



## The assumption of heterosexuality in supervision



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### ABSTRACT

It is the author's experience that clinical supervision tends to assume heterosexuality unless specifically identified otherwise. Discussed is that art therapy supervisors and supervisees should be alert to the implications of heterosexism for themselves and their clients. Further that it is necessary to hold in mind *our* identity as pertaining not only to *our* sexual orientation but to all that makes up *our* identity.

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### Introduction

From my experience of working within the UK NHS, within private practice and on trainings, I suggest there still remains a tendency by supervisors and supervisees to work within the frame of heterosexuality. My thinking about this caused me to consider other areas of identity which may contribute to such an assumption and consider the implications for the patient, supervisor and supervisee. Bhui and Morgan state that "Identity has cultural ethnic religious as well as personal components" (2007, p. 3) and these are bound up in the personal processes of acculturation, involving conscious and unconscious adaptation to, conflicts within and compromises with all the groups an individual encounters, forcing adjustments to hopes and aspirations and experiencing pressure "to conform to and to accommodate the dominant cultural lifestyle." (Bhui & Morgan, 2007). There is an assumption of certain norms to which the others will naturally conform, but these are often made in spite of another person's background and possibly in complete ignorance of the actualities and implications of coming from any given culture or country and what that might mean for acknowledgement and expression of sexual orientation for instance. How can we, as art therapists, make a space for any such issues and material to be brought into the open and explored?

### Revealing too much

An art therapy supervisee spoke within supervision about her co-therapist, whom she felt was revealing too much of himself and seemed vulnerable; she was cross with him and felt let down. In my supervision I realised I had missed that she was not, as is usual practice, having pre and after group meetings with him.

We considered that by this omission she was, in effect, disabling and disempowering her co-therapist. She spoke of how she felt that sometimes she was disliked by some staff members, although knowing she was also respected. She was often left to cope with the most difficult patients but dared not show her vulnerability for fear of rejection by the team, which relied on her regular presence for continuity as well as an in depth knowledge of clients. She let me know that her long term partner had left and that, as she had never been able to reveal her sexuality to colleagues, could not share her distress. I realised she had begun increasingly, in supervision, to talk about her sexuality and hopes for a new partner and I had somehow chosen to ignore the possible importance of this. At first supervisor and I found ourselves considering that such discussion was for analysis rather than supervision. We then realised that perhaps we wanted to push her and her sexuality away to somewhere else, as something not to be raised or thought about within 'our own' supervision – hers or mine. We considered there seemed to be aspects of herself which she disliked, which perhaps she was designating as vulnerable inadequate parts of her co-therapist. We wondered if, by pushing away her co-therapist, she could not allow him to be close to her because of the risk of the unconscious assumption of heterosexuality surfacing. Both seemed to be denying the potential of their coming together as a united, possibly intimate resource (and what that might evoke in the group) because their sexual orientation (the co-therapist was heterosexual) would likely prevent this.

It was also important we considered the influence of the organisation in its attitudes to sexuality. She spoke of feeling on some trainings and work settings that it was best to keep her sexuality to herself and had begun to realise how angry this made her feel. She thought about how this denial had the potential to be destructive and recognised that she might be displacing her anger onto her co-therapist and other colleagues through fear of being let down or attacked by them. She wondered if she was acting out her anger, realizing she was increasingly arriving late for the first group of the

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day thus leaving colleagues to deal with her absence as best they could.

The supervisee was fortunate to be in a setting with opportunity for dynamic discussions and had taken some of these reflections to these discussions with good effect. Pre and after groups were commenced with the co-therapist and a more open dialogue about sexuality began.

Some organisations can be sophisticated in their application of psychodynamic meanings. What often seems lacking are discussions which might allow the evolution of more open relating on sexuality and sexual orientation to evolve. Though apparently simple this is actually hugely complex in terms of the multi layered psychic and personal demands it can make on us.

This supervisee and I are white British older women. What struck me later was the risk that layers of experience and a rich resource to add to our understanding, thought and exploration of what might be happening were left out. What effect did our cultural and ethnic class identity have on our views on sexuality, on partnerships and so on? Now within supervision and in the reading of students case studies I have found it is helpful to observe this to deepen our understanding and widen our global awareness in regard ourselves and the clients we are thinking or writing about. When reading papers on case work or talking about clients within supervision and when both therapist and patient are white frequently no hint of any diversity is visible. When this absence is pointed out there emerges a breadth and richness of patient and therapist diversity. There can also emerge discussions on those challenging areas to do with prejudice which might be being enacted.

The supervisors' and the supervisees' inability to tolerate anxiety, fear and narcissistic vulnerability, which accompany the discussion of topics such as racism, sexism, classism, homophobia, political issues and religious faith in the context of psychotherapy, can prevent the initiation of this exploration both in the supervision and in the psychotherapy. (Tummala-Narra, 2004, p. 4)

In the consideration of deepening any discussions on differences it is crucial to remain alert to the complexity of what makes up an individual's identity. Diamond and Gillis (2010) are concerned within the context of the consideration of multiple diversity and increasingly diverse populations within such as the UK that we do not think about single groups in isolation. They stress the need to address multiple differences and that "At its worst, multicultural psychology continues to construct the individual based primarily on membership of one 'culturally different' group". . . They continue that "the danger of disassociating identity constructs such as race, gender, sexuality or ability level in this way, focusing singularly on one identity construct, is the likelihood of producing discourses that are at least implicitly ableist, heterosexist, sexist or racist" (Diamond & Gillis, 2010, p. 221).

### Speaking up

In my art therapy practice and as an art therapy tutor I have often heard these words: Should I state my sexuality? And what reaction will I get if I do? I have grown in confidence not to answer yes or no, but to facilitate the sort of discussion that can open things up rather than close them down with a neat response. It is my experience that this neat response leads neatly into the trap of fixing sexualities as one thing or another. And usually leaving the 'fixed heterosexual' safely and securely outside of any discussion.

Russell and Greenhouse (1997, p. 41) write about a lesbian therapist who, in supervision, describes eroticised aspects of her counter transference to her heterosexual patient. Supervisor and

therapist tried together to understand the patient's reactions by exploring past relational dynamics and their meaning within the context of the therapeutic relationship. They felt this example showed the clinical power that could be gained when sexual orientation is revealed and so is no longer affectively charged as to be disruptive to the supervisory process. "The issue of sexual orientation – like any other phenomenon in the patient, the therapist or supervisor – can be used by the supervisor and the therapist for the benefit of patients they serve." (1995 p. 8).

So then, would it help matters to reveal one's own sexual orientation to supervisees? Could this be applied globally? At this point the debate becomes complex.

According to Bichovsky (2003) a student art therapist was asked not to reveal her sexuality to adolescent clients when they had specifically asked. The supervisor let her know that if she did then she may suffer the same fate as the employee who was asked to leave when they had openly discussed their homosexuality. "I felt distinctly uncomfortable that it was assumed I would undertake to lie about my sexuality as part of my professional mantle" (2003, p. 50).

Loureiro De Oliveira (2003), an art therapist, considers it our responsibility as therapists to think closely about our gender and sexual orientation in his concern regarding the influence of the Catholic Church on Latin culture; he means there is only really support for traditional family dynamics and that there is, therefore, a condemnation of homosexuality. Such attitudes affect many art therapists. In some areas of the world from which art therapists/supervisees and patients increasingly come the subject would not even be raised through fear or the entrenchment of traditional family values. As he observes psychology, psychoanalysis, art therapy and psychiatry cannot be neutral practices; they are historical, political and social (2003, pp. 140–146).

A trainee art psychotherapist asked if she should announce she was bisexual to peers. She did not want to single herself out but felt she needed to be able to justify her strong views at some of the material being taught on psychodynamic theory, some of which she felt did not relate to her lived experience.<sup>1</sup> I suggested she ask a question, leaving it to the group to discuss and this might result in a wider more reflective debate on, for example, the oedipal stage which assumes a healthy progression to heterosexuality. It is her wish not to be singled out that I most strongly identify with. The group experience we have internalised – be it on trainings, within the settings in which we work, our cultural groups and past experiences of being members of particular groups (school, family, work, etc.) can be powerful indeed and contribute to taking the apparently easier option of keeping one's sexuality to oneself. Fraser and Waldman (2003) observe that their experience of talking to art therapy trainees is that many felt their sexual identity could not be expressed easily in the training. (2003, p. 71). As O'Connor and Ryan (1993) note that differently to heterosexuality, homosexuality "has to be discovered or revealed", . . . "and this can throw into question many other seeming certainties about gender and identity" (1993, p. 249). They continue that coming out to oneself may be a relief including the potential for relationships. However it may also raise "fears about the unacceptability of oneself as lesbian, about rejection, abnormality, freakishness, isolation" (O'Connor & Ryan, 1993, p. 249) In their view in identifying as lesbian there comes a "degree of accompanying self-hatred or self-doubt, irrespective of the certainty with which a lesbian identity may be adopted" and that therapy offers an important opportunity for exploration

<sup>1</sup> Roth (2009) explains that "The phrase 'lived experience' was used in the last century, and is mostly commonly associated with the existential and phenomenological schools of philosophy". It refers to life "as it is consciously lived in real time by identifiable individuals" (Roth, 2009).

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