

SUPERVISING MENTAL HEALTH PROFESSIONALS IN AN ORGANISATIONAL CONTEXT

ABSTRACT

This article discusses the complex dynamics and challenges of providing supervision to psychotherapists working within an organizational context when the supervisor is not part of the organization and has no formal managerial or accountability responsibility. It considers two models of supervisions and their application to three supervisory relationships in an organizational context. It concludes that for supervision to be effective there needs to be a consideration of the social defenses in operation within the organization and how they are met by the anxieties and defenses of the supervisor and supervisee. This requires a mixed approach by the supervisor of the technical with the inter-subjective as a reliance on one model of supervision risks limiting the effectiveness of the intervention. The role of the supervisor is in some aspects analogous to the law of the father enabling the supervisee to establish a clinical framework and the necessary environment essentials for their practice.

Keywords: psychoanalysis; supervision; symbolic equation; organization dynamics; defenses; anxiety

Introduction

I will explore the experience of what it means to meet at the boundary of an organization in the role of a psychoanalytic supervisor. I argue that for supervision within a context to be effective, which is when the supervisor is not part of the organization and has no formal accountability as such, careful attention should be paid to the need of patient, the supervisee and the supervisor to symbolize and a consideration of what each bring to the process. In order to illustrate these essential requirements I will discuss three supervisory vignettes and link these experiences to a theory of supervision from an object-relations inter-subjective perspective that also incorporates the technical in term of the role of the supervisor and supervisee within each organizations aims and objectives.

Case A: an individual male supervisee where there is more evidence of the capacity to symbolize on his behalf but how this conflicted with my own needs as a supervisor to symbolize and the complex needs of the patients whose needs were not being addressed. There is a discussion of how this required a technical intervention that stemmed from what emerged in the transference.

Case B: a psychological therapies team where, due to complex and traumatic team dynamics, there seems to be a breakdown in the capacity to symbolize. As a result the staff team were caught up in a complex psychic retreat/social defense system that took them away from their work task.

Case C: a female trainee psychotherapist working with her second training patient. I consider her relationship with her training organization and in order to assist her how I needed to manage my own feelings during this process.

I then consider the role and indeed, the challenge to the supervisor within these contexts. I discuss these challenges within the context of my frustration and the potential for my own capacity to symbolize, in terms of my own desire to work more intensively as a psychoanalytic psychotherapist and as a supervisor. This, as opposed to the wishes of the individual supervisee and the demands of his organization in Case A and a more satisfying supervisory experience in Case B, when I enabled the team to re-engage with their task. In Case C, I supported the trainee to build a supervisory frame with me to enable her to manage her own and her training patients' capacity for destructiveness.

How then do the needs of the supervisor, supervisee, patient and the organization relate? I will discuss this by making reference to the vignettes and how I applied the theory of working within a supervisory matrix, which I consider to be an extension of my own theoretical orientation. I am neither a working member, nor have any formal management responsibility to, any of the organizations relating to these cases, although I provided case progress reports for the trainee, which will contribute to her overall assessment. I was not however, part of the organization.

Underpinning my decision to offer supervision involved, once again, considering my motivation for moving into the caring professions. I re-questioned my impulses to heal. Thinking politically about human suffering, did not entirely satisfy me and I intuitively knew that there were undercurrents of complex unconscious dynamics that needed to be engaged with and addressed to enable true healing and growth. I was acutely aware of self-deception, repetition and some of the factors that led people to hate and hurt one another.

I have chosen a different path from some of my contemporaries, who moved into crime and later serious substance misuse and acute emotional difficulties. I tended to move more

towards reflection, healing and engagement. I identified more with some teachers, youth workers and indeed, some priests. I believe that this experience underpinned my move to social work, psychotherapy and later supervision and organizational consultancy. This is how I symbolized; this is how I managed my own destructiveness.

Although offering supervision would support and augment my capacity to engage with human suffering in a constructive way, I am aware of the potential shadow side of supervision, in that it could potentially bolster narcissism and grandiosity, casting oneself in the role of one who presumes to know and to know better. This would potentially be an attack on curiosity and the essential engagement in not knowing (Bion 1961).

THEORY

In *Our Adult World and Its Roots in Infancy*, 1959, Klein describes a group, no matter how small or large, as consisting of individuals in relationship with one another. Understanding group life and understanding personality development is essential as personality is the foundation of group life. Adult mental life is influenced by various emotions and unconscious phantasies. The complex interaction between the infant and his biological objects/drives and the environment construct introjected relationships that can be good or bad in quality. Levels of persecutory or reassuring feelings will depend on constitutional and environmental factors that have formed the basis of character and what has been introjected. (Klein 1959)

The infant will organize its world in terms of a split between good and bad by using projection and projective identification. That is splitting off unwanted aspects of the self and attributing them elsewhere in order to reduce anxiety and conflict. The same mechanisms are used by adults and particularly so during times of anxiety and stress. Within projective identification there is an unconscious pressure for someone to act in a particular way. These unwanted feelings need to be projected in order to maintain equilibrium. 'An internal discomfort to the individual becomes externalised into an external discomfort.' (Hinshelwood and Skogstad 2000).

Stolorow and Atwood (1987) advocate an inter-subjective perspective. There is an inter-subjective perspective that is part of a relational system or field and that experience and psychological phenomena are continually mutually shaped. Therefore, psychological phenomena are more than just isolated intrapsychic mechanisms. They are coloured and shaped by reciprocity and interaction in terms of experience. Psychological phenomena is intrinsically shaped and understood within the context in which they develop. It is crucial that

this is understood when offering supervision in an organizational context.

Therefore, the boundary between conscious and unconscious is influenced from the outside and the inside in the reciprocal way and is highly dependent on the inter-subjective context in which it takes place. There is, therefore, a challenge of the objectivist epistemology that is as if the mind is estranged from an external reality that it either accurately or not apprehends or understands distortions. The individual contributes to inter-subjective transactions that occur in inter-subjective fields. Reality, therefore, is co-created even from a psychoanalytic point of view. (Stolorow, Brandchaft et al. 1987; Stolorow and Atwood 1992)

SOCIAL DEFENCES

The crucial significance for the dynamics of an institution is that such projective processes do not remain on the psychic level, but become a reality within the organization. (Hinshelwood and Skogstad 2000)

The very nature of the professions themselves creates intense anxiety and this, I would argue, is particularly pertinent to the context of mental health. There is an infant inside the adult and infantile aspects of emotional life surface during times of distress, challenge or crisis. People approach groups and organize their professional lives in terms of constantly attempting to mitigate unconscious primitive anxieties about the damage that they have done to people in phantasy and it is this that spurs on an intense desire to repair imagined damage (Klein 1959).

Symbolization is an important mechanism that enables containment and reparation of destructive phantasies (Klein 1930; Klein 1959). All contact with external and internal reality uses symbolization as a displacement of one's primary objects. Symbolization is the basis of a relation to reality. Indeed, if the anxiety is too great there is a paralysis of the capacity to symbolize. Phantasies are experienced as concrete reality. The distinction between self and object is blurred; leading to what Segal termed a symbol equation, in that there is a lack of distinction between the symbol and the thing symbolized (Segal 1950; Segal 1957). This is particularly the case if reality is too similar to what is being projected into the exercise (Caper 1997).

If symbolization has not been disturbed, unacceptable desires are repressed and are replaced by a symbol (Klein 1930). Children's play is an example of a symbolization of a child's anxieties and wishes. Adults also use symbolization, such as in work activities.

Social processes are a magnified view of the psychotic mechanisms (paranoid/schizoid) in individuals. Jaques (1957) argued that all institutions are used by their members as mechanisms of defense against psychotic anxieties. Groups have an unconscious life comparable to that of an individual. This affects the efficiency of groups, the level of stress and how the staff manages this. It is as important to consider the unconscious processes in a group as it is the conditions in which people are working (Hinshelwood 1987; Hirschhorn 1990; Obholzer and Roberts 1994).

One of the primary dynamic forces pulling individuals into institutionalised human association or organizations is this need to manage paranoid and depressive anxiety. Involvement in creative and reparative enterprises provides a place to symbolize primitive anxieties.

The organization and work task can come to represent the mother and enable a symbolic expression of libidinal desires and an opportunity for reparation (Armstrong 2005; Dartington 2010). Work-specific anxieties and individual-specific anxieties bring us close to aggression and anxiety and consequently, our need to repair the damage done in unconscious phantasy. Organizations and work tasks can offer an opportunity to symbolize and a degree of containment (Klein 1930; Jaques 1957; Menzies-Lyth 1960; Hirschhorn 1990; Hutton J 1997; Armstrong 2005).

There is a tendency to externalise conflict in individuals. This reduces anxiety in the individual but leads to tension and hinders creativity in groups and organizations. At times, due to some difficulty in the relationship between the individual and the organization, or the challenge of the work task, there is a failure of containment. There is then a breakdown in the capacity to symbolize and consequently a regression away from depressive functioning into paranoid/schizoid relating (Menzies-Lyth 1960; Caper 1997).

THEORY OF SUPERVISION

“The supervisor should hold the subjectivities and needs of the full supervisor triad in mind rather than considering only the patients who will not experience the same sense of competition between them but would instead consider the tension between them to be just more grist to be processed through the relational mill of supervision.”(Frawley-Odea and Sarnat 1950)

My work as a supervisor is an extension of my work as a social worker and psychotherapist stemming from my need to symbolize, to be creative and be a part of a reparative process. Can my need to symbolize fit into a theory of supervision and the needs of the supervisee? What theory of supervision would enable a more satisfactory and creative experience for supervisor, supervisee and patient? When I consider a theory of supervision, I link this to the school of psychoanalysis to which I am affiliated - an inter-subjective, object-relations perspective.

In this regard I initially struggled with the notion of the supervisor being an objective observer providing technical advice and monitoring. (Frawley-Odea and Sarnat 1950; Langs 1994). I believed a great deal could be missed within this model and particularly so from a perspective that works with relational and unconscious processes (Weiner, Mizen et al. 2003).

As will be discussed in vignettes A, B and C, to follow my approach to supervision stems from this and indeed, it would be an inter-subjective relational model. There would be a matrix rather than a dyad (Frawley-Odea and Sarnat 1950; Driver and Martin 2002; Weiner, Mizen et al. 2003). There would be harnessing of unconscious processes between supervisor and supervisee for the benefit ultimately of the patient in supervisee A and B but perhaps a broader responsibility with a trainee in case C.

I consider the supervisory relationship and what is mirrored/paralleled (Driver and Martin 2002) in this relationship as an important tool in the process that can provide valuable insights into the unconscious processes of the supervisee and the patient. This would be as opposed to the supervisor/supervisee secondary processing about the patient (Frawley-Odea and Sarnat 1950) and thereby ignoring the importance of what may be happening in their own relationship and what light could be thrown on complex unconscious dynamics occurring within the patient and perhaps their wider network. Therefore, the psychology of the supervisee, the supervisor and the patient are involved in this triad or indeed a matrix and this is the model of supervision that I aspire to.

However, my experience of being a supervisor, described below, has enabled me to increasingly value the objectivity, authority and seniority of the supervisor (Langs 1994) as well as, the recognition of my own professional experience and personal journey. Within this, what I could offer, at this point in my career, to supervisees who may be far less experienced or who were undergoing their training?

Therefore, experience has taught me that an aspect of the role of supervisor could be one of

teaching and the passing on of knowledge in addition to offering a supportive and reflexive presence. There is a need to engage with the technical and managerial, and to acknowledge that role of the supervisor as distinct from the role of the supervisee.

Therefore, when offering supervision in an organizational context the role of the supervisor has the potential for phallic properties, thereby installing the 'law of the father' in terms of roles, structure and boundaries. According to Temperley (2002) in order for a child to develop a capacity to think it needs to accept its place in the symbolic order. This requires an acceptance by the child of the reality of its place in relation to the parental couple. This involves relinquishing the phantasy of omnipotent control via projective projection over its objects. In so doing the child creates a capacity to think and to engage in creative activities.

However when this fails there is a breakdown in the capacity to symbolize and this results in concrete thinking and an annihilation of difference in terms of roles structures and boundaries. (Chasseguet-Smirgel 1985) There is then an on-going attempt to control and dominate relationships via projective identification.

A successful negotiation of Oedipal dynamics requires the father to come between the mother and the infant. It is this intervention of the phallus that is experienced on one level as profound loss and exclusion. However, when the phantasy of omnipotent control is successfully mourned there is the basis of creative relationships freer from mutual dominance and control, via projective identification.

How then could I in my role as supervisor inhabit phallic power with good effect. The phallus is an illusion, but a necessary one. Therefore the role of the supervisor can be analogous with the law of father as...

...The father, as the third term in the triangle, challenges the projective system that can entangle the mother and the child.he does this not to establish his authority but to defend the possibility of a creative relationship between a woman and a man free of mutual control and dominance.(Temperley 2002)

Supervisee A: An Individual Male Supervisee

Supervisee A provided short-term counseling for the students at a medical based training college. When he arrived, he informed me that he had specifically applied for this job, as he did not want to do any in-depth or long-term work. I was immediately struck by the superficial nature of work he described. It was something of a struggle to establish certain facts, such as the personal history of the clients.

The structure in which he worked was somewhat loose and was at odds with my own training in that he had a timetable on the wall and the students literally just filled in the time that they would like to attend the sessions. It soon became apparent, however, that the students he was presenting had certain features in common. He tended to present mostly female, highly intelligent, competent, young women who had histories of difficulties in terms of trauma relating to their bodies or those in their family that needed some specialist medical intervention. It seemed that these young women were high achievers, who had attained high grades throughout their course. However, matters became extremely problematic when it came to practical application of their training.

It would seem that when there were matters relating to bodily contact, the actual 'doing' rather than 'theorising', there was something of a breakdown in their capacity to symbolize and they were not considered to be fit to practice. Indeed, some had been given comments on their exams: "too dangerous to practice", which was at odds with the fact that they were straight 'A' students in other aspects of the course.

This left me somewhat anxious because it seemed clear to me that these clients perhaps needed something more in-depth, more specialised and longer term in order to assist in, what would seem to be, quite complex difficulties. However, this was not on offer in the organization; indeed, I had no access to the organization and I relied entirely upon Supervisee A to flag what was occurring within the organization.

To some extent, I felt idealised by Supervisee A, who seemed deferential to me. During our sessions I had a sense of myself as a highly competent paternal figure. After some self reflecting this later gave me insight into what type of supervision was required within this context.

Without prompting, Supervisee A was not initially anxious and seemed to be quite satisfied with what he was offering. Indeed, this is why he joined this organization and he was

offering a level of service demanded of the role and the role that he had applied for. However, it was my clinical impression that these young women needed more than what was actually on offer. This raised my frustration and I was concerned about the supervisee's relationship to his own aggression and phallic properties. When I didn't feel like a powerful patriarch I often instead felt very drowsy in our sessions and I felt that something was being acted out in our relationship. My need to symbolize was at odds with Supervisee A and I did not feel that he was providing the service that was required.

The role of the supervisor

What was my role in relation to the clients and to the supervisee? Did I need to manage this? Did I somehow need to circumvent him and advise him about what he needed to do for the clients? Or was my role in terms of managing the relationship that was transpiring between him and I?

My feelings in the counter-transference (Weiner, Mizen et al. 2003) of feeling incredibly sleepy on the one hand and a powerful patriarch on the other and the supervisee's deferential attitude to me enabled me to understand what was required in this supervision. He seemed to be struggling to inhabit phallic power with good affect. That is to place the counseling service between the student and the organization and put in place a structure to his work to better meet the needs of the students who were struggling, even if this meant referring them on to another organisation.

I began to take something of a challenging role with Supervisee A in terms of being more insistent that he took a detailed history of his students and that he presented more processed recordings of the sessions. However, this led to some tension and some evasion and I suspected that this was in fact indicative of his anxiety at working in depth relating to his fear of his own aggression and to having his anxieties exposed.

I questioned my own issues, in terms of my desire to work more intensively and a preference for longer-term work. I was anxious to protect the supervisee and the clients from my own needs within this context. There was a conflict of interests and I wondered how could I manage this conflict in my role of supervisor.

I was sensitive about not becoming too persecutory, as from an organizational point of view, Supervisee A was carrying out his duties in line with the demands of the organization (Menzies-Lyth 1960; Armstrong 2005). I was, none the less, more concerned about the

welfare of these young women than my supervisee and the organization, whilst at the same time, acknowledging he was doing what he was employed to do and what he applied to do, in terms of short-term, 'non penetrative' work.

Reflecting on the relationship between Supervisee A and me (Frawley-Odea and Sarnat 1950; Driver and Martin 2002; Weiner, Mizzen et al. 2003) I was able to use the counter-transference to form the view that he was adopting a very passive approach to his clients and the organization and that he was struggling to be more phallic/penetrative (Temperley 2002; Western 2008) in terms of his approach to his work.

He presented as somewhat enmeshed within the organization, his role was blurred and he was floundering in terms of identifying reasonable goals and a structure for his work. In common with the students on the course he seemed too anxious to get close to his clients and was not sufficiently assessing their needs. Instead he tended to try to fit the needs of the client within what was available in the counseling service, which was insufficient given the level of complex issues they presented.

I felt that the best way to assist him was very practically to enable him to lay down the frame to form the basis of his work and how this related to the organization and the needs of his clients. It was my clinical impression that certain environmental essentials (Winnicott 1994) needed to be established. I decided that I needed to take a challenging role and help him think about technique and ethically about what he was doing. I helped him to plan for and structure his assessments and the consequent sessions and recommended that part of his role was to refer these young women for more specialist work if this was agreeable to them.

This moved me away from an entirely inter-subjective model of supervision, although indeed it did play an essential part, into a model of supervision that that included teaching and taking something of an objective almost managerial stance. However, this mixed model was what was required within this context and led to a more satisfactory experience for the supervisor, supervisee, the patient and the organization.

Supervisee B: A Psychological Therapies Team

Supervisee B was a psychological therapies team based in an inner city within a mental health organization, providing short to medium-term work for people who suffered from various psychiatric conditions, some of whom required some hospitalisation. One of the tasks of the organization was to enable clients to remain in the community and out of psychiatric hospitals.

There had been a great deal of team tension and a lack of team cohesion. Staff members had fallen out, taking long-term sick leave and had left the organization. This was not related, it seemed, to different theoretical approaches of the psychotherapists but a historic difficulty within the team, in that a previous manager had suffered a psychotic breakdown and needed to be sectioned herself.

This seemed to have had a profound effect on the team in terms of the challenge it made to their capacity to symbolize and to somehow feel safe in their roles within the organization. The boundary between the team and the service users had become symbolically equated (Segal 1950; Segal 1957; Caper 1997) with the breakdown between madness and sanity personified by the psychotic breakdown and hospitalisation of their previous manager. The team had effectively been paralyzed by the fear of their own madness.

There was a sense of something very dense and blocked off in the team and a not knowing who to trust. There was a strong sense of a fragile mind that was just about managing to avoid becoming fragmented but could very easily become so at any time. I feared that my interventions could cause serious damage. I started to feel that I did not want to get involved and wanted to withdraw from the process.

The madness seemed contagious (Obholzer and Roberts 1994) and the team did not feel safe from their own or the madness of the client group. I wondered if the team were in the grip of unconscious guilt about the damage they may cause to others and their inability to repair matters for very psychologically troubled people – colleagues and service users alike (Klein 1959; Menzies-Lyth 1960) and that this was evidence of symbolic equation (Segal 1957).

The role of the supervisor

I provided a consistent and structured supervision cycle where I met with the team and the manager at a regular time where the team could talk together about what had been happening.

I was able to assist the team to process the impact of their experiences of its functioning in terms of an acknowledgment of the pain, the contaminating aspect of the work and an understanding its roles and tasks within the organization and how this was being undermined by the overwhelming nature of the team members' previous experiences.

This provided a degree of safety, where their differences and the team's history could be spoken about and their skills as therapists could be clearly recognised. The structure and the interpretive style of the supervision sessions, as well as being sensitive and anchored, challenged the behaviours and attitudes that were getting in the way of the work tasks. This enabled a sufficient level of containment/symbolization during the supervision cycle for the team to move out of basic assumption fight/flight mode into more of a work group (Bion 1961).

I took an inter-subjective stance (Frawley-Odea and Sarnat 1950; Stolorow and Atwood 1992) in that my feelings of working with a mind that was fragile, along with me not wanting to get involved, gave me insight into the emotional atmosphere of the organization. I realised that I needed to recognise its sense of fragility, fears of breakdown and defending against the pain of the work, by not wanting to get involved and that in order to do this, I needed to build up a relationship with the team.

Over the period of the supervision cycle, I was able to point out to the team that there was a sense of fragility and a fear of becoming contaminated (Obholzer and Roberts 1994) by the client group and how this was getting in the way of their work task. The team members, although initially suspicious and skeptical, were able to build a relationship with me over the weeks, thereby allowing them to take up and discuss sensitive matters between themselves and re-engage with the client group. The team members started to speak of themselves wanting to work in a less bi-polar way, perhaps indicating the beginning of managing their own projections of madness in the organization and that they had been responsive to the containment of the supervision.

Supervisee C – A Female Psychotherapy Trainee

Supervisee C managed a hostel for women with mental health difficulties many of whom had suffered domestic violence and sexual abuse as children. She had been referred, as her second training patient, a man who had a violent history. There had been some violence

against his female partner and he claimed that he had been involved in some very viciously violent altercations with other men that he spoke of without any obvious remorse.

I was immediately struck about the matter-of-fact manner in which Supervisee C spoke about the violence toward other men, which alerted me to the potential for some worrying dynamics. I was initially concerned about what seemed to be a lack of empathy and the possibility of some splitting on behalf of Supervisee C.

I later established that the training patient had specifically asked for an older, male therapist. I was concerned initially about why the organization had chosen Supervisee C, in that this man seemed to have some severe difficulties and it soon became apparent that there had not been a satisfactory initial assessment and many basic questions had not been asked about this patient and he had somehow been landed on the lap of Supervisee C. There was no information about a possible forensic history, drug or alcohol use. All of which were highly significant as he reported in the sessions extreme violence, racially abusing his partner and alcohol dependency.

Supervisee C said that in part due to her work with vulnerable and abused women she was sometimes unsympathetic to men and particularly men such as this patient. The challenge was, therefore, for her to work with a man who was violent towards women, as well as other men, and to consider this from a broader point of view. How then did this piece of work relate to the potential challenges to her defenses and her need to symbolize?

I was immediately concerned about the potential for hate and destructiveness appearing in this relationship (Winnicott 1994). There was some evidence of this starting to appear very early on between myself and Supervisee C when she told me she had been speaking in her student support group about her new supervisor, namely me, and likened me to something of an odd character with psychiatric problems in a TV show. She seemed to find this very amusing and left me feeling offended and somewhat goaded into a conflict with her.

I initially struggled with the feelings of being goaded by Supervisee C, which was alarming when she was working with a potentially dangerous patient. This raised challenges in terms of how I would help Supervisee C to assist her patient and how the relationship between myself and Supervisee C could illuminate what may be occurring between C and her patient. It also raised questions of what would help me to model how I managed my feelings towards her for the benefits of the managing of her negative feelings towards her training patient (Winnicott 1994; Weiner, Mizen et al. 2003). I did not retaliate but took up with her how I experienced

her comments and how this was perhaps a communication of what was happening and needed to happen between C and her patient.

From an organizational point of view, I felt that Supervisee C had been managed clumsily by her training organization. I also began to wonder if C had been provocative in her training organization and had been unconsciously punished by being referred this dangerous patient as her training case. (Obholzer and Roberts 1994)

This case raised very complex issues. The frame of the work was unsatisfactory and the potential for matters to become destructive were considerable. Issues relating to payment had not been satisfactory negotiated from the point of view of Supervisee C who was struggling financially. I feared that these factors could be acted out in the relationship between C and her patient and her goading of me signaled how this may transpire. I feared her provocativeness and that if she was often unsympathetic with this patient, that this raised risks that required practical management for the psychotherapy to progress.

The role of the supervisor

This again was a mixed approach in terms of the use of the relationship (Frawley-Odea and Sarnat 1950; Armstrong 2005) that developed between C and I, but also included applying something of a technical and managerial stance as this case required more than just an inter-subjective stance (Langs 1994). What became enacted in the relationship between Supervisee C and I alerted me to the dangers to C and her patient, but in order for this to be contained practical matters needed to be addressed (Weiner, Mizen et al. 2003). Therefore setting up the frame in terms of the environmental essentials, and also recognising that there was an explicit need to teach, given that Supervisee C was working with a training patient, was an important part of the work of supervision (Temperley 2002; Western 2008).

I felt concerned about the patient with Supervisee C and what my responsibility to him was within this context. I also eventually felt concerned about Supervisee C in terms of the risks that she may be exposed to from the patient; also the way she had somehow been set up by her organization and how this related to what she brought to the situation. My role was not to punish her, by retaliating to her provocativeness, but to assist her in how she should manage her patient and the potential for her own destructives within this context.

CONCLUSION

This article illustrates the importance of engaging with the task of supervision by applying a mixed approach. This includes the wider relational context, sensitivity to the defenses of the supervisee and the social defenses operating within the organizational context and an inclusion of the technical and, although perhaps more controversial, in some cases the quasi-managerial.

The supervisor has a role that should be distinct from that of the supervisee. There is an advantage for the supervisor to operate at the boundary of the organization. This offers the potential to avoid enmeshment and for the supervisor to provide phallic properties in terms of establishing structure and boundary to the process for the benefit of the patient within an organizational context. This would include interpretation of the social defences operating within the organization and this may illicit some resistance that would require attention.

The role of a supervisor, however, requires as far as possible, an inter-subjective involvement in order to gain a flavour of the experience of the relationship that is evolving during the treatment. The supervisor is in this relationship with the supervisee as they are with their clients and their respective organizations. What develops between the supervisee and supervisor has the potential to provide essentially important information about the relationship between the supervisee and the patient, as well as the organizational context.

This approach also provides an opportunity for teaching/modeling in terms of how the supervisor responds to what gets enacted in the relationship with the supervisee. This would include a harnessing of the transference and counter-transference. If successful the supervisee can use what has been contained and modeled for the benefit of the patient and the organization.

Within this, there is a need to interpret and confront the supervisee's resistances, whilst at the same time, maintaining an empathic attitude towards the supervisee. The supervisor should essentially enable the supervisee to experience, whilst at the same time; manage anxieties and difficult feelings in relation to the patient and within their organization. This should include how the patient and the organizational demands rubs against the supervisee's own defenses and learning needs as an essential and fruitful part of the process.

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