

## Evocative Supervision: A Non-clinical approach

Greg Madison

Supervising therapists is one of my most enjoyable professional activities; indeed it feels like a privilege. By valuing the ‘humanity’ and mutuality of the supervisory relationship, existential supervisors create an environment that combines respectful collegial rapport with moments of profound experiential depth similar to therapy itself. Alongside a sensitivity to power dynamics, we exhibit a general willingness to question much of what passes unquestioned in contemporary therapeutic practice. The humility of un-knowing is not sacrificed in order to claim authority based solely upon years of experience or psychological ‘evidence’. Although such attributes pose the existential supervisor with certain professional dilemmas, I believe that they are increasingly important traits as the profession and the species as a whole hurdles towards technological, and increasingly biotechnological and cybernetic, solutions to human problems<sup>1</sup>.

By contrasting this existential stance with current trends in the psychological professions, I will highlight an aspect of existential supervision that is not often explicated. ‘Evocative’ supervision connotes an *experiential-existential* stance that prioritises *implicit* experiencing and by its nature is not quantifiable. *Anything I say is not ‘it’ but only an attempt to point towards ‘it’*. The Canadian phenomenologist Max van Manen (year?), has developed a research method emphasising ‘the evocative’, derived from *evocare*, ‘to call forth, to call out, and refers to the act of bringing to mind or recollection, recreating imaginatively through word or image, fastening a hold on nearness...’(Ref). Similarly, evocative supervision requires us to attend patiently to the depth of *now* by following the bodily flow of experiencing as it arises in shared understandings that are never solidified by explanation. I want to distinguish this form of encounter from what is typically called ‘clinical’ supervision.

### Defining the ‘clinical’ in clinical supervision

Psychological professionals are currently faced with a significant culture shift in the provision of, and understanding of, psychological therapies. Along with the increasing

---

<sup>1</sup> See Madison (2008).

demand for experimental evidence emerge positivist and modernist assumptions in the form of ‘manualised treatment’; these quasi-medical practices seem consistent with adjectives we’ve long used, such as ‘clinical’. The dictionary defines ‘clinical’ as ‘efficient and coldly detached’, ‘relating to the observation and treatment of patients’ (OED, *AskOxford Website*, 2008). The etymology of ‘clinical’ is Greek, *klinike* and *klinikos*, meaning physicians practicing ‘at the sick bed’ (Online Etymology Dictionary, 2008). Why do we preface many of our professional nouns with a term that seems inconsistent with the intention of existential practice: ‘clinical counselling’, ‘clinical practice’, ‘clinical supervision’, ‘clinical judgement’ etc? Is our use of the adjective ‘clinical’ simply an attempt, as ‘human *science*’ professionals in a ‘hard science’ world, to appear to possess the certainty of explanatory knowledge? Are we aligning ourselves with the claims of objectivity and expertise proffered by the medical profession, within which psychological therapies are increasingly subsumed?

An inkling of the contrast between clinical and existential supervision is noticed in the diverse meaning of the term ‘supervision’ across jurisdictions. In North America, where the clinical perspective has achieved dominance, the *Association of State and Provincial Psychology Boards* defines supervision as a *management* relationship ‘that focuses on developing, enhancing and evaluating the supervisee’s skills, knowledge and behavior in the practice of psychology’ (Pettifor, 2004:1). In both Canada and the United States the expectation for regular supervision of psychological practice ceases when training is completed. If a licensed psychologist in Canada or the United States chooses to have additional post-registration ‘supervision’, it is voluntary<sup>2</sup> (unless specifically mandated) and is usually termed ‘consultation’ (Barnet, 2007: 272; APA Div.47, 2006).

This designates supervision as an *internship* where proper diagnostic and intervention procedures are mastered. Such practice is spreading across Europe but arguably remains most prevalent in North America, where video taping client sessions and ‘live supervision’<sup>3</sup> are common and effective ways of learning the *clinical skills* of therapy.

---

<sup>2</sup> Some professional counselling bodies in North America *may* require post-registration supervision.

<sup>3</sup> This consists of an experienced supervisor guiding a trainee therapist’s interventions *during* a live session with their client. This raises vexing ethical questions, including concerns regarding objectification of both the client and the trainee.

*Clinical* supervision becomes a ‘teaching laboratory’ where knowledge is put into practice under the guidance of a more seasoned expert. This model seems to parallel medical education in which junior doctors are paired with senior consultants and mentored in medical procedures with live patients until the junior in turn becomes a consultant. It is not surprising then to note that North American psychology and psychotherapy are already closely aligned with the underlying positivism of medical science. This infuses the ‘clinical’ in ‘clinical’ practice and ‘clinical’ supervision with an underlying theory and approach that seems appropriate and consistent.

In Britain, however, models of supervision for psychotherapists and counselling psychologists tend to arise out of a more relational stance to therapy (*Counselling Psychology Review*, 2008). Most emphasise the impact that the *person* of the therapist has on the process of therapy and vice versa<sup>4</sup>. Therefore personal attributes of the therapist, their preconceptions and unique life experiences, are explored to ascertain how they might be affecting the therapeutic process. Continuing post-registration supervision is thus accepted as essential for the competent practice of all counselling psychologists and psychotherapists and it is a requirement in the codes of ethics and practice guidelines for the main professional registering bodies (Bond, 1990). Within Britain the term ‘supervision’ typically covers both training supervision and continuing practice ‘consultation’ after training is complete.

The variance between jurisdictions regarding the necessity for ongoing post-registration supervision reveals diverse assumptions about the nature of therapy. If we assume that therapy is a *treatment* provided by well-trained specialists in clinical technique, offering their expertise in order to diagnose and alleviate problematic symptoms, then why would this ‘expert’ require ongoing supervision? Once a plumber (or a medical doctor) learns his or her profession they do not continue to apprentice.

Of course the relationship between client and therapist is not entirely ignored in North America nor are therapeutic skill and knowledge irrelevant to British therapists. However, there is a prevailing distinction in emphasis between the professional cultures on these two continents and this has particular practice implications, including what

---

<sup>4</sup> Personal therapy is usually a requirement for British counselling psychology trainees while it is not for North American trainees.

constitutes supervision and the attitude toward post-registration continuing supervision. Below I will outline some aspects of a non-clinical approach to supervision before concentrating upon the specific evocative facet of existential practice.

### **The person in non-clinical supervision**

Existential supervision invites the supervisor to be guided by ‘the ontological rather than the technical’ offering ‘tentative hypotheses’ over ‘absolute truths’ highlighting the potency of evoking ‘*personal* impressions, comments, thoughts, feelings...’ (Jones, 1998:912, *italics added*). The family therapist Per Jensen cites ten years of research to demonstrate the pivotal role that the personal experiences of the therapist (and presumably also supervisor) has on their ‘clinical competence’ (Jensen, 2007: 379-82). These studies support the assumption that increasing competency is associated with the integration of the *personally evocative* into professional practice. This suggests that our training methods, including supervision, should encourage trainees to attend to what *feels important in their life experience and personal struggles* in the service of their professional development. This is in stark contrast to the ‘clinical’ perspective,

According to the [clinical] practice perspective the therapist’s job is to deliver the intervention. The principle is the same as when the physician gives the patient a pill. It is the active substance in the pill that works. It is believed it is the same in therapy, that it is the intervention that works and the therapist’s competence is to deliver it the best way. From this perspective it is important that the therapist gets the necessary training to be a scientist-practitioner in order to make the right interventions. When we ask about ‘what works’ in psychotherapy, we are reminded that psychotherapy is often compared with the effects of chemicals from the pharmaceutical industry. In other words, we are invited to use the same rhetoric about psychotherapy as we use to describe chemical effects (Jensen, 2007: 380).

According to this perspective, any therapist who is expertly trained can perform the treatment and the treatment should be the same with any therapist. However, by heeding Jensen’s reminder of the importance of personal experience for therapists, we open the possibility that each encounter requires its own therapy because it includes each therapist’s unique being. By incorporating this inter-relational sensitivity existential supervision embraces the embodied felt experiencing of the therapist/supervisee as it impacts upon the relational work of therapy. However, the evocative is not a clinical technique, it must arise authentically; we prepare an environment and then we wait. These moments are often quite poignant, simultaneously personal and professional, and

their coming requires a supervisory culture of openness and acceptance.

### **Necessary conditions for evocative supervision**

Although the emphasis in North American clinical supervision tends to stress the development of technical skill and competencies, research has consistently found that the *relationship* between supervisor and supervisee is an essential component of effective supervision, ‘... the supervisee must feel the supervisor's emotional investment, and a trusting and collaborative relationship must be present’ (Barnet, 2007:271). Ineffective or undesirable supervisors do not attend to the supervisory relationship and exhibit a tendency to be critical, inflexible, and emotionally unsupportive (Barnet, 2007). Unger (1999) reports a disturbing study in which 50% of supervisees reported ‘problematic’ supervision experiences, while 15% also reported being traumatised in supervision (c.f. Ellis, 2001: 404).

... trainees typically reported good supervision events when they shared feelings of inadequacy in supervision and then received acceptance and support from their supervisors, which bolstered their confidence. Conversely, [Allen et al. \(1986\)](#) found that trainees' worst experiences in supervision were likely to include authoritative or demeaning supervision (c.f. Gray et al, 2001:354).

From the ‘clinical’ perspective, the supervisory relationship might be overlooked, with sessions aimed at developing micro-skills that are operationally observed and checked, for example knowledge of diagnostic systems, formulation skills, and risk assessment (Falender and Shafranske, 2007). Defining micro-competencies may sound overly reductive to existentially-oriented supervisors with the fear that the personal and interpersonal realms within which any skills develop is not adequately nurtured. It becomes clear that the definition of ‘competency’ is entirely dependent upon the corresponding definition of therapy. Existential therapy emphasises the ‘being qualities’ of the therapist (Spinelli, 2007; Todres, 2007), and I would like to suggest that awareness of the evocative dimension is one ‘being-based’ competency that could be further nurtured within existential supervision.

### **Evocative supervision**

A trusting supervisory relationship is a necessary prerequisite in order to attend sensitively to the *personal* experiencing of supervisees as they present their dilemmas

with clients. These dilemmas can be explored through noticing how supervisees are *presently* embodied. The evocative is bodily, a *feeling* of being moved, an *experience* of being carried along in a specific direction without a specific destination. It is not immediately theory or analysis or themes. It requires a being-based environment that is open to further development of therapeutic *being-qualities*. Guided by bodily sensing, supervision sessions can include moments of deep connection among those present. The deepening connection, from personal dilemmas to universal existential dilemmas, can allow a bodily felt poignancy – this is the evocative. A feature of this aspect of human living is that it can never be encapsulated; it remains a *fecund nothingness*.

The evocative interweaves personal and existential strands<sup>5</sup>. We are always already participating in an implicit dimension of experiencing that we do not usually pay attention to. It rumbles along diffuse until our turn in attention offers an invitation for it to arise fully as the unfinished and elusive, but *clearly felt evocative*.

In emphasising the lived body, Merleau-Ponty (1968) used the term ‘intertwining’ ...In this view, the depth of the lived body carried both closeness and distance - intimacy and separation (Todres, 2000:3).

In our supervision sessions how often do we focus on the implicit source itself rather than just the explicit narrative that appears more substantial? Supervision can overemphasise an analysis of explicit content, obscuring the subtler implicit experiencing from which it arose.

How do we access implicit experiencing? In order to address this question I will introduce the work of Eugene Gendlin, an existential philosopher and psychotherapist. Gendlin saw therapy as a unique place where the process of bringing unformed experience into language could be investigated. Gendlin discovered that the ability to stay with an unclear (but clearly felt) bodily experience constitutes a natural form of self-reflection that he called 'Focusing' (Gendlin, YEAR). Focusing opens us to be guided by the evocative. Focusing allows us to witness how implicit feeling generates explicit content, and how there is always a ‘more than’ hazily surrounding anything explicit. Reflecting upon bodily-felt experience in an open phenomenological way can

---

<sup>5</sup> The word ‘strands’ suggests that the personal and existential could be unwoven and separated. Perhaps conceptually this is possible. However, experientially they are ‘in’ each other, ‘different’ perspectives within the same moment.

lead to surprising shifts in our bodily comportment, often accompanied by insights into self and world. Focusing is a way of paying attention to our being-in-the-world.

Gendlin has a different conception of *the body* than one finds in clinical approaches (*see Gendlin, 1997*). The body is not locked within its essence like a rock. Nor is it a malleable lump of clay that needs a sculptor to give it form. The body is not just an electrical box that can be re-wired to generate less heat or more light. Gendlin's conception of the body is always *more than* a physiological machine or a derivative of culture. The body *is interaction*. It is a space of open responding to one's environment, so radically that what we call 'body' and what we call 'environment' is only a matter of perspective. Bodily felt experience is thus relational - an intricate interaction that is finely ordered and also elaborated by the feeling of language touching and moving the deep body, raising resonances that elicit the feeling of understanding, understanding as an unfinished process rather than understanding as a final achievement.

Focusing cannot be thought of as a 'competency' in the clinical sense. It is more an orientation towards existence. It is the phenomenology of noticing how the *more than* social and cultural moves through us in each moment. What we feel is not inner content, but the sentience of what is happening in our living with others. Gendlin calls this feeling a "felt sense", a murky sort of feeling, usually in the middle of the body. Life is not formed out of unrelated bits of perception or isolated internal objects: 'we humans live from bodies that are self-conscious of situations. Notice the "odd" phrase "self-conscious of situations". "Conscious", "self", and "situations" are not three objects with separate logical definitions' (Gendlin, 1999, p.233). Situations are process, and this is useful therapeutically and in supervision sessions.

Speaking that evokes a felt sense and carries it along is very exact and not arbitrary. I may not like what emerges, but I am not free to just reframe it, to say it is something else, to make it something nicer or more acceptable. Within an accepting supervision relationship we can honestly acknowledge this felt sense<sup>6</sup>. Rather than interpreting content, this process allows the undetermined bodily '....' to take steps forward. We are so used to thinking in terms of set content and fixed inner subjectivities that it requires

---

<sup>6</sup> See Gendlin, 2005???? for details of how to learn Focusing.

some reorientation to realise that in each moment a body sense ‘carries itself forward’ into novel reconfigurations of old problems. At any point the felt sense can seem like set content, but it is not permanent, it is a *process* pointing out a forward direction and this is clearly felt when we give it our attention: ‘such sensitive phenomenological attention to an implicit speech which is “not yet formed” is precisely what is precluded by standard conceptual thinking about the body’ (Wallulis, 1997, pp.277-8).

Focusing enables the supervisee to directly access their experience of being with a specific client rather than trying to analyse the themes from the sessions or formulating interpretations according to psychological theory alone. The relationship co-created between therapist and client is available again, from the therapist’s side, but now ‘crossed’ with the present environment of the supervision group. We do not assume that the therapist/supervisee’s feeling is counter-transference, or purely their own subjective difficulties. The felt sense is that living therapeutic situation as a phenomenological process, unfinished, inconclusive and open. As the body opens the door to the evocative it often speaks poetically, turning words sideways in order to eek out a saying that allows experience to flow further, however briefly.

### **An example of the evocative in supervision**

The following vignette occurs in a small group format of three supervisees, all nearing completion of a doctorate in existential psychology at a training institute in London<sup>7</sup>. The group has worked hard to establish a respectful and trusting space into which ‘mistakes’ and insecurities are welcomed without judgement. The supervisor, ‘Paul’, avoids being too didactic or prescriptive and instead takes an exploratory stance whereby supervisees find their own felt resonance for what might be helpful with their clients.

The presenting supervisee, ‘Jean’, is talking about a client, ‘Rob’, with whom she is halfway through a six-month contract. Jean experiences this relationship with Rob as ‘guarded’ and she wants to understand this better. In the most recent session Rob begins to tell Jean in new detail about the death of his father five years ago. Rob feels he did

---

<sup>7</sup> Moments of evocative supervision can occur with group or individual supervision, novice or experienced supervisees.



not get a chance to grieve at the time, as he had to look after his younger siblings and his mother. Rob has begun to express a somewhat surly attitude toward Jean at the end of their sessions. Jean fills in some more detail for the group by which time it is obvious that she too is feeling something about these interactions with her client, Rob.

The supervisor, Paul, is attentive to the importance of evocative moments in supervision and is guided by the practices that arise from the philosophy of Eugene Gendlin. Paul notices that Jean is beginning to feel something as she gets into the detail of her recent session with Rob, so he interrupts the narrative, *‘Jean, I get the impression that you’re beginning to feel something now as you tell us about your last session with Rob. Are you feeling something?’* Jean pauses and looks reflective, *‘Yes, I guess ... I think I feel angry. I’m sick of his little snipes at the end of the session but I don’t know how to bring it up with him. It makes me feel I have to be on guard with him but I feel powerless to do anything about it’.*

This is the first instance of an invitation to notice what is being evoked in supervision<sup>8</sup>. Rather than continuing with the narrative about the recent session, Paul invites Jean to pause and notice how the feeling of that session is coming again now as she talks about it. A moment earlier Jean was feeling something but not paying attention to it. Now as she becomes aware, her body begins to change, simply in response to her attention on it. Her attending is the beginning of symbolising what was previously diffuse and only implicitly ‘there’. In order for the feeling to stand out more so that it can be referred to concretely, Jean must bring to her own experiencing the same kind of open acceptance that the group has established with each other. The environment of Jean attending to herself and the group attending to Jean is connected as one relational environment.

As Jean quietly begins to sense the feeling in her body, the supervisor, Paul, offers a reflection, *‘So there’s a helplessness about how to address this situation with Rob and he’s expressing something like anger at you and you’re angry with him. And there’s that guardedness between you’.* Brief reflections invite Jean to check her own words back with what she is feeling in order to remain grounded in her experiencing as it unfolds –

---

<sup>8</sup> What comes in the body in response to this invitation needs to be protected from doubting or critical voices that may interfere.

it is easy to get marooned back in concepts and descriptions that no longer have any evocative contact. In response to the reflection Jean nods and replies, *'Yes, I guess that guardedness makes some sense if we're both angry at each other [we laugh]'*. Jean's body relaxes as she says this. She realises that up until then she had been judging her 'guardedness' as a failure to be open to Rob, but now she sees that it is an accurate feeling for the way their relationship is. Jean now feels that she could address the relationship with Rob, something she's wanted but felt unable to do as long as she judged it as wrong. Jean needed to understand what she was feeling herself before she considered disclosing it to Rob.

The supervisor, Paul, next asks, *'Jean, what are you feeling in your body as we talk about this now'*? Jean notices a feeling in her shoulders and upper chest. She senses for a word that would fit this sense she has, *'I'm feeling a kind of cloudiness across the top of my body, my chest and shoulders'*. As Jean stays with this feeling the rest of the supervision group is quiet, fully engaged in what is spontaneously unfolding. *'I feel fear in this. I think I'm afraid of us being angry with each other, like it could be explosive and messy and I'm supposed to be the therapist!'* As Jean says this she sighs deeply and nods her head. *'Yes, it's a fear of losing my role with him'*. Paul reflects this back and then offers an interpretation that he hopes Jean will not take unless it continues to evoke bodily responses of rightness. *'Maybe it feels like you're supposed to contain your anger so that you can help process Rob's anger? [Jean nods yes, 'exactly']. Like Rob did with his family, holding onto his own experience in order to look after the needs of others?'*

As Jean ponders this, Paul begins to feel this comment was mistimed. It was not 'in' Jean's present feeling and perhaps not 'experience near' enough to be evocative. Paul is concerned that his comment may now take them off into *making* links rather than discovering them. But after some silence Jean again breathes deeply and with some emotion replies, *'Yes, we're stuck together like he's stuck in his family. And we're both scared but now I also feel closer to him and this makes me less scared. It feels like I can work with that. I feel less stuck. I'm beginning to feel different towards him'*. Paul is relieved, *'OK, you can feel some new potential to work with this in your relationship. I'm glad to hear that, I was afraid I'd taken us off track there'*.

The rest of the group has also been sensing their bodily responses during this interaction. Now the dialogue is opened up to include the whole group and each supervisee is given space to share their experience – many of their specific feelings also carry along the process for Jean, creating an evocative interaction within the group. Later Paul asks the group, *‘I wonder if we can relate to Rob, when he suffered the death of his father he didn’t have the space grieve and this brought anger. Do any of you have a feeling for what that would be like, grief with no space?’* This is another facet of the evocative, where an individual’s unique experience offers an opening for each of us to reflect bodily upon the wider significance their experience may have for each of us. After some silent reflection the group begins to discuss their own experiences of loss, their need for time and space, and their reactions to others’ needs. The feeling of the discussion carries along each person’s self-understanding. The atmosphere in the group remains quite poignant. By the end of Jean’s time the group symbolised the atmosphere in the session, as *‘grief is a calling out for connection’*. Our felt understandings of Rob and ourselves had changed. Jean would return to her next session with Rob as a changed body, offering him a new environment to interact with. Below is feedback from a supervisee after a session of evocative supervision:

*For me evocative means a sense of a powerful emotion that is brought to light through a certain experience. I found yesterday's discussion of my client 'Issac' very evocative. It produced strong emotions in me which I remembered as validating my work with the client. Without being too analytical about it, what I experienced was the following: (1) The opportunity to express emotion about a client, in a trusting environment without feeling judged or evaluated for the comments I was making. (2) Being able to name the emotion I was feeling validated my struggle with this client but also confirmed my sense of direction for the therapy. It reinforced my confidence and more than that, it provided some real meaning for me as to why I was working with this client. I'm not sure I doubted my competence but I had lost some clarity as to why I was still working with Isaac. (3) I felt a great deal of emotion in the discussion and a real sense that the emotion was a valuable catalyst in understanding the nature of my relationship with this client.*

Although this way of describing experience may seem strange to those who have not experienced Focusing, it offers a phenomenological stance that arises from the supervisee’s own embodiment rather than theory or convention, resulting in a period of self-reflection that often feels like ‘coming home’ (Madison, 2001; 2007). Therapy and supervision are more than just Focusing, but I would like to suggest that through its evocative impact, Focusing could be as efficacious in supervision as it is in therapy.

## **What does ‘Evocative Supervision’ contribute?**

The evocative stance within supervision can be an overarching understanding of how to work existentially or it can constitute particular moments within a supervisory practice that integrates many different perspectives, including the clinical perspectives which I have suggested are philosophically quite dissimilar. In either case it may be useful to list some of the advantages that may ensue from working evocatively. Evocative supervision:

1. Is attuned to each present moment, making supervision sessions feel alive and directly relevant to both our personal lives and to our current client work; the two are not separate because we have only one body. The evocative dimension breathes life back into supervision sessions that can, even at the training level, too easily become a repetitive obligation or ritualised habit.
2. Offers a correction for our tendency to obsess over the minutiae of client stories and concentrate too much on the explicit presentation of the client's issues. If in supervision we focus on content alone we can perceive client problems as discreet, each needing to be addressed one at a time.
3. Reasserts the ‘carrying forward’ of experience as the measure of ‘evidence’ in each moment rather than a general outcome measure at termination of therapy.
4. Goes all the way in, from individual significance, to supervision group effect, to deeper existential/transpersonal levels, inviting exploration of the therapist in their professional role, therapist as unique person, *and therapist as example of human existence generally*. Perhaps such supervisory exploration benefits the client in part because it can return the therapist to an open philosophic attitude, where assumptions and conclusions regarding life itself can loosen and return to a humble un-knowing.
5. Might seem too much like therapy for the supervisee. It might, for some minutes, feel and sound a lot like therapy but the distinction between therapy and supervision can be simultaneously clear and flexible. It is usually apparent when someone is not bringing enough of themselves into the supervision forum or when they are using supervision solely to explore their own personal issues rather than their responses to their client work.

6. Fosters a felt sensing awareness in the supervisor that is potentially self-revealing and revealing of her relationships with supervisees. This includes the phenomenon of 'Parallel process' which is sometimes blamed on the unconscious "pathology" of the client (Lees, 1999:131) or as indicating that the therapist 'is trying unconsciously by his demeanour during the presentation, to show us a major problem area in the therapy with his patient. (Searles, 1955, c.f. Hawkins and Shohet, 1989:68). Parallel processes are not especially mysterious phenomena when we recall that our bodies can create a holistic 'felt sense' of our life situations. It is not necessary to assume that someone is *doing something* to someone else when so-called parallel process is experienced. It may simply be that in supervision our bodies form a felt sense of *being in* that situation, so we sometimes more than recount it, we live it in a shared way. This shared experience inevitably implies at some level an existential revelation of what it means to be human.

### **Final remarks**

Evocative supervision is more 'process-centred' than content centred. From his experience as an existential supervisor, Pett (1995) finds that while a supervisee presents their work with a client, 'very often this description will lead to a response "standing out" of the description, much in the way Gendlin's (1981) "focusing" leads to a "felt sense"' (p.122). Neil Freidman, a Focusing-oriented psychologist, has suggested that 'Focusing is the way that the Heideggerian and phenomenological approach to the body enters the world of psychotherapy' (Freidman, 2000, p.225).

Concentrating on the experiential process as I have suggested, could give us forms of supervision that are responsive to the immediate needs of supervisees, keeping supervision challenging, exciting, and relevant to our client work and our own personal lives. However, there are other supervision tasks which require a different quality of discernment or even an imposition upon the existential-experiential. These tasks may originate in part from the *context* of supervision - the codes of practice and ethics of various professional bodies, training institutions, placement settings, and organisations. Discussing contracts, offering advice on professional development or practice, conducting annual appraisals and dealing with managerial concerns may all be

appropriate aspects of supervision. These tasks require acknowledging the external authority, knowledge, and judgement of the larger world of therapy, institutions, law, and accepted practice. They offer a structure and remind us that we are never process in a vacuum.

However, there may at times be conflicts and choices between the existential-experiential approach and what is accepted as professional convention. Becoming aware of the times when our felt sense moves in one direction while our professional duties move in another, can provide important information. It may be that Focusing not only enhances the efficacy of supervision, but that it assists in keeping us reflective regarding the professional accoutrements of supervision and of psychotherapy as a whole. It may also be that attending to the ‘more than’ intricacy of our lived experience may lead to unique developments in the way we formulate supervision and psychotherapy in the future.

I would like to suggest that evocative supervision has the capacity to deliver us from the mundane and inspire us to work from the broadest possible life perspective. Such moments should sear away any accrued professional arrogance or defensive practice to reveal the humility of the moribund. Evocative moments in supervision can feel spiritual, making the familiar dazzle with novelty and poetic expression. If existential therapy includes a ‘spiritual’ dimension (van Deuren, 1987) then so should existential supervision. Perhaps the evocative is an understanding that ‘embodies’ just such a spiritual approach (see Campbell and McMahon, YEAR ). Gendlin describes the experience of Focusing on the bodily implicit as *‘...the edge of awareness. It comes between the conscious person and the deep universal reaches of human nature where we are no longer ourselves’* (Gendlin, *Clients Client*). Evocative felt sensing allows us to recognise the way in which we are always self-responding between the unique and the connected. At a recent conference Gendlin described it like this,

Sure, I focus to feel better, yes, and then I come to this huge space, I didn’t even know it existed. We think when we find it ”that’s it!” But body from the inside is a territory of many territories. In lots of ways this place contacts infinity undoes the concepts and reorganizes, before it comes back (Gendlin, quoted by Nada Lou, Garrison NY, Sept 30:2007).

*We never know self-realization. We are two abysses –*

*a well staring at the sky.*  
Pessoa, Book of Disquiet, 2002:20

## References

- Bond, Tim (1990) Counselling Supervision - Ethical Issues, *Counselling. May*: 43-5.
- British Association for Counselling and Psychotherapy (2000) *Ethical Framework for Good Practice in Counselling and Psychotherapy*. <http://www.bacp.co.uk/>
- Friedman, Neil (2000) *Focusing: Selected Essays, 1974-1999*. USA: Xlibris Corporation
- Gendlin, ET (1981) *Focusing*. New York: Bantam Books
- Gendlin, ET (1986) *Let Your Body Interpret Your Dreams*. Wilmette Ill: Chiron Publ.
- Gendlin, ET (1996) *Focusing-Oriented Psychotherapy. A Manual of the Experiential Method*. New York: Guilford
- Gendlin, ET (1997) *A Process Model*. Focusing Institute website. <http://www.focusing.org/process.html>
- Hawkins, Peter and Shohet, Robin (1989) *Supervision in the helping professions. An individual, group and organisational approach*. Milton Keynes: Open University Press.
- Lees, John (1999) An approach to supervision in health care settings. *The European Journal of Psychotherapy, Counselling and Health*. Vol.2, No.2, August: 131-41.
- Levin, David Michael (1997) *Language Beyond Postmodernism. Saying and Thinking in Gendlin's Philosophy*. Evanston Ill: Northwestern U. Press.
- Madison, Greg (2001) Focusing, Intersubjectivity, and "Therapeutic Intersubjectivity". *Review of Existential Psychology and Psychiatry*, Vol.XXVI, No.1: 3-17
- Page, Steve and Wosket, Val (1994) *Supervising the Counsellor. A Cyclical Model*. London: Routledge
- Pett, James (1995) A Personal Approach to Existential Supervision, *Journal of the Society of Existential Analysis*, 6(2):117-26
- Searles, H.F.(1955) The informational value of the supervisor's emotional experience. *Collected Papers on Schizophrenia and Related Subjects*. London: Howgarth Press
- Spinelli, Ernesto (1989) *The Interpreted World. An Introduction to Phenomenological Psychology*. London: Sage
- Max van Manen (YEAR) <http://www.phenomenologyonline.com/inquiry/20.html>

Wallulis, Jerard (1997) 'Carrying forward: Gadamer and Gendlin on history, language, and the body', In David Michael Levin (Ed.) (1997) *Language Beyond Postmodernism* (pp.270-82). Evanston Ill: Northwestern University Press.