

Monthly Small Supervision Groups

with Michael Soth

at Fulcrum House, Clifton, Bristol

3 groups meeting once a month on a Tuesday

each group (2 hours) has 4 participants

starting Tuesday, 11 September 2018

Dates for 2018/19:

These are the dates for the academic year 2018/19:

11 Sep 2018
2 Oct 2018
23 Oct 2018
4 Dec 2018
15 Jan 2019
12 Feb 2019
5 Mar 2019
2 Apr 2019
30 Apr 2019
28 May 2019
25 Jun 2019

These small supervision groups run on a regular monthly basis between September 2018 and July 2019, at Fulcrum House in Bristol. There are three groups during each Tuesday (11.20-13.20; 13.30-15.30; 15.45-17.45). The cost is £60 for each 2-hour group.

Currently there is one place available in Group 3 - 15.45-17.45 - suits experienced therapist

These groups have been running ongoingly for the last few years (since 2012), and there is a consistent core of participants, but occasionally places become available - contact Michael if you are interested, to see whether any possibilities are on the horizon.

The monthly frequency of these groups means they are not really a replacement for ongoing regular supervision, but are being used by participants as part of their continuing professional development, to deepen and enhance their practice. The diversity of modalities, orientations and styles provides a rich learning environment.

Different Group Formats

The different groups have evolved and composed themselves around different levels of experience, with the second group having least, and the third group most years of practice between the participants. The groups also tend to evolve different formats, according to the needs of participants. Some groups prefer a strict rotation and allocation of supervision time for each participant; others want to allow a more free-flowing, exploratory process, which hopefully balances out over the course of the year. In some groups the focus is predominantly on the exploration of client-therapist dynamics and issues; in others there is more of a mixture between this and discussion of more general or theoretical topics. There is also a variety of group cultures in terms of the therapists' disclosure of their own issues and how much we attend to the group dynamic within the group itself.

Regarding Michael's facilitation style and input within these groups, here is an updated summary:

Michael's Supervision Style

Michael's supervision style is integrative, so therapists from all modalities and orientations are welcome, and will find plenty of opportunities to learn from the diversity within the group.

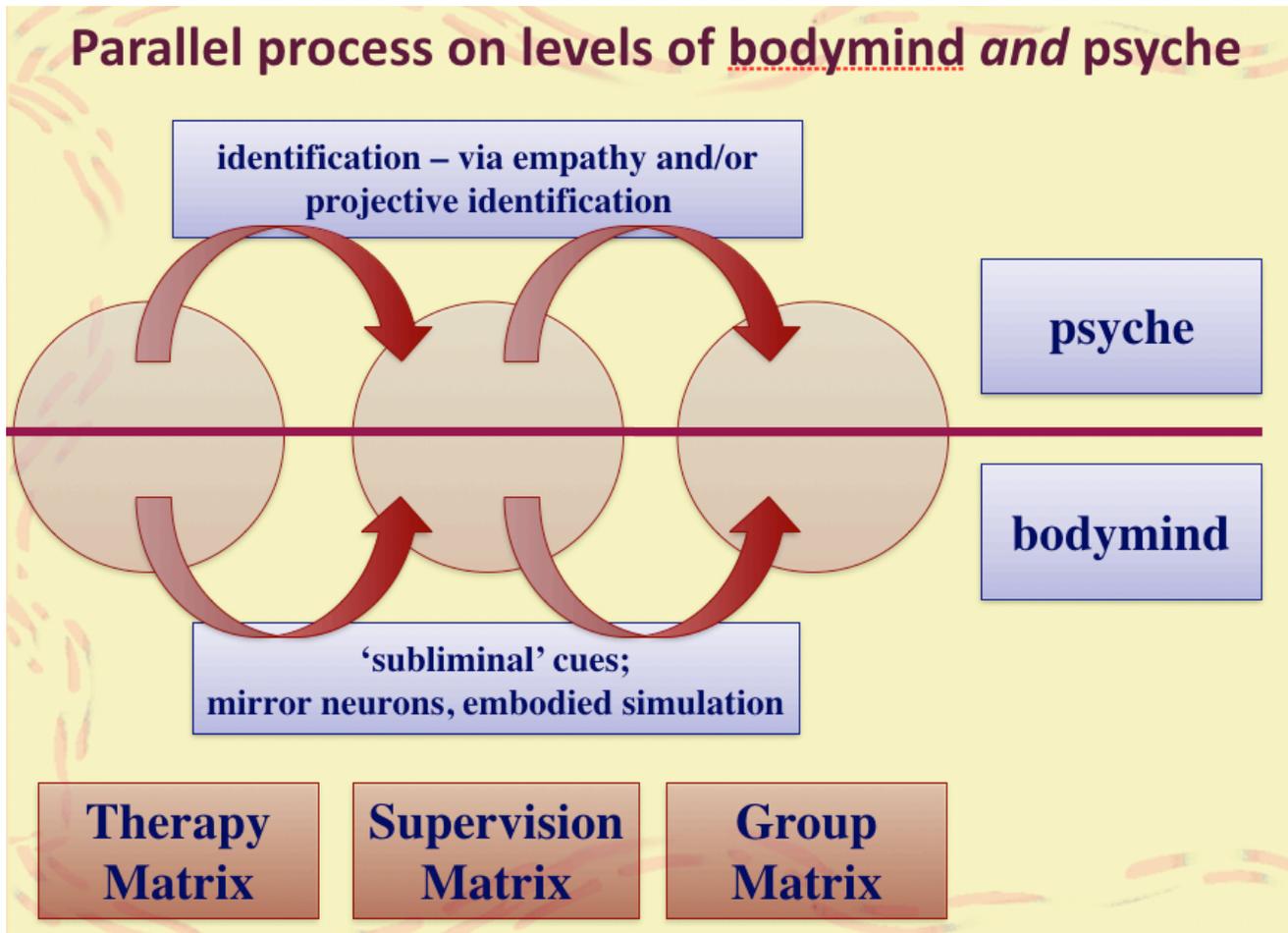
In his own development as a therapist, Michael has emphasised a broad-spectrum integration of therapeutic traditions that embraces all the major branches and orientations of the field, based on the notion that they each have their gifts, wisdom and expertise as well as their shadow aspects, fallacies and areas of obliviousness (see Michael's bio below for an outline of the approaches that are explicitly part of this integration).

In the supervision groups, Michael will, therefore, focus on speaking and conducting the supervision within the language and orientation of each supervisee's approach; an exploration of transference-countertransference dynamics is likely to be included, unless a supervisee explicitly declines this.

In his approach to supervision, Michael pays attention to the embodied, non-verbal communications and unconscious processes, how they oscillate between working alliance and enactment, and how the therapist's own habitual stance/position becomes involved in these conflicts and tensions. Whilst the exploration of the therapist's relational entanglement is an important aspect of the supervision, the focus is on the deepening of the client's process, and the therapist's continuing learning process. Michael is welcoming of experiential exploration of 'charged moments', via roleplay, taking into account participants' need and willingness for exposure within the group.

Parallel process in supervision

Michael became familiar with the notion of parallel process in the late 1980's, and it has been an important element in his supervision work since then. He has further developed the traditional model as presented by Hakins & Shohet in their book "Supervision in the Helping Professions" (see his presentation on ['Fractal Self' at CONFER](#) for how he has extended the notion of 'parallel process', for the purposes of supervision, and also as an organising principle for therapy generally). So he pays attention to parallel process on *all* the levels – in group supervision this significantly includes how the client-therapist dynamic is picked up by the group and reflected within it.



One extreme of group supervision is for it to degenerate into a 'free-for-all' which is common in peer supervision groups and is often not that helpful to the person presenting, precisely because the parallel process in participants' contributions is not attended to. The other extreme is for the supervisor to work separately with each individual, and for the group to degenerate into merely being an audience which then gives feedback at the end of what is not very different from individual supervision in front of a group – this extreme also loses the group as a reflective mirror for parallel process.

Michael therefore tries to steer a balanced course between on the one hand inviting the group to contribute and become spontaneously involved; and on the other hand holding the reins sufficiently tight, so the group keeps its focus on the needs of the therapist presenting.

Relational functions of supervision

The more we see the therapeutic relationship that is being supervised as 'relational', the more it matters that the supervisee is supported in their *own* presence and way of working, rather than importing the supervisor's ideas, instructions, interventions (even when these in themselves could be judged as 'better' or 'more appropriate' in principle). It's the unique relationship between client and therapist that matters, and that needs to be supported by supervision, not the therapist's or the supervisor's abstract ideas, reflections, behaviour and thinking. The supervisee needs to be supported in finding their *own* way with each client. Technique and thinking can be borrowed from the supervisor - therapeutic presence can't be. Such supervision helps to contain the work, allowing the practitioner to become fully involved, whilst relying on the support, challenge and reflective quality of the supervisory space (Patrick Casement compares it to the 'nursing triad' of infant, mother and the mother's intimate significant other). This becomes more necessary, the more we recognise and work with unconscious dynamics and the concomitant pressures and primitive feelings. A crucial aspect of supervision is containment, specifically of the enactments of relational patterns which necessarily occur between client and therapist.

Attending to both situational and habitual countertransference

In supervision, Michael uses a simple distinction between 'situational countertransference' (which is specific to the particular dynamic between client and therapist) and 'habitual countertransference' (which occurs irrespective of the individual client and has more to do with the therapist's 'construction' - both conscious and unconscious - of their own role).

As recognised since the 'countertransference revolution' (which started in the 1950's by re-defining countertransference and changing our perception from an obstruction to the work into one of its most precious avenues), 'situational countertransference' contains elements which give us information about and access to the client's inner world and its significant issues and struggles.

Michael believes that by embracing whole-heartedly the difficulties, paradoxes, shadow aspects and complexities of the therapeutic process, therapists stand the best chance of doing justice to their clients, as well as their own authority, effectiveness and satisfaction as a practitioner.



About Michael Soth

Michael Soth is an integral-relational Body Psychotherapist, trainer and supervisor (UKCP), living in Oxford, UK. Over the last 25 years he has been teaching on a variety of counselling and therapy training courses, alongside working as Training Director at the Chiron Centre for Body Psychotherapy.

Inheriting concepts, values and ways of working from both psychoanalytic and humanistic traditions, he is interested in the therapeutic relationship as a bodymind process between two people who are both wounded and whole.

In his work and teaching, he integrates an unusually wide range of psychotherapeutic approaches, working towards a full-spectrum integration of all therapeutic modalities and approaches, each with their gifts, wisdom and

expertise as well as their shadow aspects, fallacies and areas of obliviousness.

He has written numerous articles and is a frequent presenter at conferences. Extracts from his published writing as well as hand-outs, blogs and summaries of presentations are available through his website for INTEGRA CPD: integra-cpd.co.uk

A broad-spectrum integration of a wide variety of therapeutic approaches:

Here is a list of approaches that Michael draws from and includes, vaguely in sequence of his own trainings and his exposure to them over the last 30 years:

- drawing on all the schools of the Body Psychotherapy tradition (Reichian, vegeto, bioenergetics, biosynthesis, biodynamic, somatic psychology, somatic trauma therapy, etc)
- wide range of humanistic-integrative approaches, incl. Gestalt, Process-Oriented Psychology, breathwork & rebirthing, Transactional Analysis, Psychodrama, and others; also existential perspectives
- psychoanalytic: object relations, self psychology, intersubjectivity & relational perspectives
- systemic: both in terms of Bert Hellinger's family constellations and the systemic approach, as well as systems theory, complexity theory and integral and fractal perspectives
- transpersonal: Jungian and archetypal psychology, psychosynthesis, Wilber, mindfulness
- constructivist, including NLP (Neurolinguistic Programming) and hypnotherapy (Erickson)
- cognitive-behavioural models and techniques
- somatic trauma therapies, including Rothschild, Levine (Somatic Experiencing), Ogden (sensori-motor) and EMDR

These days, many of the above approaches are being combined into new hybrid forms, so Michael aims to keep updated with these ongoing developments.