a supervisee can feel safe enough to express the inexpressible.

Hawkins and Shohet refer to Borders and Leddick’s checklist of 41 points for supervisees evaluating their supervisors.⁵ They suggest that evaluation and review should be a two-way process that is regularly scheduled into supervision arrangements so that mutual feedback around ‘how I am doing’ can be given and any renegotiation of the supervision contract attended to.

The Leeds Alliance in Supervision Scale (LASS)¹² is a useful tool in this process. As a starting point to dialogue,

the supervisee places a mark on a scale to indicate how they feel about the supervision session in three areas: ‘approach’, ‘relationship’ and ‘meeting my needs’. The scale can be downloaded free from www.scottdmiller.com

Advocating discrimination

Because ‘relationship is at the heart of effective supervision’,² I think that we can easily become complacent. After all, we know about being in relationship, don’t we? We’re effective psychotherapists.

I suggest that supervisors and supervisees would benefit from thinking about the supervisory relationship:

- from a participant-observer position and third person perspective²
- when assessing and choosing between one supervisory relationship and another
- in determining, individually and together (and informed by research), what an effective supervisory relationship looks like
- in the light of regular, quality feedback.

Finally, I want to end by referring to Farhad Dalal and his thoughts on judgment. He argues that, as a society, our capacity for judgment has become frozen, rendering us unable to think. He suggests that ‘there is an important distinction to be made between judgement and judgementalism’ and that there is a need to ‘[hold] on to our capacity for judgement’.¹³ He continues: ‘We can say, adapting Descartes, *I discriminate, therefore I am*. If I give up discriminating (that is, thinking), then I cease to be human. In fact, I would go so far as to argue that what the world needs is not less discrimination, but more.’¹⁴ ■

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References

1. Gilbert M, Evans K. Psychotherapy supervision: an integrative relational approach to psychotherapy supervision. Milton Keynes: Open University Press; 2000 (p91).
2. Despenser S. What is supervision? Information sheet S2. Lutterworth: BACP; 2011.
3. Karpman S. Fairy tales and script drama analysis. *Transactional Analysis Bulletin* 1968; 7(26): 39–43.
4. Rappoport A. Co-narcissism: how we accommodate to narcissistic parents. Free to download from www.alanrappoport.com/pdf/Co-Narcissism%20Article.pdf; 2005 (accessed September 2014).
5. Hawkins P, Shohet R. Supervision in the helping professions (4th edition). Maidenhead: McGraw Hill; 2012 (pp66–68).
6. Cooper M, Wilson J. Systematic feedback: a relational perspective. *Therapy Today* 2013; 24(10): 30–32.
7. Rennie DL. Clients’ deference in psychotherapy. *Journal of Counselling Psychology* 1994; 41(4): 427–437.
8. Mearns D. On being a supervisor. In: Dryden M, Thorne B (eds). *Training and supervision for counselling in action*. London: Sage Publications; 1991 (pp116–128).
9. Hawkins P, Shohet R. Supervision in the helping professions (3rd edition). Maidenhead: Open University Press; 2006.
10. Shohet R. Love and fear in supervision. Masterclass. British Psychological Society, London; 1 March 2013.
11. Casement PJ. *Learning from the patient*. New York: Guilford Press; 1991.
12. Wainwright NA. The development of the Leeds Alliance in Supervision Scale (LASS): a brief sessional measure of the supervisory alliance. Unpublished doctoral thesis. Leeds: University of Leeds; 2010.
13. Dalal F. *Thought paralysis: the virtues of discrimination*. London: Karnac Books; 2012 (p9).