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Editorial

E-News Vol. 17 is here.

We start this issue with an extract of the key note address by ASCCANZ president **Servaas van Beekum**, for the 3rd clinical supervision conference in Melbourne in April 2007. The focus of the conference was on supervision in the nursing and medical professions, a field in which supervision should be a central, given the complexity of practicalities, relations and emotions doctors and nurses face on a daily basis. The use of supervision in Australia in the nursing area, as demonstrated via many other papers at this conference, is promising.

Peter Heath gives a personal account of the latest professional development day in Sydney about the use of "the Enneagram" in Supervision and Coaching

Alex Nelson and **Eveline Crotty** forshadow a so called portfolio workshop as one of the starting activities of Transforming Practices, the new Supervisioncentre in Epping NSW.

Training news, connections and conferences fill, as usual, the last pages.

ASCCANZ

E - News

Vol.17 - May 2007

Supervision, all about relationship

(Extract from a Keynote Address delivered at the 3rd Clinical Supervision Conference at Austin Health in Melbourne, April '07)

by Servaas van Beekum *

Thank you for having me as a speaker today. I am aware that I am announced as the co-founder and president of a professional association for supervision. That is the professional tag, which I carry today. But there is a more personal note that makes me feel proud to be here with you at your conference.

I am not a nurse, but my mother was. In her prime, in the 1920s and 30s, she was this gorgeous young nurse, loving her job. Then she bumped into this gorgeous man, fell in love and married him. As things were in those days, she gave up her profession when she got married and became a mother, my mother, nursing eventually nine children.

Apart from my mother's great skills in keeping all of us children afloat through coughs and flus and running noses, she only once strongly took up her professional nursing role and I was hugely impressed. I was 8 or 9 and at home when the message came that my

(to be continued on p.2)

my father, coming home from work on his bicycle, was hit by a car at the corner of our street. When my mother and us siblings arrived at the spot, there were already many people standing around him, one sitting with him. My mother went straight into the crowd pushing people aside, saying things like: "Move, move, he is MY husband". But then, unexpectedly, I heard her say: "And ... I am a nurse". Clear and determined. It was of course obvious that being a nurse was more needed there than being a wife. She switched roles, so to speak. And then I watched her, amazed and with admiration, assessing the situation, checking on my father's pain, giving first aid, comforting him, managing the crowd, giving practical orders and all of that in a contact-full, effective and focused way. Well, you can imagine that I have had a lot of different experiences with my mother, as probably most of you, but this was one of those moments, that I felt extremely proud of her. I remember pinching my sister, saying proudly: "Our mum!" I also felt relieved, because she not only managed the crowd and comforted my father, she also contained my fear by being so spot-on and efficient. In the crisis she knew what to do. By being professional and containing her own anxieties, she helped my father, myself, my siblings, our neighbors and all those others present in that situation.

I remember her after she came back from the hospital, where my father was taken with a broken collarbone. Her own fears and inner distress came out that night in a big cry, that she shared with us. We all had a good cry that night. And that was a relief as well.

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Anxieties

In 1959 Isabel Menzies Lyth wrote her famous essay titled: "The functioning of social systems as a defense against anxiety", with the subtitle: "A report on a study of the nursing service in a general hospital" (Menzies Lyth, 1959). Many of you may be familiar with this article, and its aftermath. The article had many reactions to it - let me mention the series of articles in "Nursing Times" in the early '60's with the title "Nurses under Stress"- (Nursing Times, 1961) that raised awareness of the psychological impact on nurses of meeting sick and dying people on a daily basis.

These publications became quintessential for understanding some of the psychology of the nursing profession.

Nurses are as human as all of us. When we meet people whose body goes wrong, who have accidents or who die, it unavoidably triggers a variety of reactions in ourselves. Reactions from compassion, to caring and to feeling for the other, to feeling guilt about living on while the other is dying, to thinking "Happy it's not me", and feeling relieved.

When we are honest we might say: "Happy it's not me, yet". Because consciously or unconsciously, by the confrontation with illness or death, we are triggered and caught up in reflections such as: "How healthy am I? When will my day come of feeling less adequate? How will I be when I cannot do it all alone and need support? When will my time be up?" And not only it raises these questions, it also raises the feelings that go with it: vulnerability, insecurity, sadness, fear: especially the fear of facing our own mortality.

For most people this comes up occasionally when things happen in our families or among our friends. Nurses deal with this on a daily basis. When you are a nurse, the unconscious challenge of our own mortality nags all the time. Menzies Lyth wrote: "By the nature of her profession, the nurse is at considerable risk of being flooded by intense and unmanageable anxiety" (Menzies Lyth, 1988, p.50)

When it is too hard to be impacted by what we see, we tend to find a response that protects us from the pain of being impacted. Often such a response is detached and non-personal. On a daily basis, we read and see the news about the thousands of sick and death people, about refugee camps, about famine and floods, but for the sake of our own psychological survival, we often decide not to be affected by that. It is too scary to be confronted with our own vulnerabilities, fear and guilt.

In our hospitals, nurses are on the forefront of engaging with this dynamic. Menzies Lyth's research showed that the profession of nursing, with the colluding support from hospitals, actually creates what she called "social defenses" against these fears and vulnerabilities. Like going into denial, into splitting off from one self, into scapegoating, into projection, into self preservation or into a survival mode called me-ness. There is the (in)famous research about a new hospital that made an enormous effort to include all "stakeholders" in building their hospital, their system and their services, just to discover after some time, that in the whole building and services there was no place to keep the people who had died.

(to be continued on p.3)

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Balancing emotions

In the mid-1980's the medical faculty of the Erasmus University of Rotterdam (in the Netherlands) developed a program, initially for medical students but soon expanded to nurses, to help them to engage with those internal feelings triggered by being in contact with sick and sometimes dying people. The main aims of the program were (1) to help these starting professionals to find a healthy balance of dealing with the variety of emotions in the workplace and (2) to prevent raising just another group of emotionally cut off medics, who survive by denial, by cynicism, by sarcasm, by cutting off, and by being detached in ways which often end in burnout.

The program focused on group and individual sessions in which the young professionals were encouraged to engage with the internal reactive emotions and express them, share them in a relationship, instead of pushing them under the carpet and keeping them inside. With that, the program also paid attention to the perspectives that these people carried about how to be in their professions. It raised awareness about the cultural messages, expectations and values that influenced their attitude and way of behaving, such as "be strong", "don't feel", "be tough", "be on top of yourself", "don't show weaknesses", "stay the course", "don't give in" etc.

Nowadays we might call such a program a sort of group-supervision. It is all about being in contact with ourselves and expressing ourselves fully in relationship with somebody else. When my mother had her cry, she did not cry alone, she shared her stress in relationship.

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Supervision

Given the above, it should not be necessary to stress the importance of supervision for the profession of nursing. Supervision has grown into an important procedure and resource for promoting professionalism in many fields and areas. This applies especially for those professions that have a high degree of independent responsibility, where creativity is as important as following learned procedures, where effective communication is essential, where ethics are involved and where a complex context (social, organizational, interpersonal and intra-psychic) needs to be taken into account. Supervision, then, offers a process of continued oscillation between

practice and meta-reflection. This leads, as Koster wrote, "to a mental and emotional education that can guide the practical work, frees from fixed patterns of experience and behavior and promotes the willingness as well as the ability to act suitably, carefully and courageously" (Koster, 2003)

This meta-reflection is the awareness of the multi-layered quality of supervision. Bernd Schmid wrote in the late 80's the following story:

"Imagine a swan, flying in the sky. This swan then thinks that he would like to be a second swan as well, where the first swan would just fly and the second at the same time could observe and reflect about himself while flying. And then, this swan is really creative, he thinks that he would like to be a third swan too, the first would just fly, the second would observe and reflect about himself while flying and in addition the third could observe and reflect about himself on how he is observing and reflecting on flying" (cfr. Schmid, 1989, p.49).

The metaphor of this story mirrors the systemically connected layers of the profession of supervision. As practitioners we are in our work, we think about our work and have colleagues and superiors observing us and reflecting with us while working and then, as well, we can create this supervisory third eye, which looks at us including the system that we have created around us. This is what supervision really is. It is the challenge for supervisors to provide this third eye, in order to help supervisees (that is, nurses coming for supervision) to see themselves in the totality of their work-life.

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Complexity

Supervision then is a process of reflection (shared in relationship) for benefit of the supervisee (and eventually for the benefit of patients), about oneself, one's role, the team, the organization and the primary task of the hospital, as well as the inter-relationships between these aspects. The objective is to learn from this reflection for current and future practice. This definition makes supervision a learning process, which extends beyond a clinical case, beyond the therapeutic field, beyond the individual client. It marks supervision as a systemic dynamic approach, which includes several levels of attention.

(continued from p.3: Supervision, all about relationship)

When nurses bring themselves to supervision they are concerned about more than the clinical case, that can be reflected upon diagnostically, looking for the right thing to do. Nursing technically is of course important. But there is so much more of importance. **When nurses come to supervision, the whole systemic context of their nursing practice normally enters the consulting room with them: they bring not only their patients with their issues, they bring their relationship with those patients, how they are impacted by them, they bring themselves with their feeling, thinking and behaving in their roles, they bring the hospital system (the ward, the clinic), they bring the health system as a wider environment, they bring the wider social, political and economic system. They bring their ongoing oscillation between cure and care, their eternal challenges with the doctors, mainly the specialists, their ethical issues, and-so-on.**

It is this complexity that is present in the consulting room and it expands the notion of supervision to be more than classical clinical supervision. Well, that is a statement on a clinical supervision conference!

When my mother had her de-briefing session that night in the family, all the elements got their place: from what she reflected about my dad to what she did to help him, from what she feared for him and us children, to those in the crowd that she felt supported by, to the silly neighbor who did not understand, to managing some help for us when she was away to the hospital, to the ambulance that seemed to be late, the doctor in the first aid emergency unit, to the surgeon who had a waiting list. She reflected about what she thought and felt and might do differently a next time....

Supervision brings reflection to bear on all those aspects and events. And as such, it deepens the experience, giving it a significant place and drawing out of the experience learning for future situations.

Therefore, supervision is a resource for developing professionalism much more than clinical supervision is. In Europe, supervision associations EAS (European Association for Supervision) and ANSE (Association of National Supervision associations in Europe), represent thousands of supervisors who are not working on clinical cases but focus on teams, on individuals and their roles in organizations, even on organizations as a whole. In this respect supervision is linked with "neighboring professions" such as coaching, mentoring, consulting.

In Australia, the supervision association ASCCANZ (Association for Supervision, Coaching and Consulting in Australia and New Zealand) has taken the position that coaching and consulting are some dialects of the professional language of supervision. (ASCCANZ, 2002). Supervision is central. In this way, supervision is also central in the professional development of nurses.

Servaas van Beekum, drs, is psychotherapist (PACFA reg), Coach and Supervisor (ASCCANZ Reg.) in private practice and currently president of ASCCANZ

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ASCCANZ Activities 2007

Mon. 2 July

Forum meeting Sydney

Evening-discussions with peers

Fr. 26 October

AGM and Annual Conference

Portfolio of learning Workshop

4 for ASCCANZ accreditation

(A portfolio is a thoughtfully organised compilation of artefacts and evidence, developed over time and in collaboration with others, that provides a record of goals, growth, achievements, learning and professional attributes. The portfolio itself is a product of, and cannot be separated from, the reflection and assessment processes required to produce it). Trish Anderson, Current Trends and Issues in Portfolio development, NSW Department of Education and Training Website

The learning processes involved in the development of a Portfolio of Learning are drawn from adult learning theory and practice. They engage the practitioner in an autobiographical process that leads to a clear account of prior learning that is relevant to the style of consultation, coaching or supervision in which they desire to gain accreditation. On the basis of this account, the practitioner is able to present a claim for prior learning to be appreciated and evaluated in the development of a learning path for accreditation with ASCCANZ.

The Portfolio process includes

- Making a map of lifelong learning that shows the roots and routes of the abilities, theoretical understandings and awareness gained from experience-based learning that the learner brings to the training.
- Evidence of the learning may be direct (statements from educational institutions) or indirect (attested to by people who know well the learner's abilities, qualities and practice).
- Supervision. This is to be related to the evidence that they produce.
- Reflective statement that links what is known with what needs to be learned to gain accreditation with ASCCANZ.
- A statement of learning goals.

The Portfolio Workshop process provides opportunities for autonomy, critical reflection, consultation and collaboration with other learners, integration of life experience and construction of a learning path that leads to accreditation as a Supervisor ASCCANZ.

A Portfolio of Learning Workshop will be facilitated by Dr. Alex Nelson and held on Tuesday July 3, 2007 from 10 a.m. till 4.30 p.m. at Transforming Practices, 29 Oxford Street, Epping. Cost is \$200

Information / Application:

Alex Nelson 9674 1216; 0430 369 945; alex.nelson@optusnet.com.au
Eveline Crotty 8399 2312; 0418 230 402; ecrotty@ozemail.com.au

The Enneagram in Supervision, Coaching & Consulting - what motivates us?

by Peter Heath*

If there is a word that captures the professional development day run by Jutka Freiman on May 25th, it would be 'theatre'. In facilitating our exploration of the Enneagram, Jutka gently led us through our human defensive mechanisms, whilst giving us a historical development of this fascinating typology. And her creativity and stage props held us spellbound, as we tentatively traced our way around the floor and its nine images.

For those of us who had experienced the Enneagram before, it was refreshment of what motivates us in life. For those experiencing for the first time, it might have challenged our thinking of who we might be. For most of us our dancing to the Enneagram music seemed to play tricks on our understanding.

None-the-less, we came away daring to look at the Enneagram in our professional endeavours as informing us:

- of how we work through our filter with a client,
- of understanding the client and their Enneagram type, and
- of reflecting on how our type bias might best operate with this client.

As we settled down to 'the show' our trust in Jutka's process of engagement with us seemed to have a warming affect on her. So our learning of what constitutes 'triads' and movements in 'health' and in 'stress' was enhanced. Most of us became fascinated by the cultural predispositions of nations. Perhaps this was our escape from personal uncomfortableness?

As Jutka's drama unfolded we were introduced to sub-types. Suddenly nine types became twenty seven! And I sense the Enneagram has other mysteries hidden away. Well done Jutka Freiman, we honour and appreciate your talent. One question remains for me: Was this show business an act, or was it part of Jutka herself?

Peter Heath, ASCCANZ reg. Supervisor

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For members it is a marketing opportunity: once listed, max. 40 words about oneself can be added. This is part of the membership fee. Further information or a picture attached, will be an extra charge of \$33,- (incl. GST) per annum.

Conference

Agora Think Tank
Conference Melbourne

Date: 14th June 2007.

Theme: Leaders, Ideas &
Partnerships
(its not somebodys job,
its everybodys)

Contact:
[agorathinktank.cmail1.com/](mailto:agorathinktank.cmail1.com)

Workshop

Portfolio of Learning

3 July 2007 10 - 4.30 at
Transforming Practices,
29 Oxford Street, Epping.

\$200

Further information see p.5
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Training news

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Ask for information:
drs. Servaas van Beekum
servaasvanbeekum@bigpond.com

This training is meant for professionals with roles in organisational settings such as coaches, managers, consultants, supervisors and HR people.

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There is a new refereed e-journal entitled **Journal of Organizational Psychodynamics (JOP)**, a scholarly electronic journal dedicated to the psychoanalytic study of organizations. JOP can be accessed for free and is located at <http://jop.missouri.edu>

Editors-in-Chief:
Michael A. Diamond, Ph.D.
& David P. Levine, Ph.D.

ASCCANZ

Board meetings 07

2 July Waverley NSW
3 September Waverley NSW
26 November Newport NSW
(18.00-20.00 hrs,
except 2/7 from 17-18 hrs)

Observers welcome
Contact +612/93861488

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