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Play and metaphor in clinical supervision: Keeping creativity alive

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ABSTRACT

This article explores the use of play and metaphor in clinical supervision. The intention is not to attempt to cover the whole area of play, or the use of metaphor in clinical supervision, but rather to highlight particular aspects of their respective roles in the service of learning about therapeutic work. The relevance of the arts – especially the visual arts – in relation to this is also discussed. A number of brief clinical vignettes are included by way of illustration. All names, and some identifying details, have been changed to preserve confidentiality.

This was no time for play
This was no time for fun
This was no time for games
There was work to be done. (Dr. Seuss, 1958).

What is supervision and what is it for?

Whether we are just beginning, or are therapists with many years of experience, our primary concern should be that we do not harm those we seek to help. If we are to acquire, maintain and develop the clinical skills necessary to do this, it is essential that we continually refine and renew our practice. Clinical supervision has a vital role to play in this.

The function of clinical supervision in relation to the work undertaken by art psychotherapists and other health professionals (including members of the others arts therapies professions) is complex and multi-faceted. Numerous definitions of the term 'clinical supervision' exist in the psychotherapeutic and related literature, and the term is open to differing interpretations. For example, the Guidelines on Supervision published by the British Association of Art Therapists, (BAAT, 2002) state,

> Supervision is required for good clinical practice, to ensure the continuing working development (CPD) of the Art Therapist, and for the protection and welfare of patients/clients.

BAAT's supervision guidelines also seek to distinguish between two categories or types of supervision, 'clinical supervision' and 'managerial supervision'. Within these two categories, clinical supervision is understood to be primarily concerned with clinical matters such as techniques, the appropriate use of theory, transference and counter-transference issues and the delivery of a safe and ethical service to clients. Managerial supervision, by contrast, is intended to provide a forum within which the supervisee might review areas of difficulty arising out of day-to-day operational and administrative tasks they are required to undertake, discuss future developments, set tasks and targets, monitor training needs and levels of stress and explore the impact organisational dynamics on their work (BAAT, 2002).

An alternative definition of supervision is provided by the British Association of Counsellors and Psychotherapists (BACP), who describe it as,

> A formal arrangement for counsellors to discuss their work regularly with someone who is experienced in counselling and supervision. The task is to work together to ensure and develop the efficacy of the counsellor/client relationship. The agenda will be the counselling work and feelings about that work, together with the supervisor's reactions, comments and confrontations (BACP, 2004).

Finally, the British Association of Play Therapists define clinical supervision in play therapy as,

> A formal and mutually agreed relationship between two Play Therapists where the supervisor is a significantly more experienced and competent Play Therapist than the supervisee. The aim of this supervision is to monitor, develop and support the supervisee's Play Therapy practice. This supervision will be independent of all managerial relationships (BAPT, 2010, http://www.bapt.info/supervision.htm#bm2)

Since the term first began to appear in the professional literature numerous attempts have been made to define what supervision is and what it is for. However, as the forgoing examples illustrate, none does full justice to the complexity and subtlety of the practice of clinical supervision. Although the wording may be similar, each definition tends to reflect the diverse expectations and theoretical models underpinning the practice of supervision and the clinical work it supports (Henderson, 2007).

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While it is beyond the scope of this article to address the issue in detail, it nevertheless needs to be acknowledged that a substantial and growing literature now exists on the range of approaches to supervision employed within the arts therapies that draw upon different arts modalities for their techniques and rationale.[2] Doing so may have a number advantages over purely verbal forms of supervision. For example, in their discussion of the rationale for including play therapy techniques in supervision Mullen, Luke, and Drewes (2007) state,

> When play therapy supervisees are intentionally given the opportunity to use toys and other mechanism for symbolic expression, the communication between supervisee and supervisor can be enhanced. Furthermore, use of such experiential activities has the added benefit of facilitating the supervisees' empathy for their clients (Mullen et al., 2007, p. 74).

As Mullen and her colleagues also observe, 'such experiential play based techniques help develop playfulness within the play therapist' (Mullen et al., 2007, p. 74).

Supervision: a space for thinking, feeling and reflection

Pedder (1986, p. 2) argues that supervision exists on a continuum somewhere between psychotherapy and education. Precisely where on the continuum supervision is to be located will, in his opinion (and mine), vary according to the stage of professional development reached by the supervisee. In practice, clinical supervision tends to involve a multiplicity of tasks from the provision of emotional support through to experiential learning, along with much in between. Any given supervision session may, therefore, encompass both a theoretical discussion concerning an aspect of clinical practice and an exploration of thoughts and feelings arising in response to client's material; including their images and metaphors (Hawkins & Shohet, 1991; Skaife, 2001; Schaverien & Case, 2007). The 'double matrix' model of supervision developed by Hawkins and Shohet (1991), for example, identifies six main modes of supervision; reflection on the content of the therapy session, exploration of the strategies and interventions used by the therapist, exploration of the therapy process and relationship, focus on the therapist's counter-transference, focus on the here-and-now process as a mirror or parallel of the there-and then process and supervision, focus on the supervisor's counter-transference. As Driver notes,

> Learning in supervision involves emotional, mutative and therapeutic processes that enable the supervisee to conceptualise within the framework of the material that they are experiencing from their patients (Driver, 2002, p. 5),

Learning in any situation can be challenging, but given the complexities of clinical work and the powerful emotions it can evoke, this is especially true in supervision. It follows from this that a vitally important aspect of the supervisor's task is to create a safe (contained) environment in which such learning is possible and in which the triangular dynamics of the client–supervisee–supervisor relationship might be appropriately explored. That is to say, supervision should provide a space for thinking, feeling, self-reflection and learning; 'a space for a certain degree of reverie in which peripheral thoughts, feelings and fantasies in relation to the patient can be brought into awareness and examined' (Mollon, 1989, p. 120).

If the supervisor is able to help create such a space – that is to say, a facilitating or holding environment analogous to maternal care (Winnicott, 1980) – the supervisory relationship may then become one in which the therapist is free to play. And by using the term 'play' in this context (along with its derivatives, playing and playful) I am referring to a 'state of mind in which an individual can think flexibly, take risks with ideas (or interactions), and allow creative thoughts to emerge' (Youell, 2008, p. 122).

This kind of thinking is akin to that encouraged in clients by the psychoanalytic technique of free association (Rycroft, 1979). When activated in supervision through play or image making in response to the supervisees' experience of working with clients it can be immensely helpful in bringing into consciousness issues of which the they may previously have been unaware (Edwards, 1993, p. 219). This has particular relevance to therapists at the beginning of their careers, and I am inclined to agree with Mollon (1989) who argues that,

> The aim of supervision . . . should not be to teach a technique directly and didactically, but rather to facilitate the trainee's capacity to think about the process of therapy on the assumption that technique grows out of this understanding (p. 114).

When playing with thoughts, feelings, intuitions and ideas in supervision, be this verbally or through the medium of art, the supervisee has the opportunity to reflect upon and learn from clinical experience and arrive at a fresh understanding of the client, their difficulties, in addition to their own responses to these. The following material, drawn from my practice as a clinical supervisor, is intended to illustrate this point.

Linda

Linda is an experienced art psychotherapist who works part time in a Day Centre for community based adult psychiatric patients. The session described below follows a break, and begins with Linda telling me a little bit about a recent walking holiday in Italy. Out of this the theme of time (of having time to relax, think, enjoy the scenery) begins to emerge. I pick up on this and note that time has been a prominent theme in recent supervision sessions. I refer to the issues Linda discussed in our previous session in relation to maintaining time boundaries and having enough time for her clients; especially Nikki, a client she has brought to supervision on a number of previous occasions and about whom she has particular concerns. Finally, I also link this to Linda's worry that having decided to retire she is running out of time. Linda acknowledges the link and proceeds to tell me more about her work with Nikki.

Linda informs me that Nikki finds it difficult to "get stuff out" other than by crying and that she has spent a lot of time crying in recent sessions. Linda adds that a close friend of Nikki has recently died and she feels very alone at present. It is perhaps important to note here that in the past Nikki's distress – her crying – tended to be viewed as attention seeking and ignored by her family. Some of Linda's colleagues also interpret Nikki's behaviour in this way. In the midst of her tears Nikki has been telling Linda that she wants to feel better, and this, for her, means going back in time to when she was last in a stable relationship (with a man). As we talk a sense of sadness and loss begins to emerge. A sense of regret for both Linda and her client for lost time and lost opportunities.

Having discussed the difficulties Nikki has had in making best use of the time available to her (most notably the number of sessions missed), along with Linda's problems in establishing and maintaining the time boundaries necessary to help her client do this, I ask Linda if Nikki has made any images in the session she has just been describing. In previous supervision sessions we have discussed Nikki's apparent resistance to making images in her therapy and explored the possibility of restruc-

[2] See Friedman and Mitchell (2007), Jones and Dokter (2008), Lahad (2000), Lett (1993), Lett (1995), McNamee and McWey (2004), Odell-Miller and Richards (2008), Payne (2008), Schaverien and Case (2007), Skaife (2001) [Chapter 10] and Wilkins (1995) for a detailed exploration of this issue.