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Whether we like it or not, most of us tend to speak a version of psychobabble in supervision



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**Just as most blind people say things like 'I see what you mean' or 'See you later' as often as most sighted people, this use of 'seeing' to mean understanding or meeting is naturally common in supervision too, where we profess to practise the skills of 'super-seeing' to deepen our understandings and connections. And while we're at it, we also do a lot of 're-seeing' - literally reviewing what we're doing and revising what we've understood.*

Here's a new word for you: *superverbalisation*. It's 'supervision' with 'verbal' jammed in the middle. Yes, I know – not very elegant. I doubt it will ever catch on as a neologism, but it makes the point that supervision is as much about verbalising as it is about visioning. We keep on talking about our work so we can see what's going on. We say what we see and we see what we say – but not necessarily in that order, if you see what I mean.*

Superverbalising happens non-stop in the public sphere. The sheer amount of verbiage available online is astonishing – countless podcast interviews, chat shows and blogs spout hundreds of hours of speech every day. In the private and less noisy context of therapy and supervision, where our spoken language is inevitably shaped by our extensive professional lexicon, a superverbaliser is likely to be fluent in psychobabble. You might consider that a rather pejorative term, but I enjoy playing with it. I reckon most of us, whether we like it or not, tend to speak a version of psychobabble in supervision, especially when we're not really sure what we're talking about but feel a certain need to talk about it. Despite its unintelligible aspects, this linguistic phenomenon interests me because it almost always arises out of a genuine desire to explore and understand.

What is it about our typical speech habits in supervision that can hinder exploration and understanding? I think it's largely to do with the dubious convenience of talking in therapeutic clichés or counselling jargon, which can make us sound plausible but may actually convey very little information. Sometimes, what we're saying doesn't point us towards anything, or takes us round in circles, but we still keep on looking. The notion of supervision as an active space for improvisation is relevant here: to improve our therapeutic practice, we improvise the act of giving accounts of it in supervision sessions, and to do that, we need cues and prompts.

I wonder if this is where psychobabble, if it makes any sense at all, sometimes comes in handy. Even if we try not to employ stock phrases and worn-out expressions, they might, on a good day, actually serve a purpose in getting us going. Ready-made language in this sense offers raw material we can work on. And there is no shortage of pre-owned lingo in the therapy world. The terminology of psychodynamic theory, to take just one example, gives

us loads to play with: the inner child, narcissistic rage, acting out, projective identification, erotic transference, avoidant attachment, splitting and so on. If you find these terms indispensable as tools for verbalising the work of therapy, how do you handle them in such a way that they don't wear out or break, due to overuse or misuse?

I'm proposing we use supervision as a space where we take good care of our language, just as we take care of our clients and ourselves there. Psychobabbling isn't always inherently careless, but its flow can dilute and distort the value of meaningful words and phrases. Time is well spent in supervision refreshing and burnishing the terms we use when they start to feel tired and jaded or even meaningless.

It's significant that much of the previously esoteric language of psychology and psychotherapy is now in the public domain. Numerous concepts like 'cognitive dissonance', 'passive-aggressive' and 'in denial' are common currency. This drift of vocabulary from the confines of specialist disciplines into general discourse is partly due to the successful efforts of the therapy profession in destigmatising mental health problems. I'm sure we've all heard a few clients say they've 'got OCD', for instance, when really they're just extremely tidy or something like that – and they probably haven't had any contact with someone with an actual diagnosis of OCD and so never see how seriously disabling it can be. Similarly, you might agree that describing a person as 'narcissistic' or 'paranoid' nowadays is pretty meaningless because these adjectives are being used so loosely and frequently on social media everywhere – it's as if we're all paranoid narcissists now.

Looking after our language as we practise supervision doesn't mean making it exclusive. Let's not imagine our supervisory dialogues are vastly different from ordinary, 'non-clinical' conversations. But, at the same time, let's be sure we're keeping our particular professional terminologies sharp, charged and fit for purpose. Invigorating our language as we speak it is a creative act, and a vital part of the craft of superverbalisation. ●