

Supervision: Opening windows.



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Abstract: This article explores the benefits of supervision for homœopaths. The author uses the play *Namatjira* as a reference point to illustrate how supervision can open windows so homœopaths find new ways of exploring and reflecting on practice-related issues. Zofia also refers to Health Industry Skills Council Competencies and AROH Standards of Practice as well as examples from her supervision practice.

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Why supervision?

If, as homœopaths, our business is to take and analyse a case in order to prescribe a remedy, where does supervision come in? Why, particularly in challenging times for the profession, should homœopaths invest in supervision? I've been in practice as a homœopath in the UK for 27 years, and I know full well the challenges of maintaining a private practice in a recession and also in the face of an active sceptic lobby. However, I have found supervision opens a window on my practice. It offers me the opportunity to step back and look again. That reflective space is enormously nurturing and I believe my practice is the better for it. In this article I will share my understanding of the value of supervision for homœopaths, using examples from my supervision practice. I refer to books and paintings that have inspired me.

I hope this article will inspire you to explore supervision.

Taking the case

In 1842, *Hahnemann* wrote:

'I do not know (am not aware) how physicians at the sickbed could suppose that they ought to seek and could find what was to be cured in disease only in the hidden and discernible interior, without paying careful attention to the symptoms or being precisely guided by those symptoms in their treatment'¹.

Move to 2012 and contemporary homœopaths describe case taking differently:

'Case taking is not a technique; it is a desire to understand the problem. We need to go beyond the symptoms and find out the problem. For us to perceive it, is to be with

the patient; to be in a state of open and alert attention, a spacious awareness, a stillness; to be present, to stay with them, to be in the moment.'²

Somewhere between these two descriptions: 'paying careful attention' and 'the state of open and alert attention' lies another landscape: that of the homœopath's awareness, of their self-knowledge. Supervision allows us to explore this territory and is as fundamental to practice as any seminar or materia medica study.

Supervision, from the Latin 'supervidere' translates literally to 'oversee'. For some homœopaths, this has negative connotations. 'I don't like the idea of someone judging my practice', said a homœopathy student at the start of compulsory supervised clinical training.

Supervision is integral to counselling and psychotherapy practice, and has evolved from being narrowly practice-based to the wider sphere of collaborative exploration. 'In a relationship of trust and transparency, supervisees talk about their work and through reflection and thoughtfulness learn from it and return to do it differently.'³

Apocryphal tales

Two homœopaths are having a discussion about a political matter that affects the profession. They have different opinions. Both hold their ground. First homœopath to second homœopath: 'You need a remedy!'

'The patient said they hadn't noticed any change after the remedy, but I could tell by looking in their eyes that they were better.'

'A friend rang to make an appointment for his partner. After we agreed the appointment time, he

told me all about his partner and I found that information useful when analysing the case.'

'This patient had something he did not want to talk about in the consultation. Of course, when I saw his wife, I asked her, and she told me all about the issue.'

How do we evaluate these snapshots? I am going to be challenging and say that these statements show that as homœopaths we can easily convince ourselves that we are the 'unprejudiced observer', but that we can forget to take a step back and look objectively at what may be inherent assumptions and judgmental thinking. This leads me to ask the question, 'Is homœopathy practice homœopath-centred or patient-centred?' How do we as homœopaths define confidentiality and boundaries?

The Effective Communication Elements in the National Competency Standards

'Exercise discretion and confidentiality appropriately, outlining and explaining to clients boundaries of confidentiality as required' and 'Define and apply boundaries of the practitioner/ client relationship.'⁴

In supervision, the homœopath who noted information from a patient's relative is defensive: 'I know him; I trust what he says. That information was useful in the case analysis.' I suggest the homœopath consider the issues of patient autonomy, confidentiality and boundaries, but the homœopath does not wish to see the issue in any other light. In my own supervision session, my supervisor, who is a psychotherapist, agrees with me that patient autonomy and confidentiality are paramount. I float the discussion in peer supervision with homœopaths and some colleagues agree with the psychotherapist. Others side with the original homœopath.

Boundaries between patient and client need to be defined, and much will depend on what the patient is told and the agreement between homœopath and patient as to confidentiality and what it means. As the AROH Standards of Practice state:

17. A practitioner shall treat all patients competently, diligently and fairly, and in good faith, bearing in mind the patient's position of dependence and the high degree of trust a patient places in the practitioner.

18. A practitioner should always be completely frank and open with patients and with all others so far as the patient's interests

may permit, and should at all times give the patient candid opinion on any professional matter.⁵

Implicit in healthcare, and homœopathy in particular, is uncertainty. We do not know how a patient will respond to a remedy before it is taken; we monitor progress on an individual basis. Supervision is the space we take to unpack our assumptions, question our certainties and explore our uncertainties to gain insight for future practice.

A way of looking

As AROH registered homœopaths, you are required by the national competency standards to 'Reflect and improve your professional practice'.⁶

The Elements and Performance of Units Criteria state:

ELEMENT

Reflect on own practice

PERFORMANCE CRITERIA

1.1 Undertake self-evaluation in conjunction with supervisors and/or peers

1.2 Demonstrate understanding of own limitations in self awareness, self management, social awareness, relationship management

1.3 Provide and receive open and evaluative feedback to and from co-workers

1.4 Actively seek feedback and accept it non-defensively

The words on the page may sound rather formalised, but they do accurately describe the supervision process. *Sheila Ryan*, homœopath and supervisor, describes supervision more gently as 'a quality of looking' - a compassionate and respectful inquiry into what is, rather than what ought to be. Through this process the 'practitioner's ability to act with both autonomy and relatedness are restored'.⁷

It is the compassion and respect that allow supervision to steer free of judgment, and allow us to approach it with openness and honesty.

Stepping outside our norms

Supervision can, above all, allow us the opportunity to step outside the norms, which experienced homœopaths may have unconsciously developed in

practice, or new practitioners may bring to practice.

I saw the play *Namatjira*⁵ in Melbourne in 2011, and was fascinated by the way the playwright, *Scott Rankin*, tells a story of two 'ways of looking' at landscape. The play tells the story of *Albert Namatjira*, the first Indigenous Australian to be awarded citizenship, and his relationship with artist *Rex Battarbee*. Rex has been injured in the First World War and on his return to Australia buys a Model T Ford and tours the outback, painting the landscape. He meets Albert Namatjira, who wants to learn to paint. The play's narrator continues the story:

'So, Albert takes Rex out to paint. He bakes damper, hunts, cooks for them, and in exchange, Albert watches this new magic way of seeing. Not the meaning of the country but the way country looks. Not the totems, but the place.....the mirror of it.

A different way, a new way, a clever way, a strange way, an easy way, a hard way, a money way.'

Rex sees the landscape through the eyes of a white Australian. For Albert, the same landscape has different meaning.

Seeing both landscapes.

In supervision we can learn to see both landscapes - that of the homœopath and that of the healthcare practitioner who can learn to see the familiar landscape of day-to-day practice anew.

The process can be demanding and reminds me of the *Picasso* drawing, 'La Fin d'un Monstre', in which a spear-holding woman holds a hand mirror to a dying Minotaur. The mirror of supervision allows the previously unexamined shadow to come to light, and the clarity of self-awareness to emerge. Or, as Picasso's friend *Paul Eluard* wrote about the drawing, 'You have to see yourself die in order to know that you are still alive'.⁹

Example 1:

G comes to a first supervision session with certainties. It feels as though she arrives with a small drawing, a brief description of what she wants from supervision: not much in it.

'I need structure and guidance on my CPD portfolio. I need clinical supervision.'

I respond by describing how I work. I can do clinical supervision, but supervision for me is also about looking at 'stuff' arising in practice, working on issues raised, and that might involve challenging G. G says she is open to this.

The contracting is completed: I ask G to talk about her practice. As I listen I am tuning in to G, not knowing what might arise, but focused on being present, while holding an awareness of the outer safety nets of core criteria, our professional association's Code of Ethics as well as the UK National Occupational Standards.

G. 'It's been quite steady; it's been great, steady. My son designed cards for me, and brochures, but it's word of mouth. Wasn't expecting it because of a foot injury, but people rang..... I need time to be quiet and peaceful, to be creative, paint a garden. So many things I do.'

So, apparently all is well. Practice and creativity in balance.

As G goes on she says, 'Actually, I'm exhausted. I injured my foot before my finals. I was exhausted. I've had six bereavements in six years. I also work in a mental health team and a client I was working with committed suicide. All the staff are burned out.'

Now we are in a different territory altogether.

I intervene with enquiry: 'Tell me about that work,' – and G is then drawing another picture.

G. 'It was always a 'No, no:' several family members had mental health problems. My father was in an institution, had lots of ECT. It horrified me, visiting him. I inherited the job from a friend, I can do it, and I do do it. It's been a huge learning curve. I was so scared, can't believe I work with adults in that way. The thing I most feared.'

ZD, enquiring: 'Huge...???'

And G talks about an underlying issue, which is around money. 'It's been tough.'

ZD, 'Tough?'

G. 'I have been very, very poor for a long time'...and she went on to describe openly changes in her personal life. G then describes her need to be tougher about charging patients and the

discussion shifts again into the practical as G sees how her personal history has affected her ability to charge patients a realistic fee.

G. 'I had no idea this was going to come up. All this stuff about money. I can see what I need to shift now.'

So contracting sets the foundation where G agrees to engage beyond the minute list of topics she thought she brought to the supervision session. Her capacity first to agree to explore further, and then her brave and honest openness to dig in and engage with the issues as they arose, have helped her understand a very pressing issue of fee setting. An apparently simple situation opens out to fundamental and deeply personal issues. As supervisor, I use minimum intervention so G can travel where she needs.

We need to be prepared to be open to inquiry in the same way we create the space for the patient to offer their case. The National Competencies state we should:

- Elicit, analyse and interpret feedback.
- Analyse culturally different viewpoints and take them into account in personal development and professional practice⁴.

Example 2:

A homœopath comes for supervision to discuss his sense of failure in that a long-standing patient has a terminal illness. He itemizes his failures; how homœopathy has failed; his doubts about practice, and ends by saying, 'I should give up practice; I should let my patients know that I will be giving up.' His final sentence is 'Nothing I do is right'. I take a risk at that point and ask, 'You seem to think everything is always wrong?' He is then able to own that the message that everything he did was wrong came from his family, who had always been very critical. He was then able to give his sense of failure a context and sense of perspective, and decide that for a variety of reasons he needed to take a short sabbatical. A few weeks later, he sent an email to say how useful the session had been. 'I got where I wanted to get. I did tell patients I was taking time out of practice, apart from one or two patients, and the session was very helpful. The patient did die, and

the family invited me to lead the funeral which was a great honour.'

A minimum dose goes a long way in supervision as it does in homœopathy. The homœopath responded positively to the proffered feedback question, "Everything is wrong?" The question found the crack, and, as *Leonard Cohen* sings "that's how the light gets in." The homœopath was then able to move away from the self-perpetuating negative loop, take the sabbatical he needed, and was moved and honoured by the family's request that he lead the patient's funeral.

I also reflect that perhaps homœopathy lends itself to a mindset of achieving 'certainty' in that search for the simillimum, and it can be easy to forget to consider the 'whole picture' of who we each are when we sit in the homœopath's chair. Supervision opens another window, one through which we can see ourselves in a new light. Open your Namatjira window on your practice! What will you see?

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