

Self-supervision, Surveillance and Transgression.

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Paper presented at Systemic Supervision Conference,
IFT and Tavistock Clinic, London on 30th November 2007.

I am going to be drawing on examples from my work as a supervisor from training contexts and also from within The Pink Practice, an independent lesbian and gay systemic therapy practice in London which I co-founded back in 1989.

Any examples I use, have either been highly disguised or I have agreement from the participants to use the example.

I have two main themes that I have been thinking about for this presentation on self supervision, surveillance and transgression:

1) the first is that systemic supervision, as with all areas of systemic practice, is often a transgressive act - maybe, a **transgressive partnership**. And by **transgressive** I mean Breaking New Ground, promoting critical thinking, creating permissions that do not already exist from within the systemic texts. The systemic supervisory relationship plays an important role in the evolution of systemic practice.

2) the second is something I have been thinking about for a while - that supervisees (and supervisors) from oppressed or marginalised groups might have a vigorous and rigorous inner dialogue with their internal supervisor voices about appropriate behaviours - perhaps more so than those who identify with majority or dominant group norms. They may be living with voices from both dominant *and* counter cultures. **Out** lesbians, gay men and other queers, for example, in having gone through a process of recognising they are different in some ways to a mainstream culture, **have learnt to be transgressive**. In order to be gay they have no choice but to be transgressive. They have also found ways of living in at least two worlds.

My experience is that it is unusual for these worlds to merge in a supervision context and that transgressive practices, mindful deviations associated with culture, gender, age or lifestyle are often not welcome or appreciated within psychotherapy training courses. This can lead to a form of unspoken censorship by the host culture and to an added form of self surveillance by people from oppressed and marginalised cultural groups.

Reflexivity in its various forms goes a very long way to help us all have inner and outer dialogue about our prejudices and self monitoring activities. This is surely one of the greatest strengths and ethical tools of systemic practice.

But it is this more problematic aspect of self surveillance, cultural dissonance and power in training courses and the workplace which I wish to discuss.

But firstly, **systemic practice** is becoming impossible to describe - it is always changing – in the tiny detail of human interaction as well as at higher levels of context. In paying attention to the novel, exceptions, that which is unique, to the difference that makes a difference (or, as John Shotter would say “the difference that makes a difference *that matters*”), we are always taking the ethical position of being prepared to change how we go on in relationship with others, our relationship with theory and in fact our most deeply held assumptions. For good descriptions of models describing reflexivity between levels of context see John Burnham’s 1992 model of reflexive and Rosanne Leppington’s 1991 model. In this sense, the potential and commitment to change at every level of context systemic practice is a very fast science.

We could borrow from Foucault (1981) who critiqued the term “being gay” feeling it was too static, too fixed and said we are always in the process of *becoming gay* – that gayness was an activity, something which required the performative and came to life in the act of *doing* being gay. Perhaps we are always in the process of *becoming systemic* - the activities develop our story of what counts as systemic. We are involved - less in a process of defining or refining - but in naming and situating and responding to discursive activities.

bell hooks (1994) says teaching should be a transgressive act in which trainees have the opportunity to become critical thinkers instead of absorbing knowledge in what she calls the banking system: passively take in, store, use as needed – almost at a level of technique. By creating an environment in which people can develop their own relationship with theory, with “the facts” we are teaching them to become critical thinkers. The object of the teaching, its outcome and meaning are always in the hands of the trainees.

I have been particularly interested in restrictive examples of inner dialogue brought to supervision by supervisees. I think this connects with my concern about the reflective, apologetic and self pathologising language which people coming to therapy often use. Perhaps it is not so surprising that many of the inner supervisory voices reported are so restrictive and critical given the modernist culture in which we live and the pressure on trainees, in particular, to “know” and reproduce the theory in some kind of recognisable way. If they cannot recognise what they are doing as “systemic” in the moment - as is often the case for practitioners - then the regulatory voice seems to dominate.

- “How is *that* systemic?”
- “I don’t know *what* you will think of this”
- “I have no idea what I was doing here.”
- “I’m afraid I wasn’t being very *systemic* when I...”
- “Are we *allowed* to...”
- “I was thinking, What Would Gail Say...”

Many of you will recognise this type of comment.

I find Foucault's idea about Panopticism helpful in offering an explanation for some of these critical, fretful inner voices.

Foucault drew on Jeremy Bentham's design of a prison to illustrate how members of the public internalise invisible monitoring authority.

Bentham's panopticon was designed to be an opposite of the dark cell, the dungeon – in his design cells were well lit - from front **and** back and positioned around a single watch tower enabling the supervisor, the prison guard to see all prisoners simultaneously. In this ingenious design those being watched would have no knowledge of whether there was anyone watching *at that moment* but they would assume that they were being observed and therefore be affected by the idea that an authority figure was present.

He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection.
(Foucault, *Discipline and Punish* 1991: 202).

Interesting then to speculate about the effect of live supervision, one way screens and video cameras. It is often the case that the design and seating arrangement, the view through the screen or cameras in the interview room is often to provide an optimum view for the team.

This enclosed, segmented space, observed at every point, in which the individuals are inserted in a fixed place, in which the slightest movements are supervised, in which all events are recorded, in which an uninterrupted work of writing links the centre and periphery, in which power is exercised without division, according to a continuous hierarchical figure, in which each individual is constantly located, examined and distributed among the living beings, the sick and the dead - all this constitutes a compact model of the disciplinary mechanism.
(Foucault, *Discipline and Punish* 1991: 197).

The Urban Panopticon (Koskela 2003) of CCTV culture in which most of us now live is very different from the leisure video culture which gave rise to the use of recording and live supervision in family therapy. Given the prevalence of monitoring in most public places, perhaps we need to review the meaning and effect of recording and watching practices?

But I want to suggest that many lesbian, gay, queer, people of non-dominant cultures and communities may choose to appear to comply with power with an *anticipatory conformity*. We may or may not try to **act** in accordance with what the central power expects from us but our choices may be influenced by the need to *be observed* putting one's own cultural values to one side in order to

get ahead in one's job or pass a course. Given the opportunity to not be observed we may act differently. We might resemble "docile bodies", but our docility would only be apparent, a mask that we carried as long as we thought we were being observed. To put it differently, we would internalize "power's eye" but we would not

"identify with its values.... Self- surveillance would be, in fact, experienced as surveillance of an internalized, but identified, other upon us."
(Vazl and Bruno 2003).

In liberal circles, in our effort to be welcoming and so on, we can either not know or forget the oppressive fact of everyday life for people living in a host culture or dominant culture not in their mirror image. It is not just difference about which we are speaking but practices of power in institutions and their discourses.....

"practices that systematically form the objects of which they speak"
(Foucault, 1991).

Foucault emphasises a transition in the *visibility of power* in society whereas historically **power** was visibly enacted but our society is less one of *spectacle* but of *surveillance*. And Foucault defines surveillance as a process of supervision that imposes discipline. It is, he say the *physics of power* and becomes central.

On the other hand, self-surveillance is part of the necessary care of the self, with this care assuming the form of an effort to constitute oneself as a normal citizen.
(Vazl and Bruno 2003).

[Perhaps this links to the point made by Viv Gross at the end of the presentation concerning the usefulness of a person assessing the risk of outing an aspect of themselves.]

Let's get back to comments and questions from supervisees raised above....

My first response to those questions is usually to "think systemically" with them about their practice and see if we can together develop an account which brings their practice or dilemma back into a systemic framework, a systemic way of talking.

However, I have been thinking of systemic practice as a shared first language which facilitates the communication of the supervisee and supervisor and which links us to a wider regulatory discourse against which we can assess good or safe practice. This is more pronounced when supervising practitioners in a training context, an assessment context.

Mostly using a systemic framework appears to work well but when working with people from marginalised groups I have felt that at times one or both of

us are strangers in another's country. This is not necessarily a terrible thing, - I think we could assume that many people all over London are right at this minute having meaningful conversations in a language which is not their first language) but I have found that by recognising and foregrounding the culture, the language, the customs of the supervisee – and perhaps supervisor – over my first port of call - systemic theory - that other explanations for practice dilemmas emerge. In short, systemic theory in supervision is a means to an end but not always the best starting point. Who I am, what I bring explains to a significant degree my choice of theoretical approach – not the other way around and these other parts of my life experience create a context for the use of systemic ways of thinking.

Here's an example where culture was not successfully foregrounded in the supervision until other events from outside influenced the supervision conversation.

One supervisor with whom I was working, a woman of white British origin, was under pressure to pass on more intensive work to a less experienced colleague, a woman recently arrived from an Eastern European country. The supervisor was struggling to find evidence of the level of competence needed in their one to one supervision sessions – in fact she had crossed over into looking out for inadequacies. When the team recruited some additional women from the same Eastern European country, she noticed this same colleague come up with some very interesting ideas in the fortnightly team case discussion.

The supervisor used her supervision with me to explore how she could work with the colleague on making her abilities more visible in their conversations. In a team discussion months later the three women from Eastern Europe spoke openly about their frustration of their qualifications not being recognised in the UK and how their struggle with the English language seemed to have the effect of them being seen as less intelligent. They said this made them more irritable, impatient and try to sound more expert than they sometimes felt themselves to be.

Curiosity and staying with not knowing may not be enough in this kind of instance. One cannot always know what there is to know and expect people from oppressed and marginalised groups to trust their supervisor – or their supervisor's supervisor. Had there not been a number of similar others, the story of an individual's inadequacy may have been further developed. In wanting to be supportive to the supervisor, I had been starting to participate in the pathologising of the individual.

What we can do is believe that people are not bad or inadequate, they are not difficult or resistant but that they are acting out of self-preservation until the context is safe enough for them to emerge with confidence – allow these two worlds in which people live to collide.

We don't have to **know** about the experiences and lives of other but we do need to know how to bring in the voices of others and make connections across context.

Some questions which might have been useful for the supervisor to ask her colleague:

- If you were working with families back in your home town, what would you be doing differently?
- What freedoms or constraints would there be?
- Who would you be working with?
- Who would be appreciative of your skills?
- What would the you of back there be most proud of what you did in this session?
- What would your old boss have to tell me about how your practice has developed?
- If you were going to a support group for therapists from your country, what would you be telling them what's working about our supervisory relationship and what isn't?
- What do you think they would suggest we do to preserve the good things and to improve any areas of difficulty?

And maybe here is an example where I did foreground cultural issues and matters of power:

As a supervisor in a training team in which there was the only black member of the course, I noticed the rest of the group – including myself – cutting across this person. Always interrupting with little awareness of their / our behaviour. After I have got my own behaviour in check and immersed myself in the discomfort of not knowing what to do I decided to share my observations with the group. The black worker welcomed these observations and elaborated with their own perceptions which they had until that point chosen to keep quiet about. So the discomfort was shared and over an uncomfortable couple of weeks, the team worked through some reflections crucial to their future functioning as a cohesive team. They were also the important microcosm of the course which supported this trainee.

At another level, I felt very anxious about my intervention – to some degree because naming issues is no guarantee that they will come to a fruitful resolution - but mainly because I felt my efforts to manage issues of power in the group would not be recognised by the agency in which I was working. I felt I needed to keep the process to myself and my own supervisor until it had progressed somewhat. I did “go public” about this but for the most part I felt my colleagues did not appreciate the importance of the intervention, the risk and the skill involved.

Supervisors managing groups need to feel supported to deal with matters of challenging power and not out on a cultural limb. But if they are in a minority themselves it can be add to risk and strain.

Another example:

A therapist felt their supervisor seemed to be interested in a gay male client's attachment patterns with his mother as a way of explaining his difficulties. The supervisee felt the supervisor's hypothesis was pathologising of the man, drawing on an old psychodynamic developmental theory about gay men and their mothers. For a while the supervisee questioned themselves asking if they were perhaps being "oversensitive" but as time went on they found they did not discuss gay clients with that supervisor.

This kind of silent questioning of oneself – as a first port of call - is something that will be familiar to many people from minority or oppressed groups. It is more than self reflexivity, an ethical stance. It is a comparative positioning of dominant norms and critical thinking.

I have done much of my professional growing up in psychotherapeutic discourses which pathologise lesbians and gay men. It is only recently that psychoanalytic training institutions have agreed to take on lesbian and gay trainees though some are still reluctant. *This has not just been a matter of equal opportunities. It is a matter of whose theory or knowledge is imported, whose language, whose authority we bring to our intimate working relationships and how. Are we importing bodies or culture?*

I remember back in the eighties when I was part of a lesbian therapists **supervision** group. There were some psychodynamically oriented members (as was I at the time) who were struggling with psychoanalytic explanations of "abnormal sexuality". They suggested we should ask a respected liberal heterosexual therapist to see if this person could offer an alternative explanation of lesbianism in an analytic discourse which was not pathologising. The group was still looking for theories *about* lesbianism from outside the experience, from outside of the community. We were looking to the watchtower for a description of ourselves. Another colleague and I left the group at this point. It had outlived its usefulness and instead of being counter-productive was becoming normative-reproductive.

The profession of psychotherapy has a history of creating ideas about others, about us and imposing them as if fixed and legislated as if by a separate invisible authority which we cannot easily challenge. This legacy still affects us in some ways as a systemic community. A supervisee recently questioned a policy in his organisation and insisted on there being a means to challenge policies being made visible to him and his team.

Here's an example which I found liberating:

Harlene Anderson recently told a story at a workshop in Harrogate about a dilemma some of her supervisees had about whether to take

*up an invitation to dinner by clients with whom they had finished work. She discussed with them their concerns about how to manage boundaries and the upshot of the supervisory consultation was that the therapists decided to go to dinner with the clients. A member of the workshop audience articulated a concern about some boundaries from the profession being beyond challenge. Harlene replied: "These boundaries are of our making. They have been developed by **our profession**. It is our responsibility to challenge them, to undo them."*

A supervisee later told me how shocked she had been on hearing this. And then went on to say how shocked she was that she was so shocked.

We have reflexivity on our side.

By owning our profession, we have a right to re write the rules and our most deeply held assumptions about what is right, what is normal, what is done and how the power is shared. (For example, John Burnham's example in his presentation of handing the remote control in a video review session to the trainee and then inviting that trainee to supervise him supervising the trainee supervisor - and in so doing, inverted the power structure in the team.)

Supervisors have perhaps a role to play in the redrawing of these tenets.

*To engage in dialogue is one of the simplest ways we can begin as teachers, scholars, and critical thinkers to cross boundaries, and challenge the barriers that may or may not be erected by race, gender, class, professional standing and host of other differences.
(hooks 1994)*

Crossing boundaries in systemic supervision could mean connecting with others, making new rules, building an enquiring culture which is valuing of diversity and continuing to resist pathologising and individualising discourses.

(I think we could see the use of those discourses as a sign that something is very wrong in the team or management context and an indicator for outside consultation)

As practitioners in The Pink Practice we have been keen not only to make connections with sexuality, sexual orientation, gender and lifestyle choices etc but with other forms of oppression and marginalisation. Systemic therapy has played a central role in creating opportunities for making connections with practices of power in therapy.

So as a supervisor I feel committed to listening out for other ways of practising which may not be translatable into systemic-ese. It may be that not all cultural practices are reducible into a systemic account. There may be times when community culture, community theory is the highest context for understanding what is happening in the therapy. If so, how can we as supervisors participate in developing accounts of that?

- If this had not been a supervisory / therapeutic conversation you had had but one with a friend how would you have felt / behaved differently?”
- How would your language have changed if there had been no team with you?
- Or if the team was only made up of other lesbians?
- What meaning do you think this black / gay couple gave to the fact you as a black / gay therapist are working with an all white / seemingly straight supervisory team? And how might their story have affected you / us during the session? And affect you / us now in this post session discussion in how we are talking together as a team?
- How would it have been do you think, if you had asked your colleague what she thought other lesbians living in NW3 who work at the Tavistock Clinic would say regarding her dilemma about coming out at work?
- Can we imagine for a moment that your training course decided to always have a minimum of five black/ disabled / transgender/ lesbian or gay trainees in each intake. How would that be impacting on the choices you make for yourself in what you do here in the clinic?
- How would that impact on the kinds of accounts you as a team come up with for your practice? How do you think we might be behaving differently – if at all?

A big concern for me is to find ways of encouraging supervisees to relax into being in relation to the people with whom they are working where they can find common cultural ground and live in a language which both parties recognise; to get them beyond a preoccupation with the dominant culture of the agency or course. A tense supervisee, supervisor or manager may be more method driven, approval seeking and have lost the connection with their own cultural backgrounds or that of their clients and be preoccupied with the dominant language of systemic therapy.

In one instance, a black supervisee felt he connected with a black client in a manner of talking which worked for them. With a change of manager he felt this way of communicating was frowned on and not seen as sufficiently systemic. As his supervisor, we had to find ways of developing bridging accounts between what are therapeutic connections made with people out of an ethics driven with-ness approach (Shotter 2006) over a method driven about-ness approach.

Practitioners in training are even more vulnerable. They are practising ways of working in a therapy which privileges the immediacy of the therapeutic

relationship yet they have been simultaneously in relation to the well known concepts of distant printed others.

One supervisee, a young Asian woman, a trainee, spent her first year of clinical practice trying to re-produce techniques and practices imported from systemic texts. With a change of job where she worked alongside more “out” black and Asian workers - and maybe with time - she started to relax into a style of working which allowed both for a culturally useable and relevant form of conversation as well using systemic opportunities for talk. She became increasingly pleased with the quality of connection she made with the families and with their feedback to her.

Training courses and registering bodies necessarily require that people are sufficiently connected to systemic ideas and that they **pass** for systemic (this might involve passing **or being passed by others** for straight, for culturally English...)

I find the concept of **being OUT** is useful in not only meaning proud and confident, but also meaning not being afraid to challenge society, to **cha(lle)nge** professional practices and stories and to **add to** the language compared to perhaps **fitting in imperceptibly changing only the statistics not the practices**.

I’m talking here of the individual – perhaps the most common unit for supervision outside of courses – but we do need to remember the *co-construction of self* and try to work with teams to create a space for Difference to arrive – not as a guest but as an ongoing uncensored influence upon us all.

In my own experience of receiving consultation, supervision, we spend a great deal of time not only developing systemic accounts of my practice but also extending the boundaries of what counts as therapeutic practice. Like many people I often act first, think later “now how on earth does that connect with systemic therapy?” and “What would my supervisor say about this?” – I can never guess. I am always surprised. But I never feel my practice or the communities in which I practice are disqualified in any way.

So what do we do with transgressive thoughts and practices? Do we turn our back on the supervisor so they don't see what we are thinking or doing? Do we keep them to ourselves, remain impassive while thinking ill-fitting things? Do we try to join them up with a systemic discourse, a cultural discourse? Do we leave them in a parallel world? How do we create the conditions for conversations about our practice if we don't see ourselves as writers, as authors of the rules?

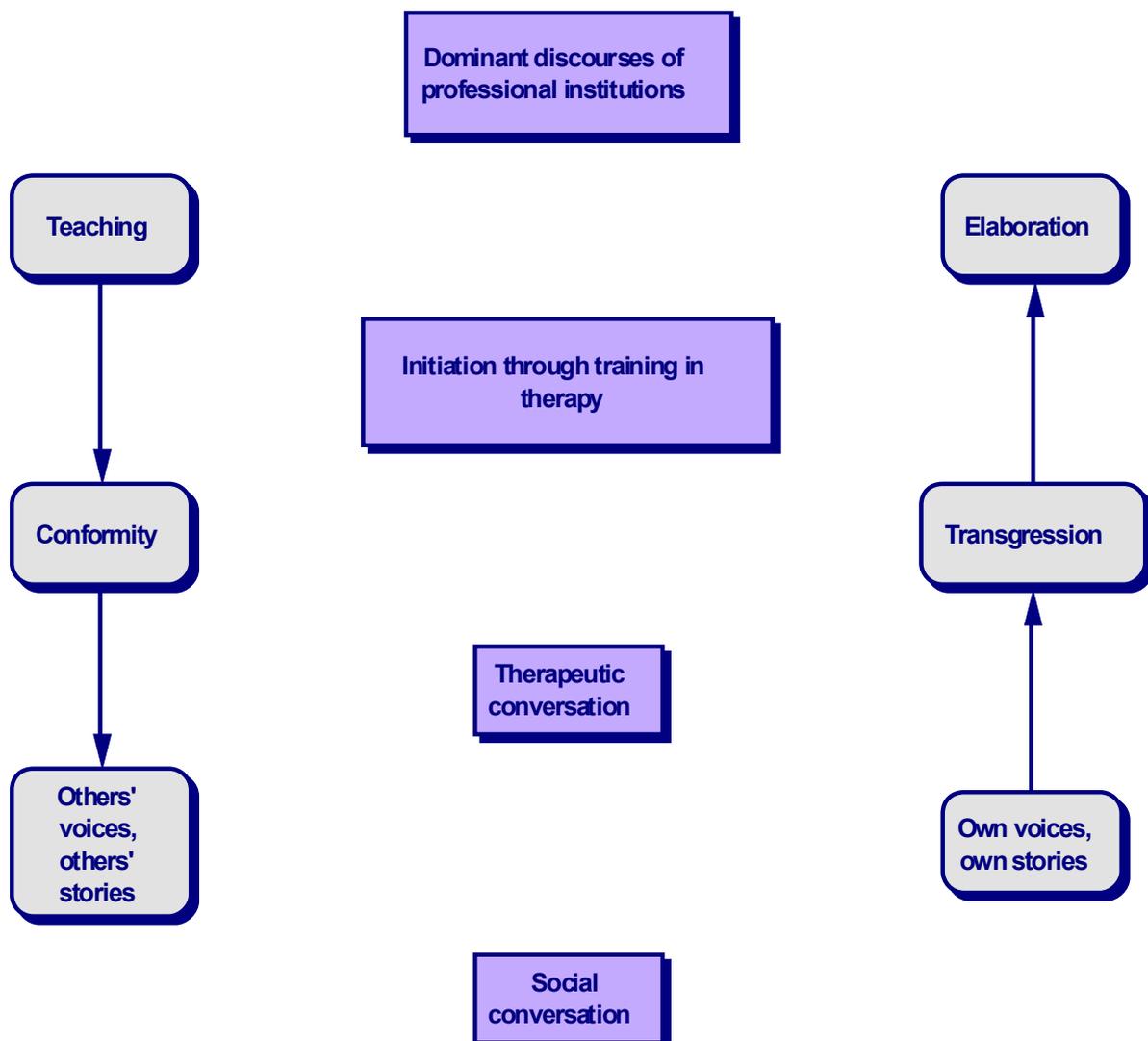
One of the most exciting uses of my authority as supervisor in a training context is when I hold up a mirror to supervisees and trainees and say “You are inheriting systemic therapy. What are you going to do with it? How are you

going to develop it? What are you going to bring to it?" I am always struck by the stillness that follows, the surprise, the sense of seriousness, of deep reflection, realising the shift in the story of themselves from absorbent learner or challenging trainee to critical thinkers, creators of theory, contributors to the field.

The World Upside Down movement, (a form of grassroots activism in which subordinate groups critique and promote a bottom up approach to social policy which challenges restraints imposed by dominant theories and practices of power) offers perhaps some encouragement for us. This inversion of hierarchy fits with the place of reflexivity in systemic practice - our commitment to live with changing values and processes and theories is a strength in systemic therapy - lending this to systemic supervision and training we might end up in some interesting positions.....

How would it be, for example, if we found ways of ensuring that our therapeutic stories were influenced by talk outside of therapy, a range of social stories from within our different communities? Perhaps we would

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minimise the risk of a critical self surveillance and instead encourage the elaboration of theory and practice in a transgressive climate.

Training institutions and organisations can only take on this challenge if they are committed to deconstructing their own ideology.

“Many teachers are disturbed by the political implications of a multicultural education because they fear losing control in the classroom where there is no one way to approach a subject – only multiple ways and multiple references.” (hooks 1994)

Can we afford to have trainees running the asylum, the institution?
Or would institutions fear losing control of their identity?

Overcoming the problems of surveillance and self surveillance is not a matter of rolling out a welcome mat in 140 different languages.

We live in a culture which is perfecting superficial inclusion practices – may be that’s how it is going to be for the moment – perhaps we should accept this and that many of our colleagues will, in their workplaces and training courses, feel split between their two worlds, between their conformative, normative selves and their transgressive selves.

I think our choices in combating a divided society depending a mono-conformity involve either the appointment numbers of **out** people to senior management posts – as started to happen in the eighties mainly in the voluntary sector - and then we might expect significant cultural change for us all. If any of the psychotherapies were going to lead the way, I expect systemic therapy to be at the forefront.

Or we can stay at a level of technique and develop questions, ways of connecting up different worlds, encourage some transgression as part of the development of systemic activities, challenge power at a local level. We do have a history of doing these things well.

Reading

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