

Supervision A Collaborative Endeavor

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By utilizing multiple lenses—the personality functioning of the therapist, supervisor, and client; the relationships between client, therapist, and supervisor; theories of development, personality, and psychotherapy; clinical theory, diagnosis, and treatment—the authors present a visual model of supervision that expands the possibilities for understanding what transpires in both the therapy and the supervisory hour and offers clinical interventions for both. The focus of this paper is on supervision from a Gestalt therapy perspective; however, the emphasis is on the modes of thinking and attitudes that need to be fostered in supervision regardless of the theoretical orientation of the supervisor.

Ultimately you cannot learn how to do psychotherapy by reading a book, working on a computer, watching a video or participating in a bureaucracy; you must learn it intimately from other people [Smith, 1990, cited in Jacobs, David, and Meyer, 1995, p. 1].

SUPERVISION, THE FOUNDATION OF CLINICAL DEVELOPMENT, is one of the most important and influential processes in the personal and professional growth of a clinician. Every psychotherapist can benefit from supervision, not only in the early years, but also throughout his/her career. In this paper a model of supervision is described that is

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broad and deep, relevant to the novice and the experienced supervisor. The approach shows supervisors how to make use of a range of different interventions with a view toward broadening the scope of what is looked at in the supervision process—different ways of looking and different domains to explore. Therapists can also benefit from this model as a way of tracking the range of supervision lenses being utilized in their supervision. Although this paper will focus on supervision from a Gestalt therapy perspective, the emphasis is on the modes of thinking and attitudes that need to be fostered in supervision regardless of the specific theoretical orientation of the supervisor.

Purposes and Goals of Supervision

The purpose of supervision is multidimensional: (a) to help the therapist understand his/her client better at both the content and process levels, (b) to help the therapist become more aware of his/her own reactions and responses to the client (actual and countertransferential), (c) to understand the dynamics of how the therapist and client are interacting—from both a clinical and a theoretical perspective, (d) to look at the therapist's interventions and the consequences of these interventions, (e) to learn and compare theories of psychotherapy, (f) to explore other ways of working (other models of psychotherapy) with this and other similar client situations, and (g) to both validate (support) and challenge the therapist.

There is little agreement on the goals, expectations, and techniques of supervision. For example, some supervisors believe that the focus of supervision should be exclusively about the client; others focus on the therapist and countertransferential reactions. Some supervisors make use of audio or videotapes while others rely on process notes. Often there is a lack of distinction between training and treating the supervisee—transplanting therapeutic concepts such as defense, resistance, and problems of narcissism from the therapeutic realm directly into the educational one (Jacobs et al., 1995).

With this complex set of tasks and goals, it is most remarkable that relatively few clinicians have been trained in the practice of supervision. Most supervisors tend to model their approaches after their own supervisors—teaching the way they were taught. Supervisors often lack a metaperspective on the methodology of learning. This does not encourage supervisors to think in new or creative ways about the educational process.

Writings on supervision from the Gestalt therapy literature are severely lacking. There are only a handful of articles that address a wide range of supervisory issues (Harmon and Tarleton, 1983; Mintz, 1983;

Clarkson and Gilbert, 1991; Yontef, 1997). Of the relatively few other articles focusing on supervision in the Gestalt-related literature, most tend to restrict their discussion to a narrow or limited range of supervisory topics. For example, one article focuses on the Gestalt reflecting team (Brier, 1998), another on the distinction between supervision and therapy (Lubbock, 1995), another, a doctoral dissertation on the parameters of reality construction in Gestalt therapy (Salter, 1993), and Shepherd (1992) emphasizes the need for supervision or consultation if a therapist, who is not currently in supervision, crosses an intimacy boundary. Anecdotally, the authors of this article have found that many Gestalt therapists emphasize the experiential, role-playing, and affective aspects of supervision, often to the exclusion of theoretical and professional realms. The model that the authors present in this article offers a repertoire of supervisory issues and interventions that can keep the supervisor and supervisee attuned to the multidimensional nature of the supervision process rather than limiting the supervision to one or two categories.

Supervision Wheel

The supervisory wheel shown in Figure 1 utilizes many lenses: the personality functioning of the therapist and the client; the relationships between client, therapist, and supervisor; theories of development, personality, and psychotherapy; clinical theory, diagnosis, and treatment; and professional, administration, and business. Through its phenomenological methodology and field perspective, Gestalt therapy teaches clinicians and supervisors to broaden the scope of their inquiry. Although supervision is *not* therapy, some of the same principles that inform Gestalt therapy apply to the supervisory process.

The following is a brief description of each of the eight segments of the Supervision Wheel from a Gestalt approach. Other models of psychotherapy utilize segments of the wheel in different ways, with different levels of importance, and with different emphases. For example, the quality and importance of relationships between client/therapist/supervisor would differ depending upon the psychotherapeutic orientation of the therapist and the supervisor. The meta model of this Supervision Wheel, however, facilitates the supervisory process of any model of psychotherapy.

Personality Theory and Developmental Theory

Any theory of personality needs to describe the basic behavior and functioning of human beings in general, how they developmentally unfold, what facilitates and what interrupts their development/maturation, and

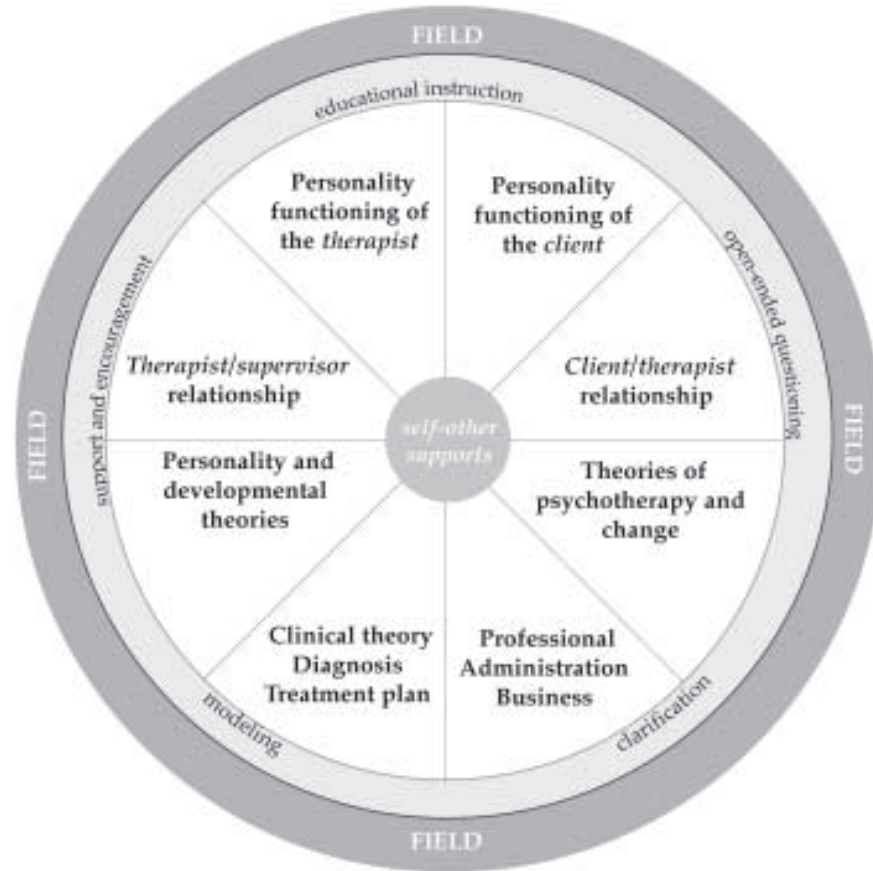


Figure 1 Supervision Wheel

the ways in which they differ. In Gestalt therapy, personality theory is based on the natural process of organismic self-regulation (OSR). Maturation, through various stages of development, may be hindered or encouraged by the person's contact boundary history with (and of) the field. A need, want, or interest emerges; the person scans the environment to meet the need; energy is mobilized; and by interacting with the environment (use of aggression/experimentation), the need is resolved. As the object is assimilated, the need satisfied, and the figure dissolved, the organism comes to a new resting state (a different point of balance than previously attained), allowing a new gestalt to emerge.

In healthy functioning, the organism discriminates between what is nourishing and what is toxic and either assimilates or rejects. OSR can

be interrupted by the process of introjecting, deflecting, retroreflecting, or projecting. Interruptions are neither healthy nor unhealthy but depend on the environmental context. Assimilating, learning, and integrating of experience begins in utero and becomes part of the ever-unfolding self or personality throughout life. The supervision will focus on the explication of the theory as it relates to the specific client providing the cognitive support for the clinical work.

Theory of Psychotherapy

A theory of psychotherapy is an approach to therapy—a theoretical frame of reference and a methodology from which a therapist (and supervisor) may organize and understand human behavior. To provide effective supervision, both the supervisor and the therapist must have knowledge of the same psychotherapeutic frame of reference or be learning one or more new theories of psychotherapy.

The foundations of Gestalt therapy's frame of reference are *field theory*, *phenomenology*, and *dialogue*.

Field Theory

Everything is part of the larger field. The focus in psychotherapy, however, is on an individual's phenomenological field—that part of the field that is available to awareness—one's "point of view." The phenomenological field includes an individual's feelings, thoughts, memories, fantasies, biology, culture, community, world perspective, and so on at any given time. It is essentially a person's "theory of the larger field" since no one is able to be in contact with the entire larger field. All parts of the field are interrelated, constantly moving, and historical as well as ongoing. "One of Fritz Perls' most important contributions was that he recognized that any living organism, including a person, cannot be understood by merely looking at the organism; the organism *must* be seen in its environment, in its context, as part of the field" (Resnick, 1995, p. 3).

The following vignette illustrates a way that field issues were brought into the supervisory hour. A second-year trainee was working with a couple from two different cultures—the man, an Italian American, the woman, a Korean American. In therapy the couple discussed the unsatisfactory ways in which they argue. As I (Rita Resnick) listened to my supervisee focus on each member of the couple's individual character structure and the meaning of anger and the like, I became aware that the larger field cultural issues were not in my supervisee's awareness. How would anger be seen in this Italian family? What are acceptable means of expression of anger? What about the meaning of raising one's voice, the issue of respect, the woman's "place" in this Italian family as compared to this Korean family? As I introduced these ideas

into the supervision session, my supervisee's affect changed from frustration and bewilderment to interest and excitement. She began relating other relevant material from the session about the cultural differences. The shifting lens from primarily intrapsychic and interpersonal to a wider-angle inclusion of cultural differences and meanings enriched the supervision process and eventually facilitated the therapy.

Phenomenology

Gestalt therapy is attentive to the ways in which the client organizes data and makes meaning—how each person contributes to creating his or her own experience. The phenomenological method is the way in which a therapist brackets off his or her own ideas, judgments, beliefs, interpretations, and more and allows the “being” of the client to impact the therapist in the service of helping the therapist understand the organized and constructed reality of the client.

Dialogue

Dialogue is the open engagement of two phenomenologies. True dialogue requires (a) *presence*—the availability of the therapist's experience and phenomenology; (b) *inclusion*—an attempt, by the therapist, to embrace the experience of the client—a “joining” the life of the other while maintaining one's centeredness; and (c) *commitment to dialogue*—a surrendering to an interpersonal process which allows what happens “between” two persons to emerge rather than controlling the contact and the result.

Paradoxical Theory of Change

Every theory of psychotherapy includes a theory of how change takes place. Gestalt therapy proposes a paradoxical theory of change. Change occurs by owning fully who one is, not by trying to be who one is not—not by trying to be different. The goal of therapy is to bring to the client's awareness the specific data of what was learned at another time, in another situation, and that is no longer functional in the current field. This awareness, on a sensory, cognitive, and emotional level, supports the client and allows for new possibilities and choices. This is a phenomenological exploration rather than analysis.

Lorraine is an experienced therapist and an administrator with multiple tasks that must be done in a timely manner. Occasionally, she has difficulty switching hats. With a new client, who is at times quite confused, she finds herself wanting to “fix” him (i.e., resolve his confusion) rather than explore his phenomenology and allow him room to find his own meaning in his experience. Through a phenomenological exploration of her own experiences of confusion and her awareness and beliefs about how change has occurred, Lorraine found self-support to

be *with* the client rather than to try to change the client. In the supervision process, I (Liv Estrup) did not try to change her. Rather, I stayed with Lorraine's discomfort about the client's confusion. In this way, I modeled the belief that "change occurs when one is fully who one is rather than when one tries to be who one is not" (Beisser, 1970, p. 77.). (I also recommended reviewing Arnie Beisser's [1970] article, "Paradoxical Theory of Change.")

When supervising from a Gestalt perspective, supervision may include looking at the therapist's adherence to his/her stated theory of psychotherapy. Is the therapist following a field theoretical, phenomenological, dialogic methodology? (examples might include: *field omissions*—not attending to relevant cultural, age, gender, political, or economic issues; *difficulties in the phenomenological method*—therapist unable to bracket off his/her loathing of alcoholics; *interruptions in the dialogic process*—therapist not truly present in the meeting because of preoccupation with a personal issue.) Is the therapist pushing for change? If there are departures from the theory, under what circumstances are they occurring? Are they related to a specific client or to the therapist? Are countertransference issues interfering with the ongoing relationship?

Personality Functioning of the Client

Personality functioning in Gestalt theory may be viewed as synonymous with character and characterological functioning. Character functions in two domains: The first domain has to do with fixed perceptual organizations and meaning making, which are below awareness. The second domain is the habitual and predictable patterns of behavior, also below awareness. Sometimes these patterns are healthy, efficient, and economical and foster achievement and accomplishment. They allow individuals to perceive and behave smoothly without having to fully attend to the tasks or the operations at hand. "These habits, such as which shoe we put on first in the morning, grow out of successful problem solving and repetition, not inner conflict" (Greenberg, 1999, p. 80.).

On the more "disordered" end of the continuum of character, individuals do not possess flexibility and instead have a limited way of being in the world (Shub, 1999). "Character is a freeze-framing of what was once an adaptive and usually healthy response and is now acontextual, anachronistic and obsolete" (Resnick, 1995, p. 4.). The two parts of character—fixed perceptual organizations and the interruptions of OSR—are what Perls, Hefferline, and Goodman (1951) discussed as distortions and interruptions of healthy sensorimotor Gestalten.

Supervision in this section focuses on the personality functioning of the client—looking at the repetitive ways in which s/he makes contact and organizes figures, needs, interests, the client's developmental history, diagnosis in terms of Gestalt formation and destruction, any biochemical imbalance, and broader field issues (class, race, gender, age, economics), as well as internal and external supports.

Tom came in for his therapy session with my (Rita Resnick) supervisee after she had been out of town for several weeks. He appeared smug, dismissive, and angry. Before my supervisee could talk about what had transpired, Tom announced that he was "firing" her as his therapist. Too much had happened in his life while she was away, and he needed to work with a therapist who was more available. Tom said that there was no purpose in discussing this issue further because he had made up his mind, and nothing she could say would alter his decision.

My supervisee was extremely distraught. In the supervisory session she focused on her relationship with her client and her inadequacies as a therapist and neglected to examine Tom's characterological issues that may have contributed to his dismissive behavior. I shifted the focus in supervision to the client's struggles with abandonment and his typical style of defensively pushing away contact and soothing when he most needed it. We reviewed Tom's history—the repeated painful experiences in his childhood of physical and emotional abandonment and the demand that he "be a man" and be unaffected by this rejecting treatment. By turning our attention to the "Personality Functioning of the Client," we began to look at the adaptive nature of Tom's desire to leave therapy, namely not to subject himself to another relationship that was rejecting. With this knowledge, the supervisee approached Tom by telephone, acknowledging what she imagined to be his thoughts and feelings in her absence. Her understanding of his process touched him, and he was able to return to therapy and address his now unproductive/anachronistic ways of dealing with the important and relevant issue of abandonment.

Personality Functioning of the Therapist

The personality functioning of the therapist encompasses the same dynamics as described in the above section (Personality Functioning of the Client). Issues of contact, character, diagnosis, biochemistry, and so on are equally at play in the therapist. While self-awareness is a critical goal of supervision, overemphasis on the therapist's personality functioning is inappropriate. The intertwined nature of the therapeutic and educational goals in supervision makes the maintenance of this separation difficult. It is at times necessary and relevant for the supervisor and therapist to examine, collaboratively, the therapist's affective re-

sponses to the client and to identify relevant psychological issues that are interfering in the productive work with the client. It is also relevant for therapists to learn in supervision how to identify and successfully bracket off these personal (transferential and not of that context) responses in order not to interfere in the therapeutic process. Once identified, however, the personality issues of the therapist belong in the arena of personal therapy—not supervision.

In a most difficult supervision session, I (Rita Resnick) found myself listening to a supervisee react with contempt and disdain toward a client whose behavior vacillated between withdrawal and intense anger. When asked about the harshness of her response toward this client, the supervisee could not be clear about her strong emotions or the basis for them. Together we started to review the material the client presented and discovered the similarity between this client and the cruel ways in which the supervisee's mother had treated her. This revelation left me unsure of how to proceed. Could the working relationship between my supervisee and myself support an exploration of this material? If we pursued this course, would my supervisee feel coerced into self-disclosure that she would later regret, feeling embarrassed and/or overexposed? Following the tenets of Gestalt theory, I engaged in an open collaborative dialogue about these issues with my supervisee. I outlined the personal nature of these issues, my concerns about venturing into this territory, my questions about whether or not we would be contributing meaningfully to the therapy of the client, and the education of the therapist. I sought her thoughts, feelings, and ideas. Together we decided not to explore this subject matter. The identification of the issue was sufficient for my supervisee to continue this exploration within her own private therapy thereby allowing our strong supervisory alliance to continue without risking its integrity.

Relationship Between the Client and the Therapist

Insight and awareness are not enough. The dialogical relationship between the therapist and the client *is* the therapy. "By dialogical is meant the overall relational context in which the uniqueness of each person is valued and direct, mutual, and open relations between persons are emphasized, and the fullness and presence of the human spirit is honored and embraced" (Hycner and Jacobs, 1995, p. 4.). A most important aspect of supervision is examining the quality of the relationship between therapist and client. From a Gestalt perspective the supervisor is looking at the quality of the alliance. Is the alliance hierarchical or horizontal? A horizontal relationship is one in which neither party is an expert on the other's experience. The therapist is expert on psychological theory, process, and intervention, while the client is expert on his/her

own experience. They are horizontal and equal in the meeting. How are transference issues in the relationship dealt with? Are the realities of the current relationship attended to or merely ignored? Is current behavior evaluated and responded to merely as a representation of the past? Is the therapist present in the meeting and able to respond to the client fully and authentically rather than having to maintain a blank screen or respond with formulaic empathy?

Early in my therapeutic career, I (Rita Resnick) was supervised by Arnie Beisser, M.D. (author of "The Paradoxical Theory of Change"). Arnie invited me to bring a client (Susan), with whom I was having difficulty, into our supervisory session. As we worked together in Arnie's office, Susan and I began to engage in our typical style. When I presented an idea or an observation about her, Susan answered in a defensive, somewhat annoyed way and denied the accuracy or importance of what I had said. I then began to ask her about her experience in that moment (thoughts, feelings, and sensations), which only served to make Susan more defensive and sarcastic. Arnie intervened at this time and asked about *my* experience. I said immediately that I was frustrated and discouraged. He suggested that I express this directly to Susan. After doing so, the nature of our contact changed. Susan's experience was that she was being talked at and not listened to, while my experience was of not being heard or valued and then angrily dismissed. This simple, but crucial supervisory intervention not only affected the relationship between Susan and myself, but also taught me the value of sharing my experience with the client, especially when it is negative. What I also discovered was the earlier I shared my feelings, the less angry and critical I was able to sound (and actually be), making the delivery and the reception so much easier.

Relationship Between the Therapist and the Supervisor

Relationship issues in this segment are similar to those stated above (between the therapist and client), but here the focus is on the alliance between the therapist and supervisor. Supervision is a collaborative endeavor, and the stance is horizontal rather than hierarchical. Both are experts on their own experience. In fact, there may be times the therapist has more expertise in a particular clinical area than the supervisor. Supervision is an authentic encounter, a dialogue, a creative process that is experiential rather than interpretive. Both the therapist and the supervisor participate in a mutual exploration and learning process.

The emphasis may be quite different, depending upon the level of experience and expertise of the therapist. The novice may need a sig-

nificant amount of support, encouragement, and teaching; the somewhat experienced therapist may need help in tracking process or seeing clearly what is figural; and the advanced therapist may need assistance in the integration of therapeutic skills and theoretical concepts.

It is important that the supervisory relationship begins with a clear contract about wants and expectations, an exploration of the background of the therapist, and previous supervision experiences.

Issues between the supervisor and therapist, which prevent an open collaboration, need to be discussed. Supervision is not therapy, and in the event that therapeutic issues require discussion and working through, the supervisee is referred to his/her own therapist for this work.

Jack, a therapist at a clinic where I (Liv Estrup) supervise, approached me about being his supervisor, specifically because he wanted to be more authentic in his relationships with clients. We made a clear contract to discuss both his relationships with his clients and to see if this process also occurred in our relationship. Jack was quickly able to identify when he was going into a "role," losing contact in supervision, and his fear of being judged. Identifying when this happened and what he was experiencing in the moment enabled him to be more open to observing what was happening in sessions with his clients. He was then able to make clinical choices about his interventions—when to share his own experience to heighten awareness of the client's process and when personal expression was not in the service of the client. Jack found that his presence made the therapy experience more meaningful for both himself and his clients. In addition, clarification of this personal issue and his want to be more contactful facilitated work in his own individual therapy and allowed him to be more contactful in all areas of his life.

Clinical Theory

The methodology of Gestalt therapy is awareness with engagement (contact). Good therapy facilitates clients' learning how to become aware of *what* they are doing and *how* they are doing it. With this awareness comes choice, not change. The goal of therapy is choicefulness. By tracking clients' processes and increasing their awareness of how to track their own processes, clients develop second-order awareness wherein they become aware of how to become aware. To use a kitchen metaphor, the therapist facilitates the client's learning how to cook rather than feeding him a meal. Clinical supervision tracks the tracking of the therapist in this awareness process as well as looking at specific clinical interventions:

- Experiments:* Do they further awareness?
- Questions:* Do they expand the client's options or limit them?
- Interpretations:* Does the therapist identify the locus of the interpretation as originating from his/her own phenomenological organization rather than ascribing it to some external reality?
- Timing:* Does the relationship between the client and therapist have the support for the intervention made at this time?

Professional-Administration-Business

This is an often neglected part of supervision. Many clinicians find that these issues are never discussed in graduate training programs, and as a result, therapists are left to trial and error or seeking the advice of others in the field. These are some of the issues to be cognizant of:

- *Contract between supervisor/therapist:* What are the specific goals? What is the method of supervision (individual, group)? Is it video/audio/live? What is the time commitment? Are there other expectations (recommended readings, workshops, possible therapy)? What are the fees for supervision and how are they to be paid?
- *Ethics:* The supervisor has the responsibility to sensitize the supervisee to issues of confidentiality, dual relationships, reporting, and other ethical questions.
- *Finances:* Therapists often have no experience and little confidence with setting fees, setting up billing, and collecting outstanding fees. In agencies, there are often specific policies handled by the business office, and a therapist may need support in dealing with clients directly. In private practice, the therapist needs to set up his/her own clear set of policies and learn how to expedite them.
- *Case management:* These can include supervision of intakes and first interviews, treatment plans, progress/process notes, documentation of supervision or consultation, client evaluations or reports, and referrals when appropriate.
- *Evaluations:* An ongoing process of evaluation is recommended. The supervisor needs to get feedback about how s/he is doing in the supervision process, as well as the therapist. Any financial or promotional connections to supervision require special attention.
- *Building a practice:* This topic may arise in the process of supervision. The supervisor needs to be aware of ethical restrictions and limitations in his/her own knowledge.
- *Professional associations and activities:* It is easy for a therapist to become isolated, particularly in private practice. Supporting the therapists continued development through educational and professional activities is a way of reducing this possibility.

Supervisory Interventions

The preceding pages describe areas of inquiry available to the supervisor. Methods of intervention—*how* to intervene—that can be used in all eight of the sections of the Supervision Wheel are described below. Underlying these interventions are two important cornerstones of Gestalt therapy: the field and the concept of support.

Field

Supervision within each segment of the wheel takes place within a context (larger field as well as phenomenological field). The supervision will differ depending upon whether the supervisor is working with therapists in a clinic, private practice, hospital, pastoral agency, or a school. Supervision needs to be tailored toward specific client populations (adults, couples, children or adolescents, groups, or families), toward the skill level of the supervisee, and toward the format of the supervisory session (individual or group).

Self–Other Supports

The authors define support as the identification with and the owning of one's current experience in the moment. One's history, experiences, information, knowledge, skills, and the like are also included in the inventory of self-support. One important task of supervision is to support the supervisee in identifying strengths and weaknesses. In this process, to paraphrase Laura Perls (regarding clients in therapy), the supervisor needs to provide as much support as necessary and as little as possible to help the therapist develop clinically and professionally. Helping the therapist become organismically self-regulating—able to reach out for support and information when necessary—is an important function of supervision.

A primary way of imparting information to a supervisee is through *educational instruction*. This method requires the supervisor to straightforwardly provide knowledge of the field for the supervisee—theory and clinical practice. When appropriate, instruction also includes giving advice. Knowledge may serve to reduce anxiety in the supervisee and allow his/her energy to be put to the appropriate therapeutic task.

A second intervention used in supervision is *open-ended or nondirective questioning*. This method attempts to draw the supervisee into the learning process by asking questions that will broaden the scope of inquiry and encourage creative and expanded thinking. "What if" questions fall into this category as do the following questions:

- What was your experience when your client said . . . ?

- How did you come to this conclusion. (How do you know what you know?)
- How else might you think about this client?

The supervisor can intervene by *modeling* a way of being that a supervisee can emulate. A supervisor can offer his/her emotional reaction to the client being presented and in so doing model the idea that affective reactions are valuable and worthy of discussion. A supervisor can model thinking out loud, thereby encouraging more playful and creative thought. Listening intently and feeding back relevant details to the supervisee models a way of listening. By making his/her thinking transparent, the supervisor models self-disclosure and helps the supervisee learn what kinds of data are relevant in understanding the client.

Support and encouragement are also necessary components of supervision. A supervisee's curiosity needs to be encouraged as does his/her willingness to try new interventions and to think in creative and unfamiliar ways. One of the most valuable interventions a supervisor can make is to encourage a supervisee to develop his/her own style of therapy.

Jacobs et al. (1995) discuss the intervention of *clarification*, the process of bringing to awareness the thoughts and feelings the supervisee may have toward a client that are below awareness (unconscious?). From an analytic perspective interpretation would be used to access the unconscious feelings of the therapist: "You seem irritated with the client." From a Gestalt perspective, the supervisor might use the following sentences to access the phenomenology of the therapist: "Your voice (breathing, facial expression, tone, musculature, etc.) changed when you started to talk about this client. Can you notice what is going on in you at that time?"

Supervision Example—Multiple Segments of the Wheel

The following is an example of a supervisory session, which utilizes multiple segments of the wheel and multiple supervisory interventions.

When Ann began her supervision with me (Liv Estrup), she had yet to embrace a particular theoretical orientation and was interested in Gestalt therapy. When we discussed some of her goals and what she wanted from supervision, she informed me that she was usually generous to her own detriment and often unable to set clear boundaries.

The first case she brought to our supervisory session was one of a client who telephoned daily for personal contact. She resented these intrusions on her time. Since my relationship with Ann had just begun

(*Therapist/Supervisor Relationship* on the Supervision Wheel), I decided to focus on the *personality functioning of her client* rather than with Ann's difficulty maintaining her boundaries (*Personality Functioning of the Therapist*). I asked if she would be willing to role-play her client on the telephone conversation and in their session. Then I encouraged her to expand the role-play by describing day-to-day life as her client. Ann gained a fuller understanding of her client's world and the difficulties she was having meeting her needs.

Though Ann had heard a lecture on Gestalt therapy, she was not familiar with the basic tenet of organismic self-regulation. By describing this process (educational instruction of *Personality Theory* on the Supervision Wheel), Ann quickly identified the way in which her client was interrupting the resolution of her need for contact. As she considered only her own needs without regard for the needs of others or her impact on them, the outcome was consistent—people withdrew from her. The theoretical support and further discussion led to Ann's observing process in an expanded way—on a macro, as well as a micro, level. In addition, Ann began to notice her own process (disregarding her need to withdraw) in order to appease her client. Ann grasped that, by meeting her client's needs (rather than by making contact by holding to her own boundaries), she actually removed the opportunity for an important learning experience for her client. In this way we began to look at the *Personality Functioning of the Therapist*. What was so difficult about telling her client about her need? What did she imagine would happen if she did? if she didn't? What was her past experience in setting limits with other clients or in other situations in her life (open-ended questioning to explore Ann's phenomenology)? I encouraged Ann to experiment with some ways of setting limits about phone calls while I played the role of her client. Though at first Ann found this difficult, her voice gained strength, and she became more comfortable. I told Ann *I needed to stop*—we both laughed.

Conclusion

Supervision is a process during which supervisor and therapist are collaborating and learning about the client, about therapy, and about themselves.

The goal of this article has been to present a model that amplifies the areas of inquiry in the supervision process. Eight areas of exploration were highlighted: the personality functioning of the therapist and the client; the relationships between client, therapist, and supervisor; theories of development, personality, and psychotherapy; clinical theory, diagnosis, and treatment; and professional, administration, and

business. This article discussed not only content areas, but also offered several methods of intervening in the supervision process: educational instruction, open-ended questioning, modeling, support and encouragement, and clarification. Although the article was written from a Gestalt perspective, this Supervision Wheel is applicable to other theoretical orientations.

Hopefully, this comprehensive, visually concise meta model will be a resource to facilitate an expanded view of supervision that clinicians will find useful in their supervisory practice.

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