

THE GROUP AS A MEDIUM FOR SUPERVISION

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SUMMARY:

The 3 questions addressed in the paper are: What is involved in using the group as a medium for supervision; what contribution does a group analytic model of training make to the above; and finally what limitations might be there to the application of a group analytic model.

KEYWORDS:

Group analytic model of supervision, advantages and disadvantages of group supervision, authority in supervision group.

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INTRODUCTION

Group supervision is a “given” in group analytic training, but is also relevant to many other educational settings, and hence worth exploring in terms of its rationale. The training in supervision offered by the Institute of Group Analysis in London is entitled “Using the group as a medium for supervision”, suggesting a rationale that is consistent with the group analytic approach and model of therapy. As a result of being asked to respond to the presentation by a previous trainee on the course, I formulated three questions that I thought worth addressing in con-

sidering the nature of group analytic supervision, namely: What is involved in using the group as a medium for supervision; what contribution does a group analytic model of training make to the above; and finally what limitations might be there to the application of a group analytic model.

WHAT IS INVOLVED IN USING THE GROUP AS A MEDIUM FOR SUPERVISION?

What does it mean to use the group as a medium for supervision? This means that the supervisory task is

tied up with utilising the structure and dynamics of the supervision group in furthering the aims of supervision. The aims of supervision are to understand the psycho- and social dynamics of the patients, to appreciate the way that the therapist is working with a patient, and to facilitate the therapist in optimising their therapeutic input. Another aim is also to assess how the patient is responding to the interventions made by the therapist and how these are used in order to achieve patient wellbeing.

The ways in which the supervision group is used as a medium for supervision are varied, but include valuing the views of each member of the group on what clinical or supervisory issues are being discussed, appreciating the unconscious supervisory value of the input, differentiating the various inputs in regard to their positive aspects but also, when necessary, pointing out the operation of such dynamics as competition, rivalry and envy, of supervisees holding different theoretical and ethical stances, of the reactions of the supervisees to the issue of authority (of the supervisor and of the relevant organisation), of the ability of supervisees to pay attention to boundary issues and overall in the cooperativeness of the members in furthering the supervision work. The latter includes the ability of supervisees to evaluate themselves and each other, alongside

the evaluations carried out by the supervisor and the organisation.

WHAT CONTRIBUTION DOES A GROUP ANALYTIC MODEL OF TRAINING MAKE TO THE GROUPS AS A MEDIUM FOR SUPERVISION?

The group analytic model of therapy and of supervision is ideally placed to further this model of supervision, as the very model of group therapy envisaged by this approach attempts to utilise to the full the potential of the group in meeting the individual needs of its members, and of the well-being of the group. The conductor in group analytic psychotherapy aims to develop the capacity of patients to therapize each other in the context of the group (through mirroring, exchange, resonance, social integration, and activation of the collective unconscious), with the therapist having established secure boundaries in which feedback can be offered, and often accepted more readily, than coming from the therapist. This occurs in what Foulkes called the matrix, which includes both a conscious and an unconscious understanding that patients develop of each other. This grasp of each other is what leads to cohesion in the group which is seen as an essential condition



for successful therapy. Thus patients in group analytic psychotherapy have a dual task; namely that of using the group in order to further their own therapeutic needs (through expressing their concerns, evoking support, inviting challenge, and experiencing motivation to change, to mature) and to support and challenge others since this leads to the facilitating environment in which they can optimally meet the needs of these others as well as their own. Group analytic supervision (when conducted in groups) is grounded in the same model as above, in facilitating the learning needs of each supervisee but optimally made possible in the context of the group. The difference between the learning needs of supervisees in supervision groups on the one hand and the therapeutic needs of patients in therapy groups on the other, is a real one, and does form the focus of each respective group, but in many other ways they have a similar thrust. This is what makes the group analytic model congruent and what also makes it different from any other model of supervision (where for example there is individual supervision done in the presence of others, or even where others may be marginally involved when one person is being supervised). Proctor, in her book "Group Supervision", writes about 3 models of group supervision, namely the "author-

itative group", "participative group", "co-operative group" and "peer group", with the group analytic supervision group being a mix of participative and cooperative groups (1). It is only in the group analytic model that supervisees (and their respective inputs) are seen to be inherently part of the supervisory task. This brings up the matter of how this model of supervision is also ideal when the supervisees are conducting group analytic groups themselves (where the group is again the medium of therapy) but can seem to be possibly problematic when the supervisees are conducting individual therapy (where the focus is more on the primary transference to the therapist, as against multiple transferences as in a group). (However, it has been argued that even here a group analytic model of supervision can be practiced). The process through which group analytic supervision occurs is through the dynamic interplay between giving something to the group in the form of sharing of experience or feedback and receiving something in return, most notably in the form of validation and support. There is a further advantage to the group analytic model of supervision which has to do with the supervisees developing a more secure and mature supervisory identity given that they have been in continuous interaction with other supervisees as well as a supervisor. In the study by

De Stefano et al. (2014) it was found that the support that each supervisee received from his or her peers in supervision consistently emerged as an important element of the positive aspect of the experience, and that although the support of the supervisor was also mentioned as key, it was the general sense of camaraderie and the openness that the group had with each member that was highlighted as a real plus of the group (2). This includes instances and times when they can challenge unfounded assumptions held by their supervisor, which is more achievable given the strength they have in numbers. Group supervision lessens dependence on the supervisor and offers a peer environment which reduces anxiety and enhances self-efficacy. It gives the participants the confidence of knowing that their peers are both privy and supportive of their way of practice and style of conducting therapy. All these advantages of group supervision do require the supervisor to understand group processes and to actively work with the dynamics to achieve openness, trust, sharing and risk taking. Supervisors do this through modelling from their own behaviour (risk taking through providing well-framed challenging feedback), promoting group norms (and challenging destructive behaviour), facilitating group interaction (including contain-

ing members who monopolise, avoiding favouritism, establishing respectful alliances with all group members and encouraging open communication about current and immediate issues between group members).

An additional benefit of group supervision was the learning that came from witnessing the struggles and issues of each supervisee and from indirectly participating in the resolution of these struggles by providing feedback and suggestions (demonstrating the idea of vicarious learning and also the phenomenon of mirroring which shows the benefits of seeing in others what is difficult to see in oneself). The "stress is put on developing and maintaining a productive group climate and process where supervisees views themselves as interdependent and interactive in pursuit of the shared goal of learning" (2013 Watkins), who also notes the 3 aspects involved in training to be a supervisor, namely: "dealing with the anxiety and demoralisation attendant to the development of supervisor mindedness, developing a supervisory identity, and developing conviction about the meaningfulness of psychotherapy supervision" (3). In the context of group analytic supervision, it can be argued that each of these elements are strongly emphasised and supported when supervisees in a group have been involved in mutual supervision, with the



presence of a facilitative supervisor. This also ties in with the idea of a developmental process to becoming supervisors whereby supervisees “move from anxiety/self-doubt/ and feelings of being overwhelmed to being less anxious, confident, more skilled, and more identified with the supervision role”, and that a training in supervision of supervision is tailored to enable this to occur more powerfully within the context of group supervision (“being surrounded with like-minded individuals also in the process of learning to supervise”). Theorists of group supervision “propose a development with accompanying tasks such as the establishment of group norms and rules, the expression and resolution of group conflict and competition, and the development of group cohesion”. Research by Christensen and Kline (2000) found that in the initial phase supervisees interacted cautiously with each other (4). As they experienced peer feedback which provided helpful information, rather than criticism, trust emerged and group supervision was increasingly valued”. Another piece of research by Weerstlein and Borders (1997) set out to capture a supervision group’s progression through the stages of engagement (defined as active participation and a sense of commitment), differentiation (defined by exploration of individual differences, and

conflict) and individuation (defined as high engagement and low conflict) (5). Dolmans et al., this time in medical education, “found that students value learning groups where there are clearly stated objectives, open communication between students, and flexible facilitators who regularly seek feedback on group functioning” (6). What is also implicitly evident in group analytic supervision is how supervisors “foster group cohesion, select interventions to the stage of group development, and structure the group to maximise the potential for group supervision factors to operate”. “As supervisors become more competent and the group more cohesive, the supervisor shifts responsibility for group structure to the presenting supervisee and group members”. It is also the case that they learn about group dynamics through peer interaction in group supervision, in both their constructive and their destructive operation.

WHAT ARE THE LIMITATIONS TO THE APPLICATION OF GROUP ANALYTIC MODEL OF SUPERVISION?

Let us move on to what possible limitations there might be to the application of this group analytic model of supervision. Bogo et al. (2004) revealed

the strong feelings that students had in their experience of group supervision and spoke about incidents and situations with each other and their supervisor that made them feel frustrated, angry, vulnerable and silenced (7). These situations, however, were ones that were rarely openly discussed, and conflict and competition between students did not emerge overtly. What was stated, however, on the part of the students, was for a need for safety which they associated with trust. They further revealed that the conditions necessary comprised a complex, multifaceted and layered process of developing trust. These related to pre-existing factors such as group composition, any previous experience with each other, their level of practice competencies and their level of skills as a group member, along with their experience of their supervisor. The group composition element includes aspects such as existing relationships between the supervisees, ease with interpersonal relationships and different personality mix and also factors such as the particular group dynamics that might emerge (including triangulation, scapegoating, favouritism). The element of student competencies included different abilities, learning needs, and expectations, as well pre-existing skills in group work. It was found that anxiety about competence can actual-

ly be exacerbated in a group and can lead to over cautiousness or overconfidence. It was found that not exploring these different elements led students to hold back and avoid exposing their vulnerabilities, which then produced covert conflict and lack of trust. In the study cited above (De Stefano et al.), three sets of factors were noted that could limit the usefulness of group supervision, namely personal intimidation (experienced by those supervisees who were introverted, shy and diffident), interpersonal tension (due to competition or conflicting personality traits) and situational indifference (when groups became unduly preoccupied with obstructive supervisees or patient issues).

There is also the possibility of patients in individual or group therapy having strong transferences to the therapist which limits the work of supervision, which when mirrored in the supervision group, for example, disables other supervisees from contributing constructively. There is also the possibility that the supervisor may have some unresolved countertransference issue that makes them attempt to have a primary input into the therapist's difficulties, as opposed to being able to hear what other therapists in the supervision group might contribute. Other difficulties that can arise in supervision groups are to do with the composition



of the group and the possibility of rivalry and envy (either unaddressed or undealt with), which might make the work of the group problematical. This raises the question for a supervisor of whether to tackle these as potential "therapeutic" needs/problems that supervisees may have, but in effect knowing how to frame these within the learning paradigm of supervision. This can again raise supervisory frame issues for the supervisor but can also tap into possible countertransference difficulties.

Another potential problem in group supervision is that there is the need to share the supervisory space with a number of other therapists, which makes the task of apprehending the full context of any one supervisee's work difficult given the limitations of time, and the presence of others supervisees. This can cause the choice of material that is brought to be distilled and possibly diluted in order for supervisees from different contexts to apprehend the details of the clinical material. It can be argued that this dynamic of shared space can be a useful and necessary counter to a certain narcissism, and hence a useful limitation. However, there is always the possibility that some patient (and group) material is so complex that it can test the patience of a supervision group, and also that such material may need pro-

cessing over a number of supervisory sessions. A further possible limitation is that group situations are more likely to accentuate any existing potential for shame and sense of failure for some group members, given the nature of supervision being more public.

Another thorny issue that also poses a tension in the group analytic model is the question of where authority for the supervision lies, given that there is a combination of encouraging authority to be shared amongst the supervisees in commenting on each other's work, but also that there may be the ultimate authority that resides in the supervisor.

There is a potential problem arising where all the supervisees might be agreed about the need for a particular focus on the clinical work which may however, be at odds with the view of the supervisor. This raises the larger issue of any supervision group struggling with issues of dependency on the supervisor on the one hand, with also experiencing (in later stages of a group) the assertion of independence but also perhaps counter-dependency, and that this can occur as much in a group analytic supervision group as any other. Ideally, this dynamic could lead to an appreciation of a constructive interdependency when worked through.

CONCLUSION

This paper was originally a response to the experiences of a trainee in the course "Using the group as a medium of Supervision" offered by the Institute of Group Analysis, (who shared her experiences at the conference in Zagreb) and hence was presented in a spoken medium, but was then later amended to be read as a paper. It is an introductory paper looking at a group analytic model of supervision that does justice to and is congruent with the model of group analytic psychotherapy. It shows some of the advantages of group su-

per vision (over individual supervision) but also points to some possible problems that can arise if the operation of certain group dynamics are not addressed, as well as noting a lack of depth that can be compromised in the need for supervisees to share the time. However, what is ultimately possible is the more mature identity that supervisees can achieve as a result of group supervision when conducted along the lines of using the contributions of the group members as a medium for supervision.

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