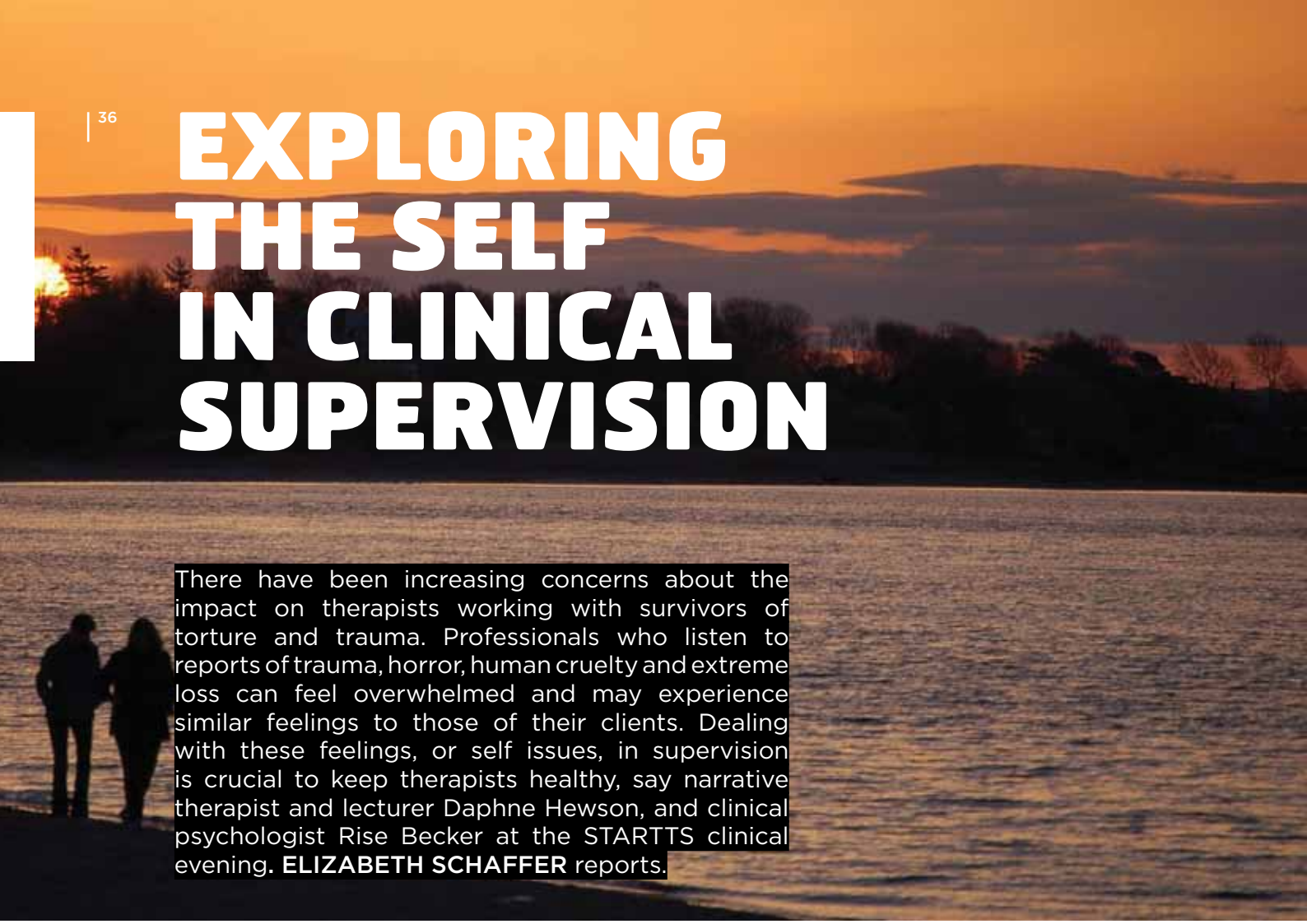
EXPLORING THE SELF IN CLINICAL SUPERVISION



There have been increasing concerns about the impact on therapists working with survivors of torture and trauma. Professionals who listen to reports of trauma, horror, human cruelty and extreme loss can feel overwhelmed and may experience similar feelings to those of their clients. Dealing with these feelings, or self issues, in supervision is crucial to keep therapists healthy, say narrative therapist and lecturer Daphne Hewson, and clinical psychologist Rise Becker at the STARTTS clinical evening. **ELIZABETH SCHAFFER** reports.

"Give me six hours to cut down a tree," Daphne Hewson began, quoting Abraham Lincoln, "and I will spend the first four sharpening the axe".

The audience was invited to consider how counsellors sharpen their clinical tools and whether the 'self' is as much a tool for the counsellor as any other clinical 'technique'. As Daphne sees it, acknowledgment of self issues in clinical supervision is essential to provide a high quality counselling service that cares for its clients as well as its staff. Unaddressed self issues, she said, could result in rigid clinical boundaries and unhelpful or unprofessional coping strategies that produced ineffective clinicians and might be damaging for both client and counsellor.

She explored some of the possible impacts this could have on individual counsellors such as burnout and pointed out the risk that when issues were not addressed they could overflow into clinical work and have a negative impact on clients.

It is the duty of an organisation, Daphne maintained, to care for staff who worked with traumatised clients and ensure they were able to successfully make the separation between their working life and their life outside the workplace. "The British miners in the 1920s fought for what was termed 'pit-head' time – the right to wash off the grime of the work in the boss's time, rather than take it home with them. Supervision is the equivalent for those who work at the coalface of personal distress, disease and fragmentation."

> "The aim of trauma counselling, she said, was to help clients "to put into words and conscious thoughts unprocessed images and feelings".

Daphne explained the dual role of supervision: "to develop and maintain the clinician's competent professional functioning and well-being while safeguarding client care". She stressed that although clinical supervision was not therapy, there were many things that the clinician needed from supervision. These included "a safe space to debrief and reflect,

opportunities to tease apart professional responses from personal responses, validation of the process of experiencing and dealing with personal responses, also, emotional containment, an opportunity to experience joy and inspiration and referral for therapy when trauma responses cannot be addressed within supervision".

Daphne invited those present to stop and reflect on their own needs and their experiences of supervision and consider the extent to which they want to address their own issues. She proposed that there must be mutual understanding and agreement between supervisor and supervisee about the importance of disclosing self-issues in the clinical process as well as an agreement about how they would be addressed in supervision.

Talking about the likely personal impacts of working with people who have experienced trauma, she said trauma also helped the counsellor to understand the counselling process itself better. And of course, supervision helped the counsellor to maintain their own sense of wellbeing which was essential to provide appropriate care to clients.

Drawing on her extensive experience providing clinical supervision, Rise Becker presented an insight into the experience and role of the clinical supervisor in working with torture and trauma survivors. Her presentation began with a quote from a counsellor during supervision: "I started to feel very bad, heavy, as if I had lost a sense of myself. I felt abused and frightened, as if I'd been bashed and so badly abused that it seemed to be all my fault. I felt full of something terrible and very depressed. I felt very angry and used. I felt very frightened and terrorized. I lost patience with the kids and yelled at them when I don't normally. I felt as though I was starting to abuse them. I felt detached and sick."

Rise stressed that the nature of counsellors' work with refugee clients at STARTTS was multifaceted and multifarious. She focused on the impact of hearing "unbearable, unhearable, untellable thoughts" and the critical role that clinical supervision played.

"How do we, as supervisors and therapists receive and carry traumatised clients' experiences?" she asked. Presenting a case study of a counsellor working with a client with extreme psychic trauma, she focused on the role of supervision in maintaining the counsellor's capacity to continue to deliver the counselling despite the 'unbearable' nature of the client's experiences.

In acknowledging the potential effects of working with trauma on therapists, Rise said, "the supervisor needs to consider at least two people (i.e. the client or clients and the therapist). The responsibility toward the therapist may be more collaborative, but their health and stability is also important".

The aim of trauma counselling, she said, was to help clients "to put into words and conscious thoughts unprocessed images and feelings". Quoting from the experience of the counsellor in her case study, Rise demonstrated that much of the 'untellable' trauma story is told without words. "The experience may not be described in words but the overwhelmed state may be relived in the room and permeate the space as an unnamed dread or terrifying void ... Both therapist and client are seemingly present, but the horror as it was experienced remains alive as an ongoing and indeterminate presence that cannot be heard and understood. Both minds become fragmented and dissociated". Just as the client may experience repeated intrusive thoughts and memories of the trauma, the therapist may experience repeated intrusive thoughts of the session.

The task of the supervisor then, in the counselling, is to help the therapist to understand what has happened to them. Supervisor and supervisee "jointly discuss the internal and external processes, what is conscious and unconscious and differentiate subject and object again. By giving an understanding of the fragments, integration can occur again".

Rise argued that in order for this support to be sustained, a consistent and regular supervision framework was essential. The therapist would then not "have to carry the projections that have occurred in the counselling for too long".

The sense of containment that the therapist gains from supervision allows them to return to the counselling session feeling restored and able in turn, to contain the client's projections. "The supervisor puts the therapist back in touch with their own resilience," and when this happens, Rise said, the therapist would be able to contain the emotions and anxiety that might arise in sessions with traumatised clients and, importantly, "feel they are not alone".