

A Supervision of Solidarity: Values and Strengths in Medical Practices

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Abstract

This article amply elucidates and illustrates a unique approach to therapeutic supervision informed by a philosophy of solidarity and social justice activism. This approach named as , " Supervision of Solidarity" addresses the particular challenges in the supervision of therapists who work alongside clients who are subjected to social injustice and extreme marginalization. It asks," How can we as therapeutic supervisors support therapists to do this difficult work in the margins in ways that are in accord with our collective ethics? How can we (both therapists and their supervisors) experience sustainability and transformation collectively across time?" This article provides an example of this form of supervision highlighting key aspects of the work. This paper does not aim to offer a static model for therapeutic supervision nor a set of tools, but rather the principles of a Supervision of Solidarity that can be acted upon differently to suit particular contexts. It is hoped that this paper will make therapeutic supervisors to reflect upon the principles of a Supervision of Solidarity offered here and create other practices, to serve the needs of their specific therapeutic communities.

Keywords: Solidarity, Values, Strengths, Medical Practices etc.

Introduction

This unique approach to therapeutic supervision which Reynolds (2010) called a Supervision of Solidarity grew in his practice, with a purpose to embrace and connect leanings from activism with therapeutic supervision. This approach adds to the therapists' abilities to stay alive in the oppressive contexts of our work by creating opportunities for supervision to attend to more than immediate and individual cries, crises and pain.

The Solidarity Group emphasizes our collective sustainability with a specific aim to build solidarity and an orientation for justice-doing. The principles discussed here include ethics, doing solidarity, addressing power, fostering collective sustainability, critically engaging with language, and structuring safety. This is different from organizing therapeutic supervision around specific problems and individual workers. The Solidarity Group is only one component of the necessary supervision of therapists, with an emphasis on collective sustainability of the therapeutic community and their relational ethics. In the Solidarity Group, a community of therapists is the resource, not necessarily the supervisor.

The therapists who stand behind this work

Reynolds (2010) *Supervision of Solidarity* evolved in response to the contexts of injustice and marginalization

in which he was supervising therapists. What the therapists most desire is to be of use to their clients. Therapists work with various groups like in rape crisis centers, with children of sex workers, with children who have suffered CSA (Child sexual abuse). in shelters for homeless people, in health clinics in impoverished communities, and alongside refugees who have survived political violence and torture. Many therapists suffer from a private fear that incompetence or a lack of knowing on their part may result in devastating consequences for clients.

Losing clients to suicide and violent death is a reality. Experiences of being overwhelmed are not uncommon. Job titles such as support worker, counselors, guidance workers, interns - offer only thin descriptions (Geertz, 1973) of the complex demands of their work, and they do not honor the magnitude of trauma, violence, and exploitation that shape their minds along with the identities of clients.. In these contexts, therapists struggle to practice in line with their ethics, and to help clients keep a finger hold on dignity.

Before outlining in detail how solidarity groups are organized, and providing an example of this form of supervision in practice, let's briefly review some traditions related to therapeutic supervision.

Collaborative therapeutic supervision practices, as developed by Andersen and Swim (1995), invite a generative and community-making spirit to therapeutic

supervision. Crocket (2004) invites therapeutic supervisors to share responsibilities with therapists so that the supervisory relationship is not limited to monitoring clinical performance.. Tsui (2005), asserts that the goal of supervision is to enhance vision and to add multiple visions, not necessarily to direct therapists toward an idea of the correct vision.

The structure of the Solidarity Group is borrowed from Andersen's (1991) reflecting team. Originally, a reflecting team included a group of therapists who were invited to offer their reflections to a conversation between therapist and client. Andersen's use of the term *reflection* means "something heard is taken in and thought about before a response is given" In Andersen's approach, the reflecting team witnessed but was not part of the conversation between the therapist and client. Following the therapist's interview with the client, the reflecting team offered their responses as the therapist and client took a listening position. There have been many innovations in the use of reflecting teams, which speaks to the creativity and possibility evoked in the structuring of this kind of conversation (Andersen & Jensen, 2007).

Reynolds (2010) opine that in solidarity groups the therapeutic community is being supervised collectively. In many ways it does not matter who is speaking, as the entire group is at the centre. The experiences spoken about may be acts of justice, ethical struggles, startling successes, painful losses, or other occurrences that hold meaning collectively. It is the supervisor's task to ensure that all participants are witnessed in the conversation and that people are woven together.

Six principles that inform a supervision of solidarity

Six key principles inform the practices of the Solidarity Group: (a) centring ethics, (b) doing solidarity, (c) addressing power, (d) fostering collective sustainability, (e) critically engaging with language, and (f) structuring safety.

1. Centring Ethics

The centre of supervision is the therapist's relational ethics. By this is meant the therapists' ethical positioning as they respond to clients' varying needs and contexts of power. When therapists cannot act in accord with their ethics, they experience spiritual pain. Spiritual pain speaks to the discrepancy between what feels respectful, humane, and generative, and contexts that call on therapists to violate the very beliefs that brought them to this field. In the supervision conversations, it is interesting to note about what composes the ethical stance of the therapist, the collective ethics of the group, and how these ethics are revealed in practice (Reynolds, 2009).

2. Doing Solidarity

The idea is to look for points of connection and weaving people together, and in attending to both practices of

resisting oppression and promoting social justice. This spirit of solidarity has been beautifully articulated by Lily Walker, an Australian Aboriginal women's leader speaking to non-Aboriginal activists at a land rights protest: "***If you come here to help me, then you are wasting your time. But if you come here because your liberation is bound up in mine, then let us begin***".

3. Addressing Power

Addressing power speaks to witnessing resistance and acts of justice-doing. Addressing power invites cultural and collective accountability.

4. Fostering Collective Sustainability

Sustainability refers to an aliveness, a spirited presence, and a genuine connectedness with others. We are sustained in the work when we can be fully and relationally engaged, stay connected with hope, and be of use to clients across time. Sustainability is inextricably linked with an alive engagement with a spirit of social justice, and an openness to the transformation we may experience as therapists in this difficult work (Martín-Baró, 1994).

5. Critically Engaging with Language

Critical understandings of language are important in all supervision conversations as we construct our understanding of the world through language (Wittgenstein, 1953). Coates and Wade (2007) speak of as the *four operations of language*, meaning the ways that language is used to conceal violence, obscure perpetrator responsibility, conceal victims' responses and resistance, and blame/pathologize victims.

6. Structuring Safety

The possibility of doing harm by replicating some kind of oppression is a potential risk. This is true despite our commitments to act in ways that are connected to social justice and in accord with our collective ethics. I believe that at times accountability holds the centre in therapy, when justice would be better served by creating contexts in which the transgression does not occur. This requires Structuring Safety.

The form of the solidarity groups

To illustrate these principles in action, they can be connected to the supervision practice of the Solidarity Group, followed by a re-telling of a particular therapeutic supervision practice. Here is an outline of the structure of the Solidarity Group.

In the opening dialogue, as the interviewer engage in dialogue with a therapist who serves as the interview partner while the rest of the group is in a reflecting

position. A “reflecting position” is a nonspeaking position with an intention of listening for what stands out in the conversation. Three or four other therapists serve as the reflecting witnesses who are then interviewed by me about their responses to this opening dialogue between me and the interview partner. Here the reflecting witnesses are invited to connect the parts of the conversation that stood out for them to their own experience, weaving connections in the group.

Following the conversation with these reflecting witnesses, I again interview the interview partner around his or her responses to the reflecting witnesses’ dialogue. All of the therapists who have not been in the roles of interview partner or reflecting witnesses serve as listening witnesses, and they are invited to offer a written response to the interview partner regarding their responses to the dialogue.

A Case Example : rape by father in law

Seema, A practicing clinical psychologist is the interview partner,

I was facilitating a Solidarity Group for this case example mentioned above. The reflecting witnesses are Sonia, Sandeep and Rahul. There were also three listening witnesses—Rohit, Anju and Meena—but their thread is not picked up in this re-telling.)

Opening Dialogue (Interviewer: Amita; Interview Partner: Seema)

The Interviewer and the interview partner engage in dialogue, while the therapists who compose the witnessing group are positioned for reflecting, observing in silence.

When I asked what was at the heart of Seema’s work, she said, “I’m a clinical psychologist who has her own private practice. And I also work with children of sex workers. In my spare time, I teach them , interact with them about their day’s routine and play with them.”

When I asked her what qualifies her for this work, she spoke of “being able to connect with people and what they feel is important to her , apart from her academic qualifications..” But there are times when my flesh burn and I ache to hit the clients who come to me with preposterous proposals.

“ Like what”, I prompted.

“ like, there was this case of a daughter in law being brought to me by her husband and mother in law. Her father in law had raped her and wanted to do it again. She was resisting. Her mother in law and her husband wanted me to encourage her into submission as they did not see any wrong if the daughter in law made her father in law feel good at times. “After all, she cooks food of his choice too, isn’t it,” they reasoned. “ What is wrong in his asking for physical favours which make him happy too?

He is an elder of the family and all his wishes should be fulfilled.”

Here I attended to the pain Seema experienced in disclosing an aspect of her practice she was not proud of and asked to track its presence in the body. I negotiated permission, and Seema chose to continue to follow a thread of the spiritual pain she experiences. Seema began to consider that “I could also feel her pain and rage against the system or perhaps it would be healthier for me to come in and work alongside the people working in that system, stepping in a little closer, because their reality is the exact same reality I’m facing.” When I asked which approach she thought would serve clients best in such cases, Seema said, “I think the collaborative effort alongside the education system for sure may help in lowering the frequency of such cases happening..”

I asked Seema if she had any thoughts about why we divide ourselves off as professionals and start to “rage against the system which permits such unethical relationships” at each other, and she said, “I’m thinking it had something to do with starting to think our ideas are the “right” ideas.” I asked Seema if she thought if in general people married off their sons to get daughter in laws for their own sexual gratification, and we both laughed. Seema said, “Of course not, people in general DID NOT marry off their sons to get sexual gratification from their daughter in laws” I wondered if there is room for a real critique of the abuses of power that clients suffer if we’re “raging together as we were doing then.”

I told Seema this conversation had me thinking about the times that I’ve put my perspectives and my own ethics —particularly against such atrocious behavior —at the centre, letting her know this is something I fall into also, and that I had also felt some shame about that because it is not how I wanted things to be. Seema joined with me, and said, “I need to start to watch it when I feel too righteous ... there is a real danger for clients I work with ... I can cling onto righteousness. I think I’m good at that.” But what about the confidentiality of the therapeutic process ? Is not that too important? “ , she asked.

I asked about the autonomy of clients and where their voices are if Seema is with righteousness. Seema said, “It’s about me, it’s about my righteousness. That’s really getting away from the client being at the centre.” I said that it sounded like Seema wanted to move away from “the prevalent social evils in the society ” when it gets in the way, and closer to “let’s listen to people talk about what they really want,” and Seema agreed, saying, “This righteousness can get in the way of what people want.”

Witnessing Dialogue (Interviewer: Suhani; Reflecting Witnesses: Rahul, Sandeep and Sonia)

The reflecting witnesses are invited into a reflecting dialogue with the interviewer, and the interview partner is situated in a listening position.

Sonia spoke at the beginning of the witnessing dialogue: “I have a visual image of seeing Seema interacting with these people.” Sonia connected with Seema and said, “I was most interested in watching out for righteousness ... I think in my work when I get caught around righteousness it’s about what I am going to counsel in such sort of a scenario”.

We talked about the reality of the prevalent social evils in the rural society and it really becomes difficult to take a particular stand on the issue of “righteousness”.. Everyone agreed that this was a hard position to be in. I asked how “raging” against these situations will help and whether we need to take a stand at this stage. Rahul acknowledged that “there was a lot of dynamic tension in the conversation and that the righteousness Seema is experiencing, her pain, happens alongside her openness, so there is not just one story.”

We talked about the usefulness of the Collaborative Community Practice Group to all of its members and its clients. We talked about how this community can help all of us focus on our righteousness, and how they can help Seema stay more in line with her ethic of putting people at the centre.

Seema acknowledged that the witnesses had come “close to the things that she valued in our conversation ... Sonia helped us remember that other girls in the same situation are facing such dilemmas as victims but are not able to really do anything. . They might be in the right and feel that they have to do this drastic thing—intervening in someone’s family—and it really resonated with me that I need to find ways to be effective. . If I am raging against them, what service does that do anybody? So that was a really powerful thought which got discussed..”

I brought forward Sonia’s and Rahul’s conversation about the tough job many of us clinical psychologists face during our practice. Seema said, “I couldn’t stand meeting those people ,” and she put her hand to her heart and shrugged visibly, shaking her body. I asked Seema if she had some new understandings and compassion that victims of such social evils face and the ethical issues which we as clinical psychologists face as a group”. Seema said, “Well, I’m thinking now that if I’m in too much of a rage about that, or being too righteous about our jobs as opposed to what I do, that takes all of the dignity out of what they’re trying to do.” I said I thought the witnessing dialogue took a position of solidarity with families and with those other workers even though they were not present. We spoke of the fact that girls are at risk because of the contexts of an unsafe society, and that the responses made possible in such situations to unreasonable demands of the clients have to be dealt with without feeling rage. I brought forward Rahul’s remark that there was a “collective sigh” about the collectivity of these ethics, these ways of being, and how the group is such a resource to everyone. Sandeep used the words “energy” and “electric.” I said the conversation seems to be about trying to understand the

limitations of intervention in the counseling practice exactly what Seema is trying to do in her work with people.

The principles of a supervision of solidarity in action

In this Solidarity Group, the community was at the centre and their collective ethics were evoked despite the fact that only one member was interviewed. Centring ethics was attended to by picking up on Seema’s struggle with righteousness, a struggle that was shared by the community. The community connected regarding their discomfort and pain about the limitations of counseling intervention. The collective ethics of the community were brought forward, and these included taking positions of solidarity with other workers and with each other. Doing solidarity encompassed being alongside Seema in her spiritual pain and a commitment to going on together, across time. Fostering collective sustainability was enacted through the points of connection with Seema’s ethical struggle.

Supported by these six principles, solidarity groups serve as community-making dialogues to assist therapists to hold onto a sense of aliveness and engage a spirit of solidarity within contexts of social injustice and extreme marginalization.

Solidarity groups assist therapists to work in accord with collective ethics by inviting collective accountability and by honoring our resistance (Reynolds, 2008, 2010b; Wade, 1995) against the ways society is structured unfairly. We look at both the ways we can abuse our power and the ways our work is a site of liberation for us. Solidarity groups promote sustainability by creating intentional community and witnessing the transformations this work brings to the lives of therapists. Therapists working in contexts of extremity—extreme scarcity and extreme need—can experience this work as shoveling water. The familiar prescriptive story of discouragement, burnout, and isolation is often told. Solidarity groups bring forward countervailing stories that witness small acts of justice-doing and the multiple ways we have sustained each other.

In bridging activism and solidarity practices with therapeutic supervision, my hope is that a Supervision of Solidarity can make a contribution to our collective sustainability as therapists: as with clients, we do not want to be merely survivors of this complex work. Rather, we want to be of use, congruent with the ethics we are committed to and fully alive over time.

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