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SOME REMARKS ON THE FEAR OF HELPLESSNESS IN SUPERVISION

Private practice

supervision

supervisor-supervisee relationship

Summary

The aim of this article is to point out the possibility of the appearance of fear of helplessness during supervision as well as the consequences of its presence. Although many supervisees hope the supervision will help them to overcome their sense of helplessness, this may not always be possible (and it does not always make sense). In such scenarios, both the supervisor and the supervisee need to decide whether to accept the given status quo or to reject it. The second option seems to be very tempting for both parties of supervision and may exert a strong influence on its further course of action.

The thesis is mainly focused on two destructive ways of overcoming the fear of helplessness applied by supervisor and supervisee: the idealization of the supervisor and power struggle. I hope the description of those two ways will alert supervisors and therapists and warn them against the destructive consequences of such a choice. The clinical illustration shows how those destructive ways develop in supervision and reveals the fact that discussing them may reinstate the constructiveness of supervision.

Introduction

When I started my psychotherapy course, I was happy that after years of studying psychology, which seemed to be very unspecific, I would finally learn “everything”. After my first supervised sessions, I was almost certain about this, what helped me to be less afraid of conducting subsequent psychotherapy sessions – constantly exposing me to experience fear of helplessness. The skilful work of my supervisors has helped me to emotionally come to terms with the cognitively obvious statement that one cannot avoid feeling helpless when wanting to be a psychotherapist. They tactfully and consistently nullified my faith in their superpowers. Thanks to them I realized that one does not need to be a superhero to become a good psychotherapist. Those supervised sessions constituted an important part of my work on reflexing my ideal self in the role of a psychotherapist.

Today, I am trying to discover myself as a supervisor: I listen to the needs of supervisees in order to make them resistant to the experience of powerlessness and helplessness. I think that I understand this need well and I am aware that I will not be able to satisfy it. Moreover, I know that

this is not necessary for them to perform their jobs well. A part of the job is to reflect on the influence of such desires in our work.

In my deliberations, I am interested in the ways in which supervisors and supervisees cope with the fear of feeling helpless. I will discuss two destructive ways of dealing with this in hope to sensitize supervisors and therapists to the potentially destructive effects of choosing each of them.

Supervision

Colloquially, the term supervision is used to describe a situation when a more experienced therapist observes the work of a less experienced therapist to provide comments regarding his/her work with a patient. In my opinion, Sarah Kalai's [1,2] comparison of the word "supervision" in several languages is very informative. In English it means "looking from above", in French it is used to indicate a controller, in Arabic, it means "leading to knowledge," and in Hebrew, it translates as "leading." All these meanings may help us understand expectations towards supervisors. They should see from above, i.e. see more although less clearly, control, and lead, i.e. know the way.

Depending on the context, supervision may have various forms. Bomba [3] reminds us about the difference between clinical supervision, which aims at helping a clinician grow even when he/she does not apply psychotherapy, and psychotherapy supervision, which has developed from analytic therapies of their own. This genesis of psychotherapy supervisions necessarily puts a greater emphasis on the emotional dimension in a supervisor-supervisee relation. The first historical descriptions of supervisions show how our faith in preserving the position of an objective scientist, detached from his or her emotional life has decreased over the years. The story of supervising the therapy of "Little Hans" illustrates this well. Freud supervised the therapy of "Little Hans", whose analyst was his father – Max Graf. Hans' mother was, in turn, Freud's patient. Max Graf reported his son's symptoms to Freud and described how he proceeded with the child, after which Freud gave him tips for further therapeutic actions. Nowadays, such a mixture of various orders would be considered as overstepping the limits. The context of this supervision must have led to an atmosphere full of emotions and fantasies.

In 1901-1906, a group of enthusiasts of the then budding psychoanalysis met in Freud's house on Wednesdays evenings. The group included Max Graf. It is surely the first description of group supervision in literature. The group, which ultimately transformed into the Vienna Psychoanalytic Society, aimed at preparing instructions for conducting psychoanalysis on their patients. The group members presented therapies they were conducting and ideas for them, and then discussed them with the group. The final comment in every discussion was reserved for Freud [4, 5].

Defence by Idealizing the Supervisor

The first way of coping with the fear of helplessness and powerlessness, which I will discuss in this article, is the fantasy of an ideal therapist. This unachievable model, which does not experience imperfections, failures, and feeling of helplessness, is a foundation for a strict therapeutic superego. In therapeutic work and supervision, he exists as a persecutory therapeutic superego. During individual contact with a supervisee, the supervisor contributes to the existence of this unachievable model by preserving this unrealistic image of his/her own therapeutic practices in a supervisee - by suggesting that therapeutic work may be free from powerlessness and helplessness.

In July 2018, Morag Wilhelm, the curator of The Israel Museum in Jerusalem opened an exhibition titled “Freud of the Rings” [6]. She had made an effort to find five rings in the world – all of them were Freud’s gifts to his chosen students. I do not know if anyone attending the Wednesdays meetings at Freud’s has received a ring. However, it should be noted that the group of pioneers in psychoanalysis must have fully experienced imperfections of their completely new concepts, helplessness, a lack of knowledge, and fear of these conditions. The group needed Freud with his final comments, and Freud needed the group to make those final comments and symbolically distribute the rings. The participants presented their dilemmas regarding work with patients, discussed them, and then, in Rosenthal’s words: “The final comments in any discussion were always reserved for Freud” [4, p. 197].

Fantasies about an ideal therapeutic self, the model of a therapist who does not experience imperfections, failures and the fear of helplessness - fantasies of someone who closes a discussion and removes the experience of imperfections, failures, and helplessness, are impossible to be avoided in supervision. Partly, they are the reason for starting supervision. However, if a supervisor does not reflect upon this need of a supervisee in time, then the supervision ceases to be a creative process and starts to be an opportunity for distributing rings. It is then that Freud’s ring becomes a polysemic symbol of respect, a talisman, an award for satisfying the needs of the supervisor, or - as I have been recently made aware, a marriage of the supervisor and his supervisee, and the promise connected with it: “until ... do us part.” It is an attractive prospect as it temporarily allows parties of the supervision to postpone the experience of imperfections, failures, and feeling helpless.

Defence by Power Struggle in the Group

The second way of coping with the fear of powerlessness and helplessness may be found in group supervision. When a supervisor stimulates participants to engage in a bloody struggle for domination in a supervision group or does not react to signs of such a struggle, the group starts to believe that there is an unachievable model of a therapist, which should be aimed at and sought in an uncompromising manner. Then, the pursuit becomes an end in itself and removes the necessity to

experience the fear of powerlessness and helplessness in relations with patients. These fears are substituted with other fears: being attacked by other group members, being embarrassed by others, and being discredited in the group. Such a defence may be identified when supervisees more often introduce those therapeutic processes in which they are successful and they gradually stop seeking help in processes that could make them confront their powerlessness and helplessness in relations with patients. The so-called “concept work on a patient” becomes a commonly declared goal of supervision.

Robin McGlashan [7] interestingly described the defensive attitudes of supervisees resulting from their insecurity with regard to their role or satisfying their own unconscious needs. He used mythological characters to do so. In group supervision, an example of Pallas Athena, the goddess of wisdom and art, is very educative for supervisors. Her vice was to support heroes she favoured in competitions with people. She used her divine powers to do this. During the Trojan War, Ajax was an Achaean warrior. When Paris killed Achilles, Ajax started to co-operate with Odysseus to remove Achilles’ body from the battlefield. Odysseus carried the body on his chariot and Ajax was shielding him. Later, both of them competed for Achilles’ armour, and Odysseus got it. Tired, Ajax fell asleep. During his sleep, Athena sent madness to him. When Ajax woke up, he slaughtered a flock of sheep, which he took for Achaean leaders. When he came to his senses and realized what had happened, Ajax committed suicide out of shame [8].

This ancient story may be used to present some processes. If a supervisor fails to reconsider the danger of a constant tendency to favour chosen supervisees (over others), he/she may, as Athena in the above story, lead to the intensification of disadvantageous processes within the group, and an excessive bloody competition, to be more precise. McGlashan notices that this kind of behaviour of a supervisor may be caused by his/her unconscious need to derive satisfaction from the work of some of his/her supervisees. Why does the supervisor need such a triumph? I believe that it is a way he/she can forget for a moment about the necessity to face his/her own and their supervisees’ imperfections, failures, and helplessness. A continual struggle with the above-mentioned experiences makes a supervisor doubt his/her abilities. A mutual unconscious agreement between the supervisor and the group may refer to an agreement to make the supervision a battleground for group dominance. Such a struggle may be fuelled by a critical attitude of the group’s participants to the materials presented by particular group members. In such cases, the group’s attitude results from a strict therapeutic superego, the foundation of which is the fantasy of an ideal therapeutic self, a model therapist who does not experience imperfections, failures, and helplessness. Strengthening this tendency in the group by its supervisor assures the group that it is possible to fulfil this fantasy of a model therapist free from helplessness and powerlessness. This is when the fantasy starts to play a persecutory role in the group.

Clinical Presentation

Due to the fact that confidentiality needs to be preserved, the following presentation will lack many details that could violate it.

I was invited to a supervision in a centre where “patients had weak prognoses, were poor and neglected”, according to the reports of people who had invited me. According to the opinion of some of the group’s participants, the previous two supervisors resigned from further co-operation after a year of their work. They did so independently for unclear reasons. Others claimed that it was a mutual decision of the supervisors and the group, justified by the statement that it was worth to get to know various ways of thinking about patients. In the previous two years, three therapists also resigned from their work at this centre. New therapists were employed to substitute them. Upon commencement of our co-operation, six therapists were conducting individual psychotherapy. Supervision took place in the group, once a month, and lasted four hours. A common denominator for all patients in this centre was their difficult existential situation – lack of family support, poverty, and somatic pain.

The first few supervisions went “surprisingly well” according to my and the group’s opinion. My understanding of their processes triggered enthusiasm of the majority, which lasted for several subsequent meetings. After this period of time, the atmosphere started to change. More and more often, participants’ comments had a mentoring tone. I observed this situation with a growing feeling of anxiety. The first signs of stagnation in therapeutic processes, which appeared after the period of animation caused by a new supervisor, visibly intensified competition within the group. The participants started to be critical towards each other. They pointed out mistakes and provoked further attacks. I decided to intervene and instead of discussing therapeutic processes, I suggested to discuss the situation in the group. After some resistance, we managed to talk. It was a good and interesting conversation. I will focus on its aspects that regard the phenomena discussed herein. I will present them in a way in which I have managed to understand them.

The working place of the psychotherapists from this supervisory group confronted them with their helplessness in an above-average manner. The patients were most often neglected at all levels: they had no money, were somatically ill, had no family support, and usually no good education. Supervision raised the therapists’ hopes to overcome this continual powerlessness. All the new supervisors at this place initially provided this hope. The supervisory group perceived them as “people from another world,” and their presence gave a feeling that helplessness may be radically overcome. Every new supervisor gave them strength. The group idealized the supervisor to save them from the dominating helplessness felt towards the poverty of people, who they had been trying to treat. When the fantasy about a “supervisor-saviour” started to collapse, the next line of defence against the recurrent fear of helplessness was a struggle in the group. Firstly, it diverted attention from feeling helpless, and secondly, it maintained the fantasy about an ideal therapeutic attitude that can remove

the nagging feeling of helplessness. Rapidly, this supposed ideal therapeutic attitude was becoming persecutory, and the supervision process could not be continued. Then, another supervisor was invited and the above-described situation repeated itself.

Thetis and Achilles

In the story of Achilles, I am most moved by his mother's desire. Thetis wanted her child to gain immortality. According to the most popular version of this myth, she dipped little Achilles in the river Styx to achieve this goal – another version mentions holy fire. During this process, she held her baby by his heel, which remained vulnerable. Later, Thetis tried in many ways to protect Achilles from participation in the Trojan War, including disguising him as a girl and hiding him among Lycomedes' daughters. This was all to no avail. Zeus and Poseidon, who both loved Thetis, were scared by her fate – she was supposed to give birth to a son who would be more powerful than his father [9]. Thus, Achilles' father was a human, Peleus. The mother tried her best to save her son from inevitable human weaknesses and imperfections in all ways known to her. Achilles behaved as if he believed in his own immortality and denied acknowledging his human limits. Many years later, an arrow shot by Paris found Achilles' weak spot. We all know how the story ends. Thetis fails to save Achilles from his weakness. Similarly, a supervisee cannot be saved from his/her fate. Thetis cannot escape her own helplessness. She is not able to protect her son from his human limits – Achilles is doomed to experience his weakness. A supervisor cannot protect a supervisee from his/her suffering, which is caused by experiencing helplessness towards the patient's pain. For both of them, it is a challenge to see this and not to look away.

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