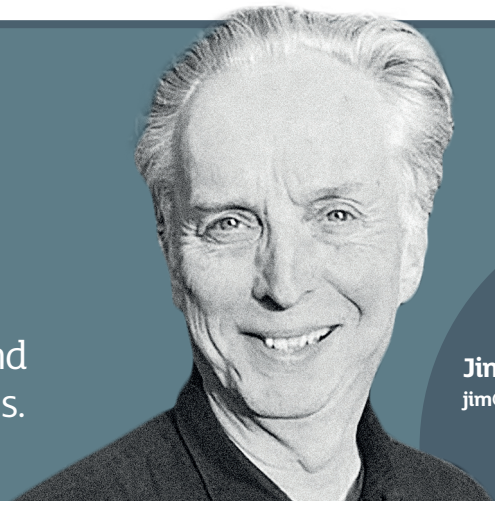
Questioning the edge

The conventional view is that supervision and therapy have distinct and separate functions. But is this always the case?



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As supervisors are also therapists, it's true to say that when you go to a supervision session, you're literally seeing a therapist. You're paying them to provide supervision and you're not expecting them to engage you in therapy – but, in actual practice, supervision sessions can sometimes feel like therapy. How much have you experienced this yourself as a supervisee? It's not unusual for a part of a session to switch modes in this way occasionally. Depending on the nature of your supervisory relationship, it might never be problematic, but, even so, the blurring of roles needs to be consciously noted and named.

An assumption I've made here is that your supervisor is not also your therapist. You might regularly see the same person for monthly supervision as for weekly therapy sessions, for example. I've never heard of anyone doing that, outside of 'old school' psychoanalytic trainings perhaps, though it's clearly possible. But why does it sound wrong? Perhaps it's not as exceptional as I think. If you've ever had that kind of arrangement, either as a supervisor or supervisee, I'd be interested to know how it worked out.

On a personal note, I have a contract with a practitioner I see three or four times a year for individual two-hour sessions that are neither supervision nor psychotherapy but certainly combine features of both. Crucially, this person lives in a different part of the country and operates outside my usual networks, so we have no tricky dual relationships to contend with. This practitioner is also an older elder than me and – if I can put it this way – 'differently wise'. With great professional finesse, we've labelled our combinatory work as 'this thing we do', though a more considered name would simply be 'personal consultation'.

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Whatever it's called, the blended role works brilliantly for me, and complements my frequent local supervision. I'm giving this only as an example of how, within a mutually constructed one-to-one contract, the undefined space where supervision and therapy overlap can be not only comfortably habitable but also a rich resource. However, here's a telling detail: during a period when I'm seeing my regular local therapist for a block of sessions (I choose not to be 'in therapy' continuously), I feel less need for the hybrid consultation thing.

The conventional view within our profession is that supervision and therapy are two distinct and separate forms of practice. Where do you personally stand on this? From discussions I've had, it seems people take one of three positions, all of which are usefully debatable: 1) making very little or no essential distinction between supervision and therapy; 2) recognising their differences are important yet they inevitably sometimes merge; 3) seeing them as crucially different and never to be combined.

My impression is that the first view is most likely to be held by experienced practitioners – people who've done extensive supervisory work, as well as a lot of personal therapy, and so on. As outlined above, my own experience (albeit limited) of roaming freely around and across the edge between therapy and supervision, has brought home how aware and adroit you need to be to move purposefully in that expansive realm. I would hesitate to recommend this sort of mashup to trainees or novices.

The second viewpoint strikes me as the most realistic, if only because nearly all my colleagues share it. They argue reasonably along these lines: the purpose of supervision is to support the practitioner to support their clients; when the primary focus is on the clients, that's clearly supervision; when the primary focus is on the practitioner, that's still clearly supervision – as long as the clients haven't dropped out of the picture altogether.

If a supervision session is all about the needs of the practitioner, and their clients are barely mentioned, it's likely that the restorative function of supervision is dominant for some reason, such as recent news of an unexpected bereavement in the supervisee's private life. This is, of course, when supervision will feel therapeutic. It needs to be, to meet the ordinary demands of the extraordinary moment. Pre-existing positive transferences in the supervisory relationship will help matters. But it doesn't follow that the supervisor becomes the practitioner's therapist. It means the supervisor consciously offers extra consideration and concern for the supervisee's emotional state and, by doing so, also helps them to take good self-care and manage their workload well. While attending compassionately to the person of the practitioner, the emphasis is ultimately on the person's professional role. In this situation, if the supervisee already has a counsellor or therapist, so much the better.

Finally, there may be a theoretically sound rationale underlying the proposition that supervision and therapy do not and must not overlap, but, in my opinion, this stance is too rigid to be of any real benefit. In practice, strictly maintaining the division feels harsh and artificial. Perhaps an ethically expedient compromise can be struck here: to practise consistently as if supervision is always distinguishable from therapy while remaining open to other possibilities when some kind of edgy blurring occurs. Talking together at the edge about the edge is surely the safest way to negotiate it – or discover that it's not even an edge.

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