

Deconstructing Agnes – externalization in systemic supervision

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Externalization is seen in this paper as a valid and useful part of the process of clinical supervision in systemic family therapy training. We offer a discussion on the use of externalization based on an example from a supervision group on a London M.Sc. in Family Therapy. Externalizing practices are located in the context of a postmodern perspective and narrative ideas within systemic family therapy. We explore the use of narrative ideas and the recursive relationship between theory, practice and the subjective experience of the trainee, within the practice of systemic supervision.

Introduction

Agnes had stalked us, oppressed us and reduced us to tears, and we were in her thrall. We were a group of women trainees doing an M.Sc. in Family Therapy in London and, despite our combined years of experience and seniority in our respective professions, we found we were all prone to incapacitating self-doubt and anxiety. This was seen to be in the context of a return to study, the doubts raised by intensive clinical supervision and with regard to our stories about ourselves.

Our clinical supervision group met weekly for a period of two years. Initially a more diverse group in terms of gender and culture, we had become an all-white, female group (though from different white cultures) within the first year. It is at the beginning of our second year, after a transition to our second supervisor, also a white woman, that we will take up this story. The supervision process shone a spotlight on self-doubt, which was soon identified as a dominant story in the group. Self-doubt was identified by our supervisor as a club to which we all belonged, restricting our views of ourselves and

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limiting the positions we could take in our work. This gave an initial impetus for us to adopt different positions in relation to self-doubt and expanded our thinking, which opened a door to externalizing practices. Before continuing Agnes' story we will briefly explore the context of theoretical ideas which influenced our thinking and look at where these ideas are situated in the literature on systemic supervision. There is of course a body of literature on clinical supervision in other professional contexts which we are not able to address in this paper. Kilminster and Jolly (2000) review this literature, observing that supervision is the least discussed and investigated aspect of clinical education. They note that the supervisory relationship emerges as the single most important factor for effectiveness of supervision and suggest a need for more research to develop models of effective supervision and thereby inform practice. While not attempting to conduct an empirical study, we hope that our experiences with Agnes may contribute to the understanding of the processes involved in supervisory practice.

The context of systemic ideas

For over ten years there has been increasing interest among systemic family therapists in a postmodern perspective and an emphasis on language as a major process within therapy. Narrative-based therapies developed out of critiques of cybernetics and systems theories and are known for their collaborative orientation and for paying attention to power differentials and marginalized discourses. Externalization, so crucial to our experiences with Agnes, originates in the narrative approach and encompasses the notion of contrasting multiple descriptions, based on Bateson's (1973) concept of double description.

White (1988) defines externalization as 'an approach to therapy that encourages persons to objectify and at times to personify, the problems they experience as oppressive' (p. 3). It helps people to both identify and separate from subjugating discourses and gain a reflexive perspective on their lives which can encourage motivation to change. For example, White (1988) used 'relative influence questioning' to explore the ways in which 'Sneaky Poo' blighted and spoiled family life and his view of himself, for a small boy, Nick. Agnes held similar power over us until a process of externalization and deconstruction allowed us to change our relationship with her.

Narrative therapists have distanced themselves from systems theory and cybernetics but it could be said that the practice of externa-

lization owes a debt to the 'gentle art of reframing' (Watzlawick *et al.*, 1974) a valued concept in the earlier models of systemic practice. In both techniques the therapeutic intention is to create a context where difficult situations are invested with new meaning. Sluzki (1992) described therapeutic change as a 'transformation' in the family's set of dominant narratives so that new meaning and experiences become included. He proposes that the transformation from passive (victim) to active (agent) constitutes a powerful way of expanding a narrative.

Agnes was recognized and identified through the clinical supervision process. Exploring some ideas from the literature on systemic supervision may illustrate how the connections between theoretical and experiential learning might allow the transformation of some trainees' problematic dominant narratives.

The supervisory context

Systemic supervision has developed and evolved to fit the developments in systemic therapy with an increasing emphasis on collaborative perspectives, the self of the therapist and reflecting processes (Campbell and Mason, 2002). It is likely that the increase in advanced level training courses for family therapists together with the registration of supervisors has contributed to the interest in developing connections between the ideas and thinking in systemic therapy and systemic supervision. Burnham (1993) describes clinical supervision for systemic therapy trainees as providing a context where reflexivity can be developed. This will be in relation to personal and professional identities, interpersonal relationships in agency and training settings and continuing education. It must also provide a context where the recursive relationship between practice, theory and the personal is able to be explored. Clinical supervision groups provide this important space for the challenge of relating theoretical ideas to practice in parallel with developing personal practice skills. Flaskas (2005) develops her ideas about the generation of knowledge within a 'practice discipline' such as family therapy. One of many points in her paper emphasizes that the process of creating theory about practice occurs through involvement in and reflections on practice. As family therapy trainees we used a narrative perspective to meet the challenge of our self-doubt and anxiety. This experience enhanced our theoretical understanding and our practice skills through just such a process of involvement in and reflections on practice in conjunction with self-reflexivity within the group.

Narrative ideas in systemic supervision

In the literature on systemic supervision we found few examples of discussion of narrative ideas in relation to the process of supervision. Clifton *et al.* (1990) pay attention to the times when therapists are 'invited' to feel overwhelmed, incompetent and self-doubting. In the context of a trainee group, the authors use ideas of double description and alternate stories to explore questions that could help therapists recover more competent stories about their professional selves. Some of their questions relate directly to our experience of self-doubt and anxiety stifling our capacity to see ourselves as competent training therapists. For example, questions such as 'if I were looking at myself through the eyes of the client, what would they be seeing in me that they appreciate?', and 'is it OK if I acknowledge my resources and strengths . . . or am I allergic to success?' facilitate self-reflexivity and encourage the experience of alternative stories about our professional and personal selves. Other questions which particularly resonated ask 'who have been the major author(s) of your life as a therapist? Where did the invitations for incompetence and insecurity come from?' This connects directly with our own experience in the group of exploring our personal, family and societal contexts in order to widen our understanding of the ways in which discourses become subjugated. We will return to this later in the story of Agnes.

Burnham (1993) notes the importance of the supervisory relationship as a context for supervisees to develop a second order perspective on their own participation in sessions. Using an example of trainees' negative self-perception, Burnham suggests that within the supervision context this could be viewed as emerging self-awareness. The supervisee may be able to 'decline the debilitating invitation of self criticism and reconstruct it as self reflexivity' (p. 360), thereby empowering him or her to take a different position to feelings of impasse and stuckness. Relating these narrative ideas to the process of supervision led us to reflect on the role of the emotional components of self-doubt and anxiety for trainees.

Shame and the trainee experience

Kavner and McNab (2005), writing about shame and the therapeutic relationship, propose that many of the emotions which comprise shame, including feelings of inadequacy and discomfort when exposing one's ideas to others, are also recognizable components of self-

doubt. Shame and self-doubt are both based on internalized perceptions of ourselves which are informed by our personal and professional contexts. The context of professional training may place trainees in a position where there are many opportunities to feel vulnerable. Trainees expose themselves and their practice to scrutiny and are subject to those power imbalances also experienced by clients seeking therapy. Other influences derive from wider contexts, such as dominant narratives in relation to gender (women's position in society and within many traditional work and family hierarchies) as well as personal and family histories which have reduced feelings of self-worth. These factors may combine to increase the likelihood of trainees feeling reluctant to expose personal stories of shame and thus risking inhibiting the learning process. Kavner and McNab (2005) write of the power of shame to inhibit honest communication between people and of the risk of disconnection within the therapeutic relationship, particularly when client and therapist share a story of shame. These ideas connect directly with our experience of Agnes' power to restrain and disempower us, both personally and professionally.

Identifying Agnes

White (1988) writes that when care has been taken to reveal the person's description of the problem and its effects on their lives and relationships, externalizing the problem proceeds naturally. In our context, Agnes was initially reluctant to be named but, following a particularly punishing encounter, her identity was quite spontaneously revealed. This was at a time when the research component of the course was presenting an additional challenge, particularly to our confidence in our academic abilities. In an informal discussion over a meal we became increasingly aware of the physiological effects of anxiety, which for one of us was experienced as being 'got by the throat'. It seemed that the very power of the anxiety we experienced produced a need for a name and then Agnes was there. She was a powerful figure, constantly looking over our shoulders, entering the room unexpectedly and seriously undermining us. Once Agnes had been named and identified, we noticed that some of us reacted differently to the process that had begun. While some responded with a sense of relief, others responded initially with fright and considerable concern that naming and focusing on her might somehow add to her strength or make us more vulnerable to her wiles.

However, a major weapon against Agnes was humour. Her presence began regularly to be detected and we found that her power began to be diminished as the group gained courage to notice her presence and publicly challenge her dominance. Self-doubt had fuelled her power, and her power had been based on secrecy and shame.

Dealing with Agnes

Out in the open Agnes began to waver as we united against her and joked about her attempts to influence us. We began to see ourselves as women with strengths and abilities who had strategies to use against Agnes. It became possible to begin to marginalize anxiety and self-doubt. Once named, we were able to work effectively together to disempower Agnes; identifying in each other some of her more subtle ploys, sharing strategies to outwit her and identifying and bearing witness to signs of the emergence of subjugated voices in each other. There was much emphasis on noticing her presence: 'I detect Agnes in the room' or 'how did Agnes persuade you to think in that way?' This contrasted with our earlier personal attempts to manage self-doubt through 'normalizing' and even by 'visualizing' the processes involved, which still left the anxiety firmly embodied within us as individuals and retained by our individual processes. Our relationship with anxiety and self-doubt changed from one defining ourselves as anxious women trainees, with anxiety internalized, to one positioning anxiety outside ourselves, creating a relationship which gave us more room for agency.

Group process

The trainee experience

Within the supervision group it was this sense of becoming observers to our emotions which was fostered by the use of externalization. The combination of undertaking both theoretical and experiential learning through the use of externalizing processes in the supervisory group constituted a powerful and effective learning experience. For example, actually experiencing the authenticity of the subjugated voice (confidence), once the dominant voice (self-doubt) had been exposed and challenged, countered previously held theoretical doubts about the technique and process of externalization. As another example, one of us had held doubts about the power of language to construct reality and hence to bring about change. However, the

experience of actually rephrasing and changing the emphasis in a statement that had been challenged by the supervisor as 'belonging to Agnes' led to a different experience of the self; one that felt stronger, more confident and more authoritative as the subjugated voice was given expression. It was one of several such experiences during the course of training that brought about a shift in learning from the theoretical to the experiential.

The supervisory relationship

The relationship between supervisor and trainees in our group in many respects mirrored a collaborative therapy style. Our supervisor worked within a collaborative frame of supervision, taking a position which tended to flatten the hierarchy and enabled her to share her own experiences of the invasive power of anxiety and self-doubt through the metaphor of 'the self-doubt club'. This was important in inviting stories of fear, shame and doubts among the trainees to be heard from a different perspective – one which promoted ideas about choice, opportunity and new meaning.

Knowing that our supervisor had herself been through very similar experiences of self-doubt in the process of her professional career made it easier to accept her challenges: she had been there; she knew how debilitating the experience could be. However, our reactions to the challenges still tended to be ones of shame, of blocked and frozen thinking, something akin to being caught in a spotlight. There was a tangible difference in our ability to respond once our supervisor joined us in addressing the externalized self-doubt (Agnes). Our thinking became more objective and creative and there was far less physical sensation of shame, just as externalization enabled the small boy to address soiling without shame.

Family-of-origin stories and professional identity

Within the supervision group we were encouraged to question where our stories of self-doubt might have originated. As students of social constructionism, the opportunity to notice how the influence of wider processes promoted Agnes was instructive. Thus our gender, cultures and different personal and professional backgrounds all played important roles in the construction of our own unique relationships with and particular attachment to Agnes and could be examined through deconstruction. For one of us a family-of-origin story of

reticence and secrecy between parents and children because of what they considered to be a socially unacceptable, even shameful family secret was found to have layers of connection with uncertainty and self-doubt which often showed itself as anxiety. For another of us, shame and self-doubt had developed in the double contexts of family positioning as the 'little sister' and in school as the 'class clown'. Being placed back in the role of trainee tended to put us suddenly and sometimes painfully back in touch with these experiences of shame that we thought had been long left behind.

Transformations of practice

Agnes was crippling to clear and creative thinking and weighed us down. She appeared to attack at the point when the therapist needs 'courage' to take her ideas from the stage of 'inspiration' (Rober, 1999) into action. Thus as a group we might be full of ideas about our clients and work but freeze up at the point when intervention was necessary. One author recalls how Agnes' presence could have her rooted to her chair in situations of impasse with clients and cause a sense of mental paralysis. Changing her relationship with Agnes helped her as a therapist to find ways to use physical activity as a lever against anxiety. Standing up, moving around and using a flip chart to document ideas and themes was found to be effective and enabled her creative thinking to flow. The team behind the screen witnessed the change and provided encouragement.

As the supervision group adopted a process of externalization as a central means of dealing with shame and self-doubt, so the group became a safer place, one in which we could, when necessary, trust each other with the private stories that had previously felt too shaming to share. This was the case for one trainee who had recognized that she shared a story with her clients regarding religious belief and its influence over sexual practices and marriage. Given the prevailing professional dominant discourses in this area, her story, from years ago, was one that resonated with shame and embarrassment. As the group became safer, so she was able to recognize the opportunity to take courage (Rober, 1999) and share her own story with the client couple in an attempt to support the authenticity of the therapeutic relationship (Kavner and McNab, 2005) which had become rather 'stuck'. It was the clients' recognition of her sharing this story as 'very moving' and as 'brave' which indicated that a 'significant moment' (Helmeke and Sprenkle, 2000) had taken place,

allowing the couple to make a stronger connection with the therapist which would hold them through the work ahead.

Irreverence

The humour of naming and sometimes visualizing Agnes and some of her ploys was a wonderful counter to the weight of self-doubt and anxiety and as such was a useful experience of the importance of irreverence (Cecchin *et al.*, 1993). Our tutors, who were 'witnesses' to our encounters with Agnes, were provided with plenty of opportunities for playful interventions such as responding to an angst-ridden e-mail: 'Dear Agnes . . .'. It may be that fostering irreverence towards any prevailing 'prejudice' or belief and exploring its position within a larger context can encourage a more general examination and deconstruction of our own and our clients' beliefs and attitudes and the interplay between them.

Doubt and certainty – other perspectives

Although our focus in this article has been on the challenges posed by debilitating self-doubt, it may be useful to consider briefly some alternative ways of thinking about doubt and certainty in systemic practice which we have found helpful. Anderson and Goolishian (1992) challenged therapeutic certainty by adopting a 'not-knowing' position, requiring that 'our understandings, explanations and interpretations' should not be 'limited by prior experiences or theoretically informed truths and knowledge'. The non-expert, not-knowing position has been critiqued for its apparent failure to recognize the relevance of theory, expertise and the therapeutic relationship (e.g. Minuchin, 1991). However, together with Andersen's (1987) *Reflecting Practice*, it represents a shift in therapeutic practice and a privileging of uncertainty and openness to clients' perspectives. Rober (1999) deconstructs this position most helpfully when distinguishing between the 'outer therapeutic conversation' and the 'therapist's inner conversation'. He proposes a process of reflection which integrates both the essence of a not-knowing position in relation to clients' stories and histories and an exploration of the benefits of the therapist's use of self. This is particularly so when the therapist experiences uncertainty about the meaning or usefulness of her emotional responses. Mason (1993) has also contributed significantly to this area with his ideas of safe uncertainty and authoritative doubt. The position of

'authoritative doubt', encompassing both expertise and uncertainty, is one which can assist us to be more receptive to other meanings and open up space for ideas and views that have not yet been heard. Thus a both/and position which acknowledges therapeutic expertise but draws on uncertainty and genuine curiosity about clients' histories and contexts has become an important feature of current systemic practice. It could be said that taking a position of authoritative doubt and becoming more open to exploring our personal and professional contexts enabled us to challenge and work with Agnes' brand of anxious self-doubt.

Conclusions

We found no specific references to the use of externalization in systemic supervision in the literature but our experience has led us to believe that it can be very appropriate to the supervisory process and may also be relevant to supervision in other clinical practice settings. Agnes' story indicates that externalizing practices in supervision groups can foster the growth of self-reflexivity, enabling supervisees to adopt a more active role in their relationship to doubt and anxiety. This can allow the development of alternative, more authentic and confident stories about trainees' personal and professional lives. We assume that externalization could be just as effective in countering other issues that trainees might struggle with in the development of their practice, possibly Agnes' aunt, sometimes detected as arrogance or complacency. The self-reflexivity which develops in the context of effective supervision can thus have the potential to create more effective therapeutic interventions in conjunction with a more highly developed understanding of the recursive relationship between theory and practice.

We have learned that Agnes has an international reputation, and that systemic therapy trainees in Australia may have had similar experiences with her. We hope that they will also contribute their perspectives on encountering and working with Agnes.

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