



## Reflections on the first year of a critical psychotherapy supervision collective

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### ABSTRACT

This article is a report on the experiences of members of a Critical Psychotherapy Supervision Collective following our first anniversary. The supervision group comprises psychiatrists, psychologists, a general practitioner and 'psychiatric survivors' as well as counsellors and psychotherapists from different modalities. It arose out of a conference based on the book *Critical Psychotherapy, Psychoanalysis and Counselling: Implications for Practice* (Loewenthal 2015). We are particularly concerned with detrimental influences on the psychotherapeutic project brought about by policies such as manualisation, 'prevent' and 'safeguarding', which we consider threaten confidentiality, water down the psychological therapist's abilities, and introduce an inappropriate ideological use of the talking therapies. The article explores eight group members' experiences of what we are doing and the processes during our first year.

Would you welcome clinical supervision from a 'psychiatric survivor'? Does it make any difference to you if your supervisor is a counsellor or a psychotherapist or a trainee; and what about if they are from a different modality? All this is taking place for a critical psychotherapy supervision collective which has also included psychiatrists, psychologists, a General Practitioner, as well as counsellors and psychotherapists from different modalities.

How did this come about? It happened in the lunch break of a conference at the Freud Museum entitled 'Do We Need a Critical Psychotherapy?', which was based on the book *Critical Psychotherapy, Psychoanalysis and Counselling: Implications for Practice* (Loewenthal, 2015). Here, some participants organized a lunchtime meeting to have future meetings. Simultaneously, two of the book's contributors initiated a Critical Psychotherapy Network (see [criticalpsychotherapy.wordpress.com](http://criticalpsychotherapy.wordpress.com)). Everyone who has taken part in what became a 'Critical Psychotherapy Supervision Collective' was invited to participate in writing this article on our experiences of our first 12 months.

Supervision groups are not new. They are familiar to trainees on placements, and have been established by many trained psychotherapists and counsellors, including, more rarely, on a multimodal basis, as notably with the Independent Practitioners Network (<http://ipnetwork.org.uk>). However, this particular group, which also includes medical

doctors, psychologists and 'psychiatric survivors', may in this way be unique. We have been brought together by our concerns with detrimental influences on the psychotherapeutic project, brought about by policies such as manualization, 'prevent' and 'safeguarding', which threaten confidentiality, water down the psychological therapist's abilities, and introduce an inappropriate ideological use of the talking therapies.

The group meets at the Philadelphia Association, London, an organization established by R.D. Laing and others, and perhaps a suitable place for a critical psychotherapy group! The group size has varied between four and 14, and is an open group with up to 20 people having at some stage taken part, with some not continuing. The format for our Saturday morning is two consecutive critical supervision consultations, a theme, a business meeting and a reflective group. There are variations in this with timings of between 20 and 40 minutes agreed before each phase. There is no charge to attend the group other than up to £5 each for the room hire and refreshments. Themes that have been explored include an exploration of the Frankfurt School's critical theory, the importance of staying with divergent views (which hasn't always been easy for us) and Nietzsche's Master/Slave relationship. We start the day with two brief consultations, which have included not only members' work with clients and patients but issues on how to respond personally, politically and professionally to changing therapeutic work environments. The following are accounts of this experience from some of the Critical Psychotherapy Supervision Collective members.

### **Andy Brooker (survivor)**

Although mainly attended by therapists, our group has been able to consider views and opinions that have attempted to deconstruct the premise of its models of understanding and question the status and earning potential it offers those who already benefit from the privilege of being able to train.

In spite of the veiled hostility, oscillating levels of polarization and the accompanying dynamics this produced, I've enjoyed participating in an evolving culture which enabled me to acknowledge, question and resolve some of my own entrenched opinions and prejudices. More notably, it helped me get to know the people behind roles I have often experienced as exploitative, pathologizing and paternalistic.

The increasing level of connectedness, warmth and unity has fostered a sense of belonging, often absent in other things that I have attended. This was no doubt helped by the coffee breaks, friendly encounters at the tube station and time spent in the pub, which made the exploration of our different perspectives less divisive.

The paradox here is that my descriptions could make this sound like a therapeutic experience. Wherein lies the root of my contention – that the cumulative effects of everyday exchanges are often framed in this way to legitimize the existence of a thing called 'therapy'.

'A picture held us captive. And we could not get outside it, for it lay in our language and language seemed to repeat it to us inexorably.' (Ludwig Wittgenstein)

### **Maria Canete (psychoanalytic psychotherapist and group analyst)**

I joined the Critical Psychotherapy Collective in January 2016. With a background in psychiatry, psychotherapy and group analysis, I felt at home from the outset. I am a group

person and believe that completeness can only be achieved through reciprocal relationships. I enjoy learning from others.

Something that I have learned in the six meetings I have attended so far is that critical psychotherapy is an exercise of honesty. People in this group are neither better nor worse than anybody else in the field of mental health. However, from what I have seen, people in this group seem more prepared to look into their own prejudices, biases and shortcomings. That is a breath of fresh air!

We live in a world ruled by large corporations: financial profit comes before people. The level of inequality is obscene. Yet most of us go with the flow. We tend to act as if it were impossible to change our political and financial landscapes. I think our society is ill, but illness is seen only as an individual concept. Is it possible to be sane in an insane environment? I sometimes have a fantasy that it might be possible at one point to create a new discipline that can deal with the problems of our society – maybe a kind of ‘society’ (meaning psychiatry for the whole society). But that would be a long shot.

Critical psychotherapy provides space for self-reflection and an open forum where it is possible to have a dialogue. Our monthly meetings last three hours, but the dialogue goes on in between meetings. The boundary extends to encompass a digital forum where people share ideas, concerns, hopes, frustrations, initiatives and articles: good food for thought. We also support each other and our clinical practice through the enlivening experience of informal peer group supervision.

### **Mehboob Dada (psychodynamic counsellor)**

I have found being part of the group a really useful opportunity to reflect on my own experiences of working within a system that finds it difficult and has issues working with diversity. I would like to believe that as therapists and counsellors the group has offered me an opportunity to critically reflect on the current system. More specifically, I have valued the reflection and support provided to me through the group on issues such as:

- Working with and responding to trauma and psychosocial needs of displaced migrant Syrians, Afghans and Iraqis seeking asylum in the UK or abroad.
- Reflecting on cultural competence in relation to practice, working with clients’ integrated identities involving ethnicity, faith and sexuality.
- Critiquing a system that is unable to work with Islamophobia while providing support to Muslim clients about Sharia law without restricting access.

### **E. Hughes (PhD, psychotherapist)**

The Critical Psychotherapy group meets on the second Saturday of every month at the Philadelphia Association in Hampstead. With its roots in R.D. Laing’s home of the critical psychiatry movement, the setting has evoked ambivalent responses for some of us relating to questions about inclusivity and accessibility. One of the purposes of the group is to create a space for different voices across the mental health sphere to come together, for theories and experiences to intersect and new ideas to emerge. With the growing numbers of deaths within the mental health community resulting from austerity, gentrification and

neoliberalism, recurring questions about the group's purpose have been raised. But somehow, something is shifting. Over the months, we have opened up a space for peer-led supervision; shared frustrations about our lack of power in the face of political and social change; and explored potential solutions for unified action. Tensions have surfaced, bringing possibilities for personal reflection and group processing, and a transdisciplinary critical movement is emerging which not only subverts the regulatory and oppressive forces of neoliberalism but also creates a radical and necessary open dialogue for transformation.

### **Sacha Lawrence (counselling psychologist)**

I first gravitated to the 'critical' prefix in front of the 'Psychotherapy' Supervision Collective title. My own thoughts of such a group entailed a critical view 'within' the psychotherapy movement and not 'without' or outside it.

The reality has played out differently, however, and the group appeared to be rather multi-faceted, with various socio-professional representations at its core. It initially confused me, as I could not settle on a common point of reference to start with. This eventually evolved, and it soon became obvious that there is an important element of a multi-faceted group structure developing, with that very structure providing and maintaining cohesion of the whole collective throughout my experience there.

On reflection, I think this was a wider socio-political stance, which allowed itself passionately to become present and therefore evolve with and unite the group. This 'glue' has become the core of the group ideology and formed a unique dynamic of the supervisory 'knowing' stance on a number of systemic issues placed outside the usual medical or psychological paradigms of mental health. The group has naturally allowed for such provision of unique, inter-professional thought sharing. It would, however, be interesting to see whether the group could develop further by adopting a more pre-emptive epistemological stance, and whether I would allow myself to develop in that direction and context.

### **Del Loewenthal (existential-analytic psychotherapist and professor)**

For me the greatest learning has been how much I enjoy being with a small ongoing group. I am able to speak more readily as to what comes to mind even when I help facilitate. I come away feeling both fundamentally challenged about who I am and yet knowing that I am with a group that accepts the personal and the political as vital aspects of therapeutic practice, even though our differences can be great and difficult to bear. There is also the relative ease with which one can speak about, for example, sexuality and violence. This does not mean to say it has been easy – how do I respond to a newcomer who immediately wants to change how we are working? – do I listen, or do I interpret either just to myself or publicly that this might be a defence against anxiety? There have been many dilemmas for me, not least being the initial facilitator. I was asked to find a venue for what became our monthly meetings, and having for many years facilitated the critical existential-analytic psychotherapy training at Roehampton University ([www.estore.roehampton.ac.uk](http://www.estore.roehampton.ac.uk)), and now also with the Southern Association for Psychotherapy and Counselling (<http://safpac.co.uk>), I was probably the most experienced in this role. Yet could this be more my cover story, preventing others' and my own development?

### **John Mason (psychiatrist)**

I entered the group after the conference. My first impressions were that this offered a genuine space to explore those questions that were less talked about in the institutional training set-up.

I had past experience of both psychiatry and psychotherapy training schemes, and I was aware that testing out new ideas was understandably somewhat frowned upon as a trainee on those courses.

In the monthly meetings, various themes were explored: of particular interest was the focus on placing our psychotherapy work, when possible, within its social setting, but also trying to engage with those wider social external issues, be they the effects of austerity and poverty, or the impacts of housing inequality, or violence, domestic or global.

The group became a resource for holding some challenging debates that would have been difficult to have contained in a training setting.

One key question arising from participating in the group was how we create ongoing safe spaces to discuss openly the future aspects of what psychotherapy culture might look like (spaces open to trainees, therapists and 'patients'), while at the same time valuing the ongoing achievements – the history of a psychotherapy institution, maintaining the institutional memory, and thus being responsive to those who might feel threatened and attacked, yet also allowing more open discussions.

A nice element of this group was that it tried not to lose sight of the person and the people in the discussions. The group showed what might be achieved when institutions remind themselves that they are made of groups of people, and a group of people is at its best when all have an opportunity for their voice to be heard and listened to, from both inside and outside the institution.

### **Sally Parsloe (integrative counsellor)**

I have been a counsellor in the National Health Service, private practice and the voluntary sector for four years. Recently, I brought to the group something with which I needed help. A psychotherapist had been working with a child in a manner that seemed not to benefit her, but the adults around her. In a team meeting, I had questioned this. The psychotherapist challenged me by asking me how long I had been qualified. I was taken aback, and had not pressed my concern at the child's treatment. This bothered me. The group expressed surprise that I had not been more able to hold my place, as I had trained on a well-regarded MSc course, and am a senior practitioner working with individuals, children and couples in a different arena. I was enabled by the group to look at my embedded 'overcome' feelings of insecurity, and to explore the ethical and topical issues, such as power, that the child's treatment invoked. The conversation, in which psychotherapists, academics, service users, psychiatrists and a GP participated, illuminated different perspectives, the diversity of experience bringing the issues to life so that I could feel a fully owned response to my disquietude.

One of the major issues is the extent to which we are critical of our own practices and the extent to which we are critical of those forces in society which seem to be acting against psychotherapy for the common good. To date, what has emerged is that we are mainly critical of our own practices through the supervision consultations and how we

are with each other through the reflective group on our Saturday meetings, but as a group we have not directly taken political action but instead shape our understanding conceptually through the thematic session and in our business meeting and by email about events and articles that take place between meetings.

Another major issue initially was authority within the group, though this is not currently prevalent. Moments of conflict have included, for example, whether we should discuss our values with regard to Sharia law: is this something to explore as practitioners or is this to play into the hands of repressive forces in our society? Perhaps what is important here is that whether such aspects should be discussed is not determined by some overall overarching NHS Trust, Employee Assistance Programme, Improving Access to Psychological Therapies (IAPT) or counselling service but by the group itself, which is not dominated by any particular therapeutic or professional body dogma. By ending with a reflective group, issues of power, both taken and given, can be explored. The social meetings, before 'starting', in the coffee break and after, also seem to be an important part of our development.

As you can see, overall we think we have evolved something useful for ourselves collectively and individually, working through such issues as our structure, 'critical of what?' and power – with more to come! (For those interested in initiating critical supervision collectives, see [www.criticalpsychotherapy.com](http://www.criticalpsychotherapy.com).)



## Reference

Loewenthal, D. (Ed.) (2015). *Critical psychotherapy, psychoanalysis and counselling: Implications for practice*. Basingstoke: Palgrave Macmillan.