



Collaborative Approaches to Family Systems Supervision: Differentiation of Self

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Many systems approaches speak to the importance of respectful mutual curiosity in supervision rather than linear teacher–learner didacticism. This paper provides an overview of collaborative approaches to supervision in family therapy. It then focuses on Bowen family systems and encouraging differentiation in the relationship process between supervisor and supervisee as a useful approach towards equal collaboration. The authors use case examples to illustrate what impedes and fosters mutuality in the supervision process where both supervisor and supervisee learn from each other.

Keywords: collaborative, family systems, Bowen, supervision, differentiation

Key Points

- 1 The supervision field has lagged behind therapy with literature reviews showing a gap in writings on social constructionist and/or postmodernist approaches to training/supervision since the 1990s.
- 2 An important dilemma is which aspects of supervisory discussions are to be kept collaborative and what situations require more direct instruction?
- 3 Bowen family systems has always privileged a collaborative process of therapy, teaching and supervision and rings true with a philosophy of postmodern supervision given its core theoretical construct of differentiation of self.
- 4 With the concept of differentiation of self as the guiding theoretical construct for this style of collaborative learning (Bowen, 1978; Kerr & Bowen, 1988), the effort is for each person to direct their own thinking and learning rather than borrow this aspect of self from another.
- 5 Questions accessed out of learning in relation to the supervisor's own differentiation of self in their family of origin follow a more open and mutually collaborative path.

For over 20 years the family therapy field has championed collaborative approaches to training and supervision where the hierarchy between the expert teacher and the “not knowing” supervisee have been replaced by a model aiming for equality and mutual learning in the supervisory relationship. From the 1990s family therapy was substantially influenced by postmodernism and its offshoots of social constructionist and poststructuralist philosophies. These emphasized that multiple perspectives can enhance the learning relationship and hence strengthen therapeutic practice. However in the actual practice of supervision achieving genuine mutuality can have its challenges. What does mutuality look like when there are differences in the clinical experience of the supervisor and supervisees? What process allows for a respectful constructive discourse when there is a difference in the theoretical lens of each party?

These dilemmas will be described and explored using supervision case examples that consider the emotional process that underlies the supervision relationship.

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Murray Bowen's (1978) thinking about anxious versus more differentiated interactions in relationship systems will be used as a guide to thinking about the kind of collaboration in supervision that can enhance the learning of both parties.

Overview of Collaborative Approaches to Family Therapy Supervision

In reviewing the trends in family therapy supervision in the United States from the 1970s through to 2001, Lee, Nichols, Nichols, and Oden (2004) noted the move away from allegiance to one theoretical lens to eclecticism. Postmodern and integrative movements contributed to this shift from an approach to supervision associated with more directive models of therapy like strategic and structural family therapy. The core elements found in social constructionist approaches are summarized as the:

“discursive and communal nature of meaning creation, the multiple and contextual nature of ‘truth’ and the valuing of many voices, the importance of local and small narratives and the understanding that power is a crucial factor in how reality and grand narratives are created” (Hair & Fine, 2012, p. 605–606).

This refers to the way in which meaning, truth and objectivity are understood as discursively situated, contextualised at a specific time and place in history and thus always available for examination and deconstruction. In supervision this view means that a variety of often contradictory views are explored in order to promote the therapist owning their own knowledge and being free to resolve their uncertainties in view of there being no correct way of understanding the case. The supervisor stays tentative about their own knowledge and curious about the knowledge of the supervisee (Hair & Fine, 2012).

Perhaps one of the most influential writers defining the postmodern departure from more instructional supervision to collaborative approaches has been Harlene Anderson (Anderson, 1997; Anderson & Goolishian, 1990; Anderson, McNamee & Gergen, 1998; Anderson & Swim, 1995). She describes a philosophy of “supervisees and supervisors developing relationships that invite jointly creating knowledge” (Anderson, 2002, p. 1). This creation of knowledge, whilst understood as discursively and historically constructed and produced through the power relations that underpin it (Foucault, 1972), can nevertheless open up possibilities for new forms of subjectivity to emerge. As such, Anderson, who prefers the term “having a conversation” to supervision, allows participants to experience a very different paradigm to conventional hierarchical and teacher student dualisms in which only certain knowledge the supervisor deems appropriate is legitimized, marginalized, oppressed or excluded. Neither does she discount the differences in experiences saying that:

“Being collaborative does not mean that I deny or ignore my wealth of ideas and experiences, but that I too must be a learner, believing that I can learn as much as the participants” (Anderson, 2002, p. 2).

Narrative therapy approaches have also made a strong case for collaborative models of supervision and training. Narrative therapies have challenged the privileging of dominant discourses in therapy (White, 1989/1990, 1995, 1997, 2000; White & Epston, 1990), and have extended this to challenging family therapy supervision that might be deficit-based and disproportionately granting privilege to

expert knowledge. A narrative approach to supervision emphasises each person's construction of stories about themselves as therapists, including the new stories that emerge at all stages of professional development, as therapists grow in experience, both personally and clinically.

The narrative critique of much training and supervision proposes that:

“Expert knowledges are privileged over personal knowledges, beliefs, values, morals, experiences, and skills as new therapists are encouraged to adopt the expert knowledges as their underlying frame of intelligibility in their work” (Carlson & Erickson, 2001, p. 202).

This critique speaks to the experience of many in supervision of feeling deskilled and flooded with doubts about their competencies. Michael White wrote of this trap of supervision encouraging a:

“‘never quite measure up’ discourse in training/ supervision... In this culture of psychotherapy, therapists find it ever so difficult to escape the sense that they have failed to know what needs to be known. The outcome is that the lives and the work of therapists become ‘thinly described’, and this very significantly narrows available options for action in life generally, and in ‘work’ more specifically” (White, 1997, p. 17).

The narrative field in the past decade has moved more into collaborative community consultation. The influential work of the Dulwich Centre focusses on consultations to community groups, which could be viewed as a mode of supervision of practice, involve rigorous collaboration with community members. The consultant “seeks to unearth some of the skills and knowledge of community members that may be able to be put to use to address current predicaments” (Denborough et al., 2006, p. 20).

Another extension of postmodernist thought in family therapy supervision comes from the dialogic perspective. Building on the further theorizing of Bakhtin's (1981) conceptualisation of dialogue undertaken by Morson and Emerson (1990), Olson, Laitila, Rober and Seikkula (2012) speak to a dialogic and “polyphonic” (as opposed to “monologic”) theory of both truth and creativity in couple therapy that emphasises the vitality and validity of allowing the space for a myriad of independent voices, “that emerge through the activity of dialogue, the co-evolving process of listening and speaking” in which no one voice attempts to compete with or subsume another (Olson et al., 2012, p. 423).

In a dialogical approach applied to supervision, the supervisor assists a therapist to identify their inner conversations about their work with clients. They reflect on the multiplicity of their inner dialogue from the following different positions: attending to the client's process, processing the client's story, focusing on the therapist's own experience, and managing the therapeutic process. (Rober, 2005; Rober, Elliott, Buyse, Loots & De Corte, 2008). It is recognised that therapists can feel paralyzed with strong emotions during sessions with clients and the supervisor can draw out the therapists ‘inner conversations’ about themselves and their clients to, “find ways to deal with the tension in this inner dialogical space ...[making] room for all voices” (Rober et al., 2008, p. 415).

In spite of postmodern informed writings about training and supervision in the 1990s, it has been suggested that the supervision field has lagged behind therapy in moving away from modernist philosophy and practices. Literature reviews at the

height of writings about narrative approaches to therapy reveal a gap in writings on social constructionist and/or postmodernist approaches to training/supervision (Carlson & Erickson, 2001). In an effort to address this gap, teachers informed by White and Epston's work, write that:

Narrative ideas encourage us to recognize and honour the more local and personal knowledges, skills, ideas, beliefs, and so forth that are so often disqualified and marginalized by the privileging of professional accounts of our work, relationships, and lives as therapists (Carlson & Erickson, 2001, p. 201).

Feminist reviews also find that while much has been applied to family therapy, writing about feminist supervision has been limited (Prouty, Thomas, Johnson & Long, 2001). Additional to the gap in postmodernist writing about supervision, it is interesting to consider whether recent trends towards evidenced-based approaches are driving the field back to more modernist directive stances in both therapy and supervision.

Integrating Directive and Collaborative Supervision

In reviewing the main elements of theoretical models of family therapy supervision, Morgan and Sprenkle (2007) found many theoretical approaches that incorporated both collaborative and directive ways to assist the supervisee. The common view was that both stances were valid in a learning relationship and they reported many, "including some of the feminist writers, agree that it is not a question of either/or, but of thoughtfully employing both relationship styles as the needs of the situation dictate" (Morgan & Sprenkle, 2007, p. 9).

This raises an important dilemma about discerning which aspects of supervisory discussions to keep collaborative, with no privileging of a given approach and what aspects of clinical guidance are useful to teach. What are the situations that require more instruction as opposed to collaborative practice? The literature seems to suggest that issues of safety, ethics and administration require directiveness, whereas ways of thinking about the case presentation are more suited to multiple views that sit best in a collaborative relationship (Hair & Fine, 2012; Morgan & Sprenkle, 2007).

Bowen Family Systems and Supervision

The foundational theories of family therapy have not been given much consideration in recent literature on supervision and training. In the 1970s and 1980s most family therapy supervision was organised around teaching a particular set of ideas (Morgan & Sprenkle, 2007). Despite a decline in its popularity for some time, more recently there have been concerted efforts to integrate divergent theoretical lenses via live supervision (Lowe, Hunt & Simmons, 2008).

It is interesting to note that one such foundational theory, *Bowen family systems*, has always privileged a collaborative process of therapy, teaching and supervision. Despite its development within a more modernist family therapy epoch, a postmodern supervision philosophy rings true with a Bowen theory approach to learning because of its core theoretical construct of differentiation of self (Bowen, 1978; Kerr & Bowen, 1988). The goal of Bowen's therapy approach is to promote growth of

self, or emotional maturity, in relationship to others. Bowen's cornerstone concept of differentiation of self is defined as the capacity to think, feel and act for self while in connection with important others; and it includes the capacity to integrate both thinking and feelings to assist in self-regulation (Brown, 1999; Skowron, Holmes & Sabatelli, 2003; Wright, 2009). This is facilitated by the therapist or supervisor refraining from functioning for the other, that is, doing for the other what they could do for themselves. Rather they position themselves as one who invites the other to be an observer of him or herself in social relationship, to manage the anxious pull to seek consensus and to strive to be an independent thinker rather than one who follows group think.

The theory is grounded in natural systems thinking from biology and evolutionary theory. Bowen's goal of inviting the differentiation of both teacher and trainee translates into a collaborative supervision relationship where neither party functions for the other. Each is a resource to the other in sharing their observations of human behaviour much like a natural scientist would describe observations of other species. In social constructionist and narrative approaches collaboration is based on the idea of multiple constructions of reality. In Bowen theory the collaboration in therapy and training is based on respecting the process of a person differentiating. To be more differentiated in the supervisory (or any) relationship will require an individual to develop and own their thinking rather than borrow it from another.

A central goal of all therapy, and therefore supervision, is to invite more differentiation of self, from which a person can have greater agency in their life and important relationships. In describing therapy based on differentiation, Bowen cautioned that in the effort towards differentiation: "If the individual attempts it without some conviction of his/her own, he/she is blindly following the advice of the therapist," (Bowen, 1978, p. 371), and is thereby caught in a type of dependence with the therapist/supervisor.

Conversations that invite the supervisee to own their journey of thinking and reflecting are predicated on, "how one thinks – rather than what one thinks" (Papero, 1990, p. 104). This focus on the *process* of thinking about what one observes and does in relationship to others rather than the *content* of issues in relationships is crucial to the mutuality of this supervision process. The question: *Can you describe what happened between you and your client in the session* is given priority over asking about the content of the client concerns. Both supervisor and supervisee endeavour to wrestle objectively with the facts of how people are dealing with their lived experience in a case.

In any case presentation however, it is understood that there remains some blurring between what is objectively observable and subjectively perceived. As such, objectivity, whilst never wholly achievable, is considered a worthwhile effort in seeing the interactional patterns of which one is part. Within the supervision conversation, rather than focusing on opinions, Bowen theory's acutely reflexive and not-knowing perspective is deployed to elicit observable sequences of interaction and details of the historical events in the life of a family.

Differentiation of Self and Supervision

With the concept of differentiation of self as the guiding theoretical construct for this style of collaborative learning (Bowen, 1978; Kerr & Bowen, 1988), the effort is for

each person to direct their own thinking and learning rather than borrow this aspect of self from another. The degree to which there is a “borrowing” or “lending” of self in any relational collaboration depends on the level of maturity of the participants, that is, the degree to which each person in the exchange is able to distinguish between emotional (anxiety driven) and intellectual processes when stress and anxiety is high (Bowen, 1978).

Learning can be inhibited (Bregman, 2011) if assimilating new ideas and holding onto one’s thinking in the face of a disparate view, when there is a greater level of sensitivity to another’s expectations, approval, distress or attention (Kerr, 2008). A supervisor acting from a more differentiated position puts more energy into focusing on *how* the supervisee presents information and in observing and managing their emotional reactivity,” taking responsibility for what one says and does” and how that influences the reciprocal learning process (Bregman, 2011, p. 107). They encourage the supervisee to neutrally reflect on their understanding of the facts of the case and to wonder what possibilities for the client and for therapy this way of seeing the client’s dilemmas open up or foreclose.

This thoughtful not-knowing collaboration invites differentiation, as the supervisee is more likely to come to a conceptualisation and/or strategy through their own mental effort and is less likely to “borrow” thinking from the supervisor. The supervisee may also be invited to reflect on their own anxious arousal in the clinical process and to link this to the sensitivities programmed from experiences in their original family. The supervisor is willing to share their own learning about themselves from their family of origin.

A less differentiated stance taken by a more directing supervisor may contribute to anxiety as the supervisee feels the push to see things their way. Telling a supervisee how to think and what to do with a case invites undifferentiation or fusion, as he or she is encouraged to go along with a case formulation that does not mirror their own reflections and curiosity. This can promote emotionally-driven compliance or resistance in supervision. Such reactive processes diminish the capacity for independent problem solving about the clinical process. The supervisee remains overly reliant on the supervisor to provide “answers” and the “right way” of thinking or acting. This maintains an over/under-functioning dynamic that lessens the possibility of more thoughtful and self-responsible agency for the supervisee.

This is similar to the process of a therapist over functioning for a client and the client becoming increasingly dependent on the therapist to solve their problems. Bowen described this process stating that: “When the therapist allows him[her]self to become a ‘healer’ or ‘repairman’ the family goes into dysfunction to wait for the therapist to accomplish his work” (Bowen, 1978, p. 157–158).

Similarly, opportunities for learning reduce when a supervisee’s ideas are met with veiled or overt criticism by the supervisor or when one person is treated preferentially (Ferrera, 1999). It is worth noting that the alternative to directing another is for the supervisor to use an “I Position”, where they can own their viewpoint with the supervisee rather than impose it on them. As Bowen wrote: “The I position defines principle and action in terms of, ‘This is what I think, or believe’ and, ‘this is what I will do or won’t do,’ without impinging one’s own values or beliefs on others” (Bowen, 1978, p. 495).

The supervisor may in particular be willing to share their thinking about clinical practice with a less experienced supervisee. For example, they might say:

In those stressful interactions between clients in the room I work to facilitate each family member listening to the thoughts of the other. I do this by keeping their interactions with me. What are your thoughts about this?

Hence there may be more collaborative teaching in supervision with trainees but this is distinct from an instructing process. Even when the supervisor shares their own ideas they ensure that they give equal space and interest to hearing the ideas of the supervisee. This stance of sharing ones thinking without imposing it allows for rich supervisory conversations across frameworks. It does however call for the supervisor to work on their own differentiation to manage this process of difference with an equal respectful posture.

When the supervisor is working on their own differentiation they are alert to ways they take over the learning of the other or become critical and dictate the “right way” to address the case. When they notice their own posture of judgement in supervision they address their own tendency to take control and adjust themselves to be genuinely interested in how their supervisee is thinking about the case data. This is what Brown (2011) described in reflecting on introducing systems thinking to team supervision:

“The trainer has made an effort not to criticize other models or to convince team members that they should work from a Bowen systems framework, but rather to make the distinctions clear enough for individuals to make their own choice about what framework best fits the facts of clinical presentations” (Brown, 2011, p. 324).

This stance requires the supervisor to work consciously at their own differentiation efforts in their own family. This allows them to observe more closely the emotional reactions evoked in the process of learning and to employ principles that disrupt movements towards needing to be right and others to be wrong or to maintain harmony or a status as expert, which stifles independent thought. They can observe the fusion operating in all the relationship systems that include the supervisor, supervisee, clinical team, and of course therapist/supervisee and client system (Harrison, 2011; Hill, 2009; Schur, 2002).

The Projection Process in Supervision

The *projection* process within Bowen family systems theory provides a way of understanding how increased sensitivity to relational stress and reactivity between people moves anxiety from one person to another. When difficulties emerge between two people, it is common that a third person is recruited to ease the tension in some way. The third person will move to provide some form of support to the person in the twosome who appears to be most uncomfortable (Bowen, 1978; Kerr & Bowen, 1988). A very common demonstration of this phenomenon under stress is when a child is caught in a triangle with their parents, and functions to organise his or her behaviour to stabilise the tension between them, absorbing the anxiety that belongs between the original parent dyad. This adaptation often continues into adult life, as someone moves to automatically function as a mediator or peacemaker between two people.

This can of course play out in the *team supervision* process. When a supervisor favours the view of one supervisee over another, an alliance is formed that leaves the supervisee on the “outside”, more vulnerable to reactively driven *dissent* and the supervisee on the “inside” more vulnerable to reactively driven *assent* to the supervisor’s views. Likewise, a supervisor may inadvertently form an alliance with the supervisee

who is anxious to “fix” their client, by losing curiosity and promoting a prescribed intervention to keep the client happy. This functions to deny the client the opportunity of growing self and promotes overfunctioning in the therapist and supervisor (Bregman, 2011). Nevertheless if the supervisor is able to become aware of the part they play in exacerbating already relationally sensitive situations by refraining from recruiting supporters, forming alliances and trying to fix problems that exist between two other people, staying appropriately emotionally connected to both, whilst emotionally separate, issues such as these can be resolved (Kerr & Bowen, 1988).

The following examples illustrate ways that supervision can inadvertently block or enhance collaboration and undermine or support differentiation and self-directed learning of the supervisee.

Illustrating Collaborative Supervision

Example 1

In supervising a group of mental health professionals a complex case with a symptomatic child had been described. Group members were offering ideas about how to intervene in the case and as the supervisor I was interested in taking the group back to how they were thinking about the case before rushing to suggest a “fix” to the presenting therapist. I began to ask questions about how they understood the development of symptoms in the system. *What did they think were the different factors that had played a part in symptoms emerging in the one child in this family?*

As group members offered their ideas I began to ask questions that were endeavoring to guide them to a particular answer. For example, I would ask *what kind of triangle pattern they could see with the parents and the child*. Some members of the group started to take a stab at answering my questions. Others in the group became quiet. The outcome of this process was that when I got close to hearing the answer I was looking for about the father indirectly expressing his criticisms of the mother through his interventions with the child, I would explain how I saw this triangle pattern and its effects.

Before long I was talking more than other group members and realised that collaborative learning had been lost. In reviewing the supervision process with this group I heard that supervisees experienced some aspects of supervision as quite anxiety provoking. They helpfully described that on some occasions it seemed that they were being quizzed by me to come up with the “right” answer. This was responded to by some people withdrawing and their own thinking shutting down, and a few others working hard to please the supervisor by giving an answer they sensed I was looking for. I realised they were describing dishonest questions, where the therapist or supervisor is not genuinely curious about the others thinking but is trying to teach something in the guise of a question.

Whenever the supervisor uses questions to try to elicit a particular response there is a pressure created that blocks genuine collaborative engagement of ideas. I am grateful that group members were able to identify this unhelpful process that sometimes crept into our supervision. It has assisted me to stay alert to such phony questions. I now ask myself if my question genuinely seeks to learn from the supervisee or am I coming more from my desire to teach them something. I now sometimes find myself stopping a question mid-sentence and saying: *I can hear myself about to ask a dishonest question where I already have my answer. Let me share with you the thought that I had about what you described and see what you think*. If I become drawn to

non-collaborative questions it is a sign to me that I have become too responsible for supervisee's thinking and learning.

Bowen warned about the therapist/supervisor putting themselves in a position where clients/supervisees eagerly await their views about cases and become increasingly less motivated to seek their own answers (Bowen, 1978). In preparation for conducting supervision I often ask myself *what I am looking forward to learning from my supervisees' thinking in this meeting*. This generates genuine questions about what they observe about their case and themselves and how they account for such observations. I have found that the more I approach supervision with a view to learn more about the functioning of various families and the programs that interact with them, the more the supervision session is energizing and free of anxious circuitry between participants.

In the next example, the supervisor becomes similarly triangled between a supervisee and other members of the clinical team, foreclosing an opportunity for a thoughtful theoretical exchange.

Example 2

An adolescent family team practitioner presented a similarly complex case involving a fourteen year old girl with self-harming behaviour, school refusal and suicidality. Prior to engaging in therapy, the mother had decided to sleep in her daughter's bedroom to enable her to reassure her daughter when she became anxious during the night. The mother had also cut back her work hours so she could be more available to her daughter who would ring her at work when she was feeling distressed. Increasingly, calls to her mother's work would take place nearly every day with the consequence that her mother would leave work early and arrive home both worried and angry with her daughter, given the impact on her employment.

Despite this, the daughter did not appear to be improving. The practitioner hypothesised the mother may have been giving the daughter a message of rejection as a result of her frustration. The therapist told me and members of the team that she herself had worked hard to be available to the mother and the mother had appeared to be more consistently nurturing of her daughter, as long as sustained contact was made in and out of session with the therapist. Nevertheless, the daughter's symptoms had worsened with a recent suicide attempt at a time when the therapist had been forced to take a week's leave unexpectedly due to a family crisis.

In the interchange of ideas that emanated from other members of the team, the therapist was cross questioned by her team leader as to how she handled the handover to another team member when taking the leave. It transpired the therapist had prioritized this client and appropriately flagged the degree of risk to her colleagues who had also made contact with both the mother and the daughter. However the daughter had refused to attend the service in her therapist's absence. The focus of questions from the team members then moved to speculating that the mother was still not attuned. The therapist was asked for evidence about how available the mother was for her daughter and given the exacerbation of symptoms, comments were made by team members as to the congruency of their connection.

As I observed this process during the consultation, I attempted to intervene to defend the therapist, acutely aware of her distress and attempt to defend the mother from her colleagues' criticism. Similar to the example described by my co-author, I also asked questions that were not genuinely curious 'finding myself' attempting to mediate the degree of blame that had circulated, first to the therapist then to the girl's

mother. This lack of awareness was no doubt an indicator my questions were driven more by anxiety in the emotional system than a more differentiated and thoughtful stance.

I asked the team members *how much they considered an intense focus on a parent's or therapist's availability for a client ensured safety for the adolescents they encountered?* This question was guided by one of Bowen family systems theory's core concepts concerning the family projection process and the way intensely child-focused families may contribute to impairment of a child's functioning (Bowen, 1978, p. 297; Donley, 2003; Kerr & Bowen, 1988). It was also guided by the automatic knee-jerk reactivity of the moment, that is, by my anxiety about the level of distress I perceived was being experienced by the therapist and my underlying discomfort with the privileging of a different theory that I did not think was useful in this case.

On reflection, I now come back to questions that led me towards my goal of encouraging more differentiated learning by, "calmly stating one's convictions without debate or explanation; acting on principles and observing the reactivity stirred; and managing one's reactivity in a responsible fashion" (Harrison, 2011, p. 81). I centre myself with a knowledge gleaned from my own clinical observations that working to rescue clients or supervisees from difficult feelings without assisting them to be a separate and more solid self doesn't elicit better longer term functioning. "Negative cognitions about [one]self are implicitly challenged", when one grows in self-efficacy in relationship, if the management of anxiety is encouraged and appropriate mature action in relationship ensues (MacKay, 2012, p. 239). So I ask myself:

- *What would a question sound like if I could stay mindful of the relationship triangle between me, the therapist and other members of the team?*
- *What kind of questions would be more likely to enhance learning for both the supervisor and supervisee and increase differentiation of self?*
- *How can I maintain the mutuality of the learning process as far as that is possible in the supervisory relationship?*
- *Further, what could I be genuinely curious about, and in doing so, become detriangled from the anxious team system, maintaining my role as a facilitator of learning rather than operating automatically in the anxious fusion of the moment?*

Questions that now come to mind and accessed out of my learning in relation to my own differentiation of self in my family of origin now follow a more open and mutually collaborative path. In a similar circumstance I might ask:

- *How do you work out what is too much nurturance or attentiveness?*
- *How do you think about how much is too little? What does either look like?*
- *What would be an objective measure?*
- *When certain cases raise your anxiety, what do you notice happens in response to team discussions about such cases? How does that play out in a work environment? How does that play out individually? How might it play out with the family?*
- *Who appears to be absorbing the focus of concern? Who appears to escape it? What is your best thinking about what goes into this?*

Questions such as this elicit learning, reduce reactivity and enable a thoughtful exchange of ideas to occur where no one is right or wrong. There is likely to be a reduction in blaming and defensive behaviour in the supervision discourse. The supervisor functions as a calmer presence in the face of individual and team anxiety,

responding in a way that is “neutral, self-defined” without “acting as an ally to one person or group” (Chambers, 2009, p. 243), and explores the emotional process across the team and within the client family. Furthermore, it allows for the richness of the supervisor’s experience and work on differentiation of self to be conveyed in such a way that enhances learning and models curiosity and management of anxiety under stress.

Conclusion

Examining the supervision context requires an ability to reflexively examine the usefulness of social constructionist and narrative approaches and earlier modernist lenses within family therapy theorizing and practice. It encourages a both/and position in order to maintain a collaborative approach allowing for multiple and even less experienced voices to participate in the supervision conversation, whilst not denying the value of the supervisor’s experience. Both the supervisor and supervisee are able to privilege their opportunities and openness to learning from each other in a way that disrupts the traditional binary of teacher/learner where only the supervisor can impart knowledge and the learner or supervisee can learn. Collaboration is at the core of social constructionist frameworks that have had a large influence in family therapy in the past few decades.

Murray Bowen’s much earlier foundational family systems theory has always had collaborative practice at its core. This aspect of Bowen’s theory is being expanded by a number of current therapists and researchers. Bowen’s family systems theory, with differentiation of self at its core, sits congruently within a supervision dialogue that provides for both the supervisor and supervisee to observe how they function with clients; and in clinical team environments to think more for themselves rather than operate out of deference for other’s opinions at the expense of their own ideas and observations. As such, supervising within a Bowen family systems frame is never just a didactic presentation, but is always, “putting forward one’s own understanding and operating principles, that is, a presentation of self” (Bregman, 2011, p. 109). In this way, the mutuality of the learning process is reciprocally conferred, inviting greater differentiation of both parties and increasing the potentiality for mutuality in the learning and supervisory process.

Time after time, clinical cases that are complex, managed by individual clinicians and teams that are overstretched, diminish the capacity for collaborative learning, as supervisors move to function for the supervisee by managing the other’s anxiety, reducing more robust possibilities for learning and engagement. This is very apparent when the supervisor moves into losing neutrality in relation to their preferred theory versus another, is moved to function to manage a supervisee’s distress, reactively finds themselves moving into a triangle with one clinician against another, or asks questions intended to invite a certain and prescribed answer that usurps the desired not-knowing stance.

In the context of such complexity an approach based on differentiation of self can provide a lens for increased understanding of and addressing stuck points and growth opportunities in relationships.

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