

## SUPERVISION

## JIM HOLLOWAY



What might it mean to consciously ‘re-embody’ our encounters in the sort of virtual spaces we provide?



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If you stick around long enough, you end up living in the future. When I started training as a counsellor, way back in the last century – 1994, to be precise – the ordinary conditions of my counselling practice today would have seemed highly futuristic. Video calls with clients and supervisees anywhere in the UK and other parts of the world are now not only technologically easy, but taken as normal. Most of us, it seems, largely in response to the pandemic-induced restrictions, have adapted successfully to the new era of online appointments in our various professional roles. Meanwhile, many healthcare providers are currently offering psychological therapies (for example, treatment for phobias) as virtual reality (VR) sessions. The rapid pace of developments in artificial intelligence (AI) makes broader therapeutic applications of VR very likely in the next few years. The future of counselling is looking increasingly virtual.

Discussing this with an experienced supervisee, who was concerned about therapy becoming ‘disembodied’ by AI and VR, I pointed out that in supervision the client is always disembodied in one literal sense: they are physically absent. Through dialogue, we *imagine* the client as an actual person. We might say the body, mind, spirit and soul of the client can only ever be virtual in the supervisory space. The fact that many of my supervisees currently see most of their clients on video calls only, and in some cases have never met any of them in person, could perhaps result in even more disembodiment of our organismic identities in supervision, reducing us to what my colleague calls ‘pseudo-entities’. To get real, we need primary reality. For instance, we noted we missed the smell of our clients, including the whiffy ones, somehow, and also the way a face-to-face client brings in something of the street and the weather with them, especially if they arrive on foot or by bicycle. Ordinary yet enlivening sensory information like this is lost online.

What might it mean to consciously ‘re-embody’ our encounters in the sort of virtual spaces we provide? Not all my supervisees hold strong views on the primacy of the body in therapy and supervision, and some tend to overlook the somatic aspects of consultative work generally. Transference phenomena, frequently signalled by physiological sensations of one kind or another, are useful reminders of our continuously embodied relatedness, even in digital space. I’m not sure about this,

but I think transference effects online often take on a subtly different character from those in the flesh.

I propose we take some time in supervision to reflect on how we experience the energetic differences between meeting clients and co-supervisees in actual space and virtual space. My hunch is that for many of us the differences will be clear, and for just as many, there won’t be much to report. Either way, I want us to stay alert to the effects and not become complacent about them. For example, from the client’s perspective, the contrast is significant between a) clicking into Zoom or VSee, and b) travelling to their therapist’s practice location. The time spent moving towards and away from the therapy room is effectively part of the therapy – two segments of time alone (usually) for pre-reflection and post-reflection, which bracket the session itself. I’ve heard this from several clients, including those who apparently had no problem with remote sessions at home. Some of my supervisees have made a similar observation: part of what they value about face-to-face supervision sessions, as distinct from online meetings, is that they move themselves out of their own workplace or home office into mine. All the physiological sensation involved in this movement through time and space is brought into the session. To state the obvious: it’s the whole body that moves, not just a finger on a keyboard.

It’s also obvious that not all of us have bodies that move in the same way. We each get about according to our own abilities, and are enabled or disabled by the structure of our built environments. As part of my therapeutic or supervisory attention to the individuals I’m working with, I keep in mind that I’m able-bodied and not living with chronic pain or a restricting medical condition. Genuine approaches to ‘embodiment’ in supervision, or ideas around ‘re-embodying’ our virtual meetings, must be sensitive to the diversity of actual bodies and what they presently can and can’t do. Those of us who offer ‘walk and talk’ sessions – whether for counselling or supervision – can’t help but be aware of the variability of people’s capabilities and preferences when it comes to moving around outdoors.

On a personal note, and returning to the temporal theme I started with, I’m delighted to be continuing to move into the future by handing over the writing of this column to Dr Michelle Seabrook. With thanks to editor John Daniel for asking me to take it on all those years ago (in 2015, to be precise) – it’s been a real pleasure. ●