**Culture is not just something within us, which we have, but rather resides in the milieu in which we live. Culture affects primarily not *what* but *how* we think, although what we think may alter as a result of cultural assumptions. It exists in the spaces between us (Hawkins & Shohet, 2006, p.106)**

**[Culture here refers to a broad definition of culture, inclusive of ethnicity, race, gender, class etc.]**

1. **Discuss this quote and what culture means to you. Describe the ways in which a “good” relationship can be established and maintained between supervisors and practitioners with reference to relevant literature.**
2. **Consider the various ways in which *power and difference* (e.g. ethnicity, gender, spirituality, sexuality, worldview, discipline, professional identity and so forth) might impact on the development of an effective relationship in supervision.**
3. **Drawing widely from the literature, discuss these tensions and describe supervision strategies to meet these challenges based on guidance offered by supervision research.**

**Introduction**

Interdisciplinary or interprofessional work has deepened my perceptivity (Skovholt and Trotter-Mathison, 2011) of and ability to respond to the nature of human suffering (Pitkin, 2001; Hart, 2010). This work throws into relief the possibilities and limitations of the practitioner’s discipline. It offers spaces in which creativity can arise (Beddoe & Howard, unpublished manuscript), sometimes asking the practitioner to step beyond the established *episteme* and *techne* of their discipline to enter into *phronesis* (Owen, 2008; Smythe et al., 2009)*.* Interdisciplinary work facilitates practitioner’s understanding of their respective work areas and promotes links between team members (Cutcliffe, Butterworth & Proctor, 2000; Van Ooijen, 2003). Such work offers opportunities to reflect on practice through multiple lenses, retaining complexity and diversity (Mafile’o & Su’a-Hawkins, 2004).

Single discipline or single profession practices can be likened to a mono-cultured field. Plants grown in a mono-cultured environment can become highly specialised, producing examples of excellence. Such monocultures are also susceptible to disease and are easily destroyed by changes in the environment.

An interprofessional environment could be compared to a companion planted garden. When a plant is grown in the company of its companion species they are often stronger, more adaptable and less susceptible to disease. Their companions protect them from attack and make hospitable a wider variety of environments.

A multicultural environment benefits the plants that create the forest floor. It also has the diversity and complexity to support species that rely on a diverse ecosystem: giants of the forest like Tane Mahuta and animals like the jaguar and eagle. These same plants and animals symbolise functions of the psyche (Sun Bear & Wabun Bear 1980; Villoldo, 2006): those with the ability to see distant details whilst viewing the whole of the landscape (Cutcliffe, Butterworth & Proctor, 2000) or see further than others into the depths of the unconscious. Like the natural phenomena that act as their totems such people also need diverse cultures in which to grow and thrive. They are symbols of the health of their communities just as the great trees and animals are symbols of the health of the ecosystem. These people perform functions and give back to their communities in ways that are of unique benefit to the whole community[[1]](#footnote--1).

The question I consider in this essay is: how do we meet the cultural challenges, and negotiate the issues of power and authority that arise when operating within an interdisciplinary or interprofessional environment? I consider this question in the context of my role as a supervisor within an interdisciplinary and multidisciplinary practice, Hart Integrative Health (HIH).

In section one I reflect on the cultural experiences that have shaped my personal position. Section two offers a discussion of power and difference within my professional context. Two key issues emerge from section two: the importance of the self of the practitioner and the need to attend to ambiguity in practice. In section three I discuss how supervision, in the context of HIH, can contribute to establishing the necessary common ground for interdisciplinary work by reducing excessive levels of ambiguity. Section four deepens this theme by proposing a synthesis between the ‘meditative cycle’ and the ‘cycle of caring’. The ‘cycle of caring’ provides a framework for the common ground necessary for interdisciplinary work. It also potentially extends the ‘meditative cycle’ intersubjectively. The ‘meditative cycle’ provides the *techne logos* for developing a robust and flexible self that is able to tolerate high levels of ambiguity. It is also a means for enhancing reflection, learning, creativity, insight and the use of intuition,regulating emotion, cultivating a non-judgemental attitude, developing perceptual flexibility, the ability to attach and detach (Bond & Holland, 2011), demonstrate compassion, affective sensitivity and build high levels of personal connection.

**1. Reflections on my personal cultural experiences**

One of my most vivid childhood memories involves the first time I asked a preschool staff member where to place my schoolbag. I could understand and respond to everything she was saying but she could not understand my Irish accent. I became abruptly aware of my difference (Hawkins & Shohet, 2006), how that difference became visible to others and what shared intersubjective meanings I could no longer take for granted (Depraz, 2001; Gendlin, 1964; Kern and Marbach, 2001; Zahavi, 2001). In that moment a schism arose from the newly felt knowledge that the enculturation embodied within me (Savage-Rumbaugh, Fields & Taglialatela, 2001; Thompson, 2007) was different from what I came to recognise as the dominant milieu in which I lived (Hawkins & Shohet, 2006). In that moment, my experience of my exteriority demonstrated to me that I had been shaped, bone deep, by a culture that was alien to the ‘other’ (Buber, 1937; Savage-Rumbaugh, Fields & Taglialatela, 2001; Thompson and Zahavi 2007).

This schism permanently changed how I constructed my internal worldview, particularly with respect to communication and my relationships with others. Given the power vested in, and disciplinary intentions of, the preschool staff, the onus was on me to reframe my world and find the means to make myself understandable in the terms of the ‘other’. I empathised (Thompson, 2007) with the culture of the ‘other’ without expecting this empathy to be reciprocated, unquestionably accepting the workload and responsibilities that this entailed.

The authority vested in the dominant culture decentred (Said, 1999) my own. I quickly learnt to discard my Irish accent and identify those parts of my cultural identity that were to be ‘left at home’. These included the less visible cultural influences from my Chinese grandfather and Indian uncle. Leaving these aspects of my self ‘at home’ allowed me to collude with (Fanon, 1952) and remain safe within the dominant culture. This safety came at a cost. I actively participated in keeping my difference invisible (Fanon, 1952; Pepper, 1996) and consequently lost opportunities to benefit fully from my own cultural heritage. This left me with a sense of isolation: where did I truly belong? In essence, having to learn and relearn culturally embodied normality (Toombs, 2001) meant I lived as if a stranger to aspects of my self (Kristeva, 1991).

Despite these processes of fragmentation (Said, 1994) and the decentred location of my cultural heritage I have been gifted with rich cultural practices throughout my life. Yoga (Coulter, 2004) and Qigong (Johnson, 2000) are examples. Choosing to participate in these cultural practices has asked me to be open to transformations of self (Gallagher & Marcel, 1999). Such cultural practices become inscribed within my embodied identity (Savage-Rumbaugh, Fields & Taglialatela, 2001; Thompson, 2007). They become a part of me and I a part of them[[2]](#footnote-0).

My recent processes of self-development ask me to become intimately familiar with the whole of my self (Maslow, 1954), to heal the schism and the fragmentations within. I have become acutely aware (Depraz, Varela & Vermersch, 2000) of the conflicts that internal contradiction and foreignness create. Rather than reject my cultural heritage or that of the dominant culture I have chosen to suspend the opposition of self and ‘other’ (Buber, 1937), interior and exterior, private and public (Scharmer, 2008) and instead enrich the tapestry of the self by continuously weaving together those aspects of self and ‘other’ that serve best.

In this cyclical liminality (Buber, 1937) it becomes clear that the self is not static or permanent (Varela, Thompson & Rosch, 1991) but rather an emergent property of my active embodied engagement with the world, ‘virtual’ and in fragile flotation, continually evolving (Scharmer, 2008; Varela, 1999; Varela, Thompson & Rosch, 1991). What permits this continual evolution of self is the ability to let go and let come (Scharmer, 2008). In each moment I am free to find a middle way between the opposition of ‘I’ and ‘other’ by exercising the authority of the self to own what I chose to retain, release and adopt from self and ‘other’. Such a constant evolution of self challenges me to be continually engaged in liminality and to tolerate and master ambiguity and ambivalence (Skovholt & Trotter-Mathison, 2011). It is this enactive ontologically fragile self that I bring to relationships, communication and my roles as supervisor, supervisee and therapist.

**2. Power and difference at HIH**

I have over twenty years experience as a therapist and at least ten years experience in each of the disciplines offered at HIH. I have also survived a decade long process of recovering from an apparently terminal illness and created a high level of health and wellness in my life. Given these personal and professional experiences and my position as manager and principal staff supervisor[[3]](#footnote-1) at HIH I have role authority, positional or formal power, legitimate power, referent power, expert power, connection and information power (Bond & Holland, 2011; Brown & Bourne, 1995; Dolgoff, 2004). I also have the ability to reward or coerce. Careful use of this authority and power has meant that establishing trust with my supervisees has been relatively easy.

As staff supervisor it is my responsibility to ensure that supervision is designed to best equip therapists to deliver integrative health programmes. To date my focus has been on creating supervision that is developmentally appropriate and supportive of staff education, self-directed learning, reflection and self-transformation[[4]](#footnote-2) (Carroll, 2009; Davys & Beddoe, 2010; Gilbert, 2001; Hawkins & Shohet, 2006; Littrell, Lee-Borden & Lorenz, 1979; Magnuson, Wilcoxon & Norem, 2000; Maslow, 1954; Owen, 2008; Smythe, MacCulloch & Charmley, 2009; Theriault & Gazzola, 2006; Zorga, 2002). There is a growing body of literature on interprofessional supervision that discusses its considerable value, what characteristics of the interprofessional supervisor and interprofessional supervision are appreciated by supervisees and encourages supervisors to become alert to the interdisciplinary world in which practitioners and their clients already exist (Beddoe & Howard, unpublished manuscript; Cutcliffe, Butterworth & Proctor, 2000; Davys, 2005; Pack, 2009; Van Ooijen, 2003).

All HIH staff are heterosexual women of European descent from relatively affluent financial backgrounds. In their mid-twenties to mid-thirties all are relatively new to the helping professions. In my initial reflections on cultural difference at HIH I saw a culturally homogenous group, however, there are significant cultural differences between staff members due their disciplinary background. Realising that this was a cultural issue was an ‘ah ha’ moment for me that shed light on previously confusing power dynamics and conflicts in our workplace. I recognised that the most difficult power relationships that staff at HIH contend with stem from the use or abuse of the authority apparently vested in them by their disciplinary background. To deliver integrative health programmes team members need to coordinate with each other such that content and techniques derived from different professions or disciplines coalesce to meet client’s needs. This is only possible if all team members are acknowledging and respectful of the value each member’s contributions.

For interdisciplinary work to thrive it is important that I develop, within my own style as a supervisor and within my staff, the use of collaborative power (Brown & Bourne, 1995). As supervisor and manager I hold the power to ensure that proposed changes and innovations that emerge from the team’s use of their collaborative power are actioned. Paying close attention to this transition contributed significantly to the success of the business in recent months. I am presently learning (Beddoe, 2012) the delicate balance between participating collaboratively and accepting, without hesitation, the power that is inherent in my position.

Creating a team of practitioners who are willing to cooperate and engage their collaborative power poses staff personal and professional challenges. Adopting the culture of their discipline is often their most recent personal transformation. Young practitioners, in particular, are often still learning what becoming a professional asks of them: the full breadth of professional skills required, the level of emotional maturity this entails and the significance of their presence as a person to their role as a therapist. In my observation, practitioners generally, and particularly young practitioners, can be inclined to derive their professional identity, power and authority from their disciplinary identity. If this discipline is brought into enquiry, whether it is to develop new forms of practice, closely examine the parameters or limitations of current practice or explore how the discipline may need to be adapted for use with a particular client, these enquiries can be interpreted as an affront to the professional and personal identity of a practitioner of the discipline(s) concerned.

Such enquiry is an important part of the developmental process of interdisciplinary health care. If this form of enquiry is experienced as a professional affront that destabilises the self of the practitioner conflict arises. It is the responsibility of the supervisor and the organisation as a whole to address this conflict (Mueller & Kell, 1972). I recently incorporated Marshall Rosenburg’s (2003) non-violent communication into the management and clinical supervision at the practice to attend to these conflicts (Yegdich, 1999) and this proved effective at reducing conflict and opening up effective communication.

Two themes emerged from that communication. The first was a sense that the team needed a substantive shared platform from which to deliver integrative health care. The second was the need for a sense of self that was both strong and flexible in the face of the inherently high levels of ambiguity (Skovholt and Trotter-Mathison, 2011) that arise in integrative health care. In the next section I attempt to weave together two tools that stand to address these themes.

As a supervisor in an environment that involves high levels of ambiguity I need to strike a balance between firstly, mentorship, being prepared to be direct, actively facilitate supervisees’ progress, supervise closely, model and explain the reasons behind decisions (Carroll, 2009; Gray, 2007) and secondly, the transformational and empowering dimensions of supervision, encouraging supervisees to learn, transform and increase their sense of empowerment and autonomy by taking manageable risks.

Without adequate support young supervisees in particular can experience supervision intended to be transformational and empowering as overly demanding. Such supervision destabilises the scope of practice within which the supervisee feels competent before this territory has become well established and consequently increases their performance anxiety and negative self-appraisal (Bond & Holland, 2011; Theriault & Gazzola, 2006). Making decisions and taking on new responsibilities can be felt as burdensome when a supervisee is not developmentally ready for transformation. Similarly, rather than empowering, supervision that gives a young supervisee the authority to solve problems autonomously can be experienced as unsupportive, absent or inadequate. When I am able to strike this balance the supervision I offer contributes considerably towards making integrative health a safe context for practitioners (Bogo et al, 2012).

A disciplinary boundary can only be negotiated if it is clearly defined. As a supervisor I can role model accurately defined boundaries from the outset of the supervision relationship by ensuring that supervision contracts for practitioners of integrative health are exemplary. This also aids practitioners in negotiating the numerous transference, counter transference and parallel processes that can arise in an interdisciplinary context.

Clients often project the expectation that practitioners demonstrate, in their own lives, the skills of their modality. A yoga teacher, for instance, will be considered capable if they demonstrate significant ability in their own yoga practice whereas a counsellor who is rushed or distressed is less able to inspire trust. To a lesser degree therapists in a team can tend to project these expectations onto each other. Further, if a therapist is working in more than one modality both clients and peers tend to expect them to exemplify all of the modalities concerned in their lives and even be able to deliver more than one modality simultaneously. In my work as a supervisor the boundary between supervision and counselling can become easily blurred. It is imperative that I demonstrate clarity around such boundaries (Gard & Lewis, 2008; Omand 2010; Shipton, 2000; Van Ooijen, 2003) as boundary clarity is critical to success in an integrated context. By doing so I teach by example and model good practice (Carroll, 2009; Gray, 2007).

Ferguson (2005) describes personal awareness as assuming:

the existence of transference and counter transference. It includes an awareness of one’s vulnerabilities and potential or actual emotional responses to the client and a willingness to divulge this information; in some cases the colliding of two personal stories. Cultural differences and sexual or romantic attraction can be dealt with through the process of supervision but require a level of awareness of both parties. (Ferguson, 2005, p.299).

Younger supervisees need considerable support to recognise and learn from their experiences of transference, counter transference and parallel processes. They need to feel able to own as acceptable their vulnerabilities and emotional responses in relation to clients and other team members before they will bring these issues to supervision.

**3. Establishing common ground for interdisciplinary work through supervision**

Skovholt and Trotter-Mathison (2011) describe six developmental phases that practitioners in the helping professions traverse during their careers. The central career task of phase six, the senior professional phase, is to demonstrate “integrity defined as maintaining the fullness of one’s individuality” or a “profound acceptance and full expression of the self” in the practitioner’s work (p.76).

In the case of counselling, Manthei (2012) argues that the self is expressed implicitly from the outset of practitioner training through the choice of a theoretical perspective and therapeutic techniques that fit with the practitioner’s personal experiences and assumptions concerning human growth and change. Frequently practitioners have experienced efficacious care from their chosen modality[[5]](#footnote-3). That practitioners often abandon their career if this ‘fit’ between technique and self is not present (McAuliffe, G., & Eriksen, K., 2000) is a reflection of its importance. Self-expression is not only an ideal that matures across the career of the helping professional it is a necessary condition for the work.

The practitioner’s self-expression is also important for the client. Research suggests that 70-99% of the effectiveness of therapy is due to the presence of the practitioner with client variables accounting for up to 30% and technique accounting for as little as 1% (Lampert, 1986, 1992; McConnaughy, 1987; Wampold, 2001).

If technique accounts for as little as 1% of therapeutic effectiveness then there must be a common ground of caring that is substantially independent of client variables and the discipline of the practitioner. This common ground could offer an important point of connection for practitioners, particularly in the context of integrative health.

If this common ground can be identified and shared amongst practitioners who feel a personal alignment with it, then it stands to provide a team of practitioners with the foundations from which to relate respectfully, co-operate and coordinate in the development of the most effective treatment programme for the client. This foundation becomes the necessary bridge for intersubjectivity (Depraz, 2001; Gendlin, 1964; Kern and Marbach, 2001; Zahavi, 2001) in practice and the integration of different disciplinary perspectives.

Practitioners could integrate aspects of their discipline directly into this common ground. The use of counselling micro-skills by other caring professionals is an example. Alternatively, practitioners could align the unique aspects of their disciplinary practices with this foundation and then build bridges across this ground towards the practice of other disciplines. At an epistemological level it would become possible to model the equivalences and mutually constraining relationships between disciplines (Lutz, 2002; Varela, 1997).

HIH offers services that are drawn from a number of Eastern wisdom traditions, principally, yoga, Taoism and Buddhism. Unconditional love, a state of loving compassion that is fearless and objectless, is a shared core value across these traditions[[6]](#footnote-4). Our practice logo, an infinitely flowering lotus represents the experience of unconditional love. As such it represents a core value shared by all HIH practitioners (Hawkins & Shohet, 2006).

I am seeking an approach to supervision that operates from this same core principle. Passionate supervision is based on this same core principle (Owen, 2008; Smythe et al., 2009) and cultivates the space for: learning, growth, development and self-transformation, an openness to difference, including a positive attitude towards individual excellence, and insight, the ‘ah ha’ moments of profound and sometimes ecstatic realisation (Owen, 2008). Passionate supervision creates a safe space in which practitioners can face the unknown. This space remains well founded in the learning gained from training whilst also supporting the practitioner to express the courage to move beyond learned responses (Smythe et al., 2008).

It is precisely the ability to step beyond established *episteme* and *techne* and trust in *phronesis* that allows a practitioner to operate at the intersection of the discipline they know and that which they do not. This same movement keeps the supervisory encounter alive. *Phronesis* enables the emergence of wisdom from the immediate situation of practice. It empowers the practitioner as therapist and supervisee to improvise and play safely. In the next section I propose a means of developing a *techne logos* for creating, within the space of passionate supervision, learning, self-transformation, creativity, insight, intuition and a means to participate in the unknown.

In most cases, the practitioner’s ability to offer the services delivered at HIH stems from their own personal practice of the underlying wisdom tradition. Yoga therapy, for instance, can only be authentically offered by a regular practitioner of the art. Traditionally a practitioner is nurtured through apprenticeship to an adept and through their own practice and teaching. The supervisory relationship can emulate aspects of this traditional apprenticeship.

One of the greatest gifts of professional practice is the opportunity to utilise work time as fertile ground for both professional and personal development in the art, the *techne,* concerned. The common core of beliefs and functions that are present between passionate supervision and the services at HIH maximises the possibility for supervisees to grow professionally and to derive a sense of personal satisfaction from their work[[7]](#footnote-5).

From the client’s perspective this is equally valuable. Being a practitioner of an art that holds at its core a value such as unconditional love and choosing to cultivate this quality within the self means that this value is embodied in the presence of the practitioner. The practitioner has overcome the gap between theory and practice and can convey this union in their presence, leading to effective therapy.



**4. The ‘meditative cycle’ and the ‘cycle of caring’: a proposed synthesis**

The ‘cycle of caring’ (Skovholt and Trotter-Mathison, 2011) is a powerful explanandum of existing common ground across the ‘high touch’ professions. This cycle involves four phases: empathic attachment, active involvement, felt-separation and re-creation (Figure 2). The ability to positively attach, be involved and separate with ease are characteristic skills of the senior practitioner (Bond & Holland, 2011). Practitioner burnout is often caused by the need to traverse this cycle at a rate that exceeds the practitioner’s ability. Of the four phases only involvement requires techniques that are discipline specific. The rest of the cycle is common across the caring professions. This cycle could form part of a framework within which interdisciplinary work can take place.

I am struck by the similarity between the caring cycle and the meditative cycle (Figure 1). The meditative cycle is as an explication of the fundamental stages in mindfulness meditation[[8]](#footnote-6) (Scharmer, 2000;Varela & Shear, 1999). It is a means to develop a stable but flexible sense of self.

Implicit to the caring cycle is the process of setting aside everyday activity in order to begin a session with a client. This initial process is equivalent to the suspension of normal mentation that prepares the meditator for the redirection of attention (Figure 3). In the case of the therapeutic exchange, empathic attachment and active involvement are the activities undertaken during redirected attention. Separation is a process of letting go and re-creation involves letting come. Just as the meditative cycle scales from one meditative session to the movements that occur in a person’s consciousness across a lifetime, so also the phases of the caring cycle unfold across a session, a contracted series of sessions and even several series of sessions with a client. Interpreting the caring cycle from the perspective of the meditative cycle lends the caring cycle a certain universality. It demonstrates how the caring cycle is a reflection of the cycle of the breath, the seasons and fundamental processes in consciousness. Conversely the caring cycle is a substantial step towards lending the meditative cycle intersubjectivity.

Fully exploring the potential relationship between these two cycles is beyond the scope of the present essay. Nonetheless, if I am correct in asserting a relationship between them this could explain why meditative forms of self-care not only benefit the self of the practitioner but also improve the practitioner’s ability to perform their work. In effect, these forms of self-care are teaching the person of the practitioner how to master the phases of the caring cycle, the transitions between them and the cycle as a whole.

The practice of mindfulness is underpinned by the meditative cycle. Increasing evidence demonstrates that mindfulness enhances the individual’s ability to regulate emotion and bracket emotional experiences, express empathy and compassion, demonstrate a non-judgemental attitude and perform the ‘executive functions’ that enhance the ability to learn (Gallagher & Shear, 1999a; Kabat-Zinn , 1990; Kabat-Zinn, Lipworth & Burney, 1985; Scharmer, 2000 Simpson & Mapel, 2011, Wickelgren, 2012). Mastering the meditative cycle stands to support all of these skills in the therapist.

Skovholt and Trotter-Mathison (2011) claim that learning, and utilising professional empathy requires emotion regulation. Learning, professional development and creativity, like practice, require continuous reflection. The meditative cycle is a *techne logos* for reflection. Therapists also need to demonstrate affective sensitivity, high levels of personal connection, perceptual flexibility[[9]](#footnote-7) and the ability to attach consistently. Baker (2003) describes this as the ability to be emotionally involved and emotionally distant, united but separate as determining self-other differentiation. To avoid burnout therapists need to avoid overattachment and know when to let go. “The ability to detach and reattach is a difficult, advanced skill” (Skovholt and Trotter-Mathison, 2011, p.98). “High-touch work means making a highly skilled professional attachment, involvement, and separation over and over with one person after another” (Skovholt and Trotter-Mathison, 2011, p.106). The meditative cycle teaches each of these skills and how to move through them continuously with ease.

The cycle teaches an openness to change and supports the evolution of a healthy and flexible, or ‘virtual’, self by enhancing the practitioner’s connection to the self (Scharmer, 2008; Varela, 1999; Varela, Thompson & Rosch, 1991). By teaching letting go, the cycle supports the practitioner’s ability to terminate relationships and achieve closure with clients. This enhances the practitioner’s ability to separate from their work and take time for re-creation. By strengthening the self that the practitioner brings to the therapeutic relationship the cycle stands to enhance the therapeutic alliance and the effectiveness of therapy. Given the importance of the therapeutic relationship (Butterfield, 2001; Carroll, 2009; Gard & Lewis, 2008; Hawkins & Shohet, 2006; Hunt, 1986; Kaiser, 1992; Magnuson, Wilcoxon & Norem, 2000; Omand 2010; Van Ooijen, 2003) this stands to improve all other aspects of therapy.

The use of the meditative cycle in practitioner development for integrative health could facilitate the ability of the practitioner to face the unknown or, in other terms, the ability to tolerate ambiguity. Skovholt and Trotter-Mathison (2011) describe a gap that exists between received knowledge, such as the theoretical knowledge that students learn in training, and constructed knowledge such as the self-developed methods of the master practitioner. This gap between knowledge that is presently theoretical and its application in practice is described by Varela (in Scharmer, 2008) as the distinction between ‘know-what’ and ‘know-how’.

Developing the ability to bridge the gap between received and constructed knowledge, theory and practice, to move from external expertise to internal expertise profoundly affects the practitioner[[10]](#footnote-8) as it reduces the experience of cognitive dissonance and the anxiety that dissonance causes. What sits in the gap is the ambiguity surrounding what does and doesn’t work to create positive change for the client. This ‘not knowing’ is the principle source of anxiety in young practitioners. Mastering this ambiguity, being able to sit with it, is the mark of the senior practitioner, it forms a foundation from which creativity becomes possible and the senior professional becomes able to bring the fullness of their individual self to their work. Skovholt and Trotter-Mathison (2011) comment:

“Our work involves close contact with this highly evolved species. The good and bad news, mostly bad for the novice, is that human beings – *Homo sapiens* – are very complicated. … The kind of problems we attempt to solve are full of complexity and ambiguity (e.g., What is human competence, and how do we get there? What is effective counselling? What is the genesis or cure for either depression or anxiety?). To understand this complexity and ambiguity, as practitioners we often use thinking patterns that are not logical, linear, or sequential. Expertise within these webs takes years to develop because complexity and ambiguity are difficult to master.”

At present the tools available for teaching the practitioner how to cope with complexity and traverse this gap are limited. Most practitioners learn through trial and error in an environment where feedback is often incomplete. What is needed are means to master ‘not knowing’ and to enhance our ability to use intuitive modes of functioning, those that ‘use thinking patterns that are not logical, linear, or sequential’. By teaching the practitioner how to let go and let come the meditative cycle teaches how to enter into the unknown. Letting come is the gesture that facilitates intuitive thinking patterns. The meditative cycle could aid practitioners of all levels to master ambiguity and the use of intuition[[11]](#footnote-9) with less risk of burnout. For young practitioners the cycle could enable their survival through the many iterations of caring in the face of the unknown required in order to become experts.

My experience of supervising staff in an interprofessional context suggests that the most difficult aspect of this context is the increased levels of ambiguity the work involves. Using the caring cycle and the meditative cycle could reduce this ambiguity and skill practitioners to tolerate ambiguity. This will not entirely eliminate the inherent ambiguity of working with colleagues who are working with shared clients in ways that are unknown to other team members. This remaining ambiguity could, however, be one of the most important sources of growth within this work.

What these considerations highlighted for me was how vulnerable young practitioners are in an interprofessional setting. They have two layers of ambiguity to contend with: closing the theory/practice gap within their own practice and closing the gap of coordinating with colleagues from other disciplines. Conversely, young practitioners are often the best equipped to cope with the learning demands of such a context. To provide adequate support for young supervisees it may be necessary to include profession specific supervision (Bogo et al, 2012) within the integrative health context. This would be a means to ‘keep on top’ of new developments in specific disciplines (Beddoe & Howard, unpublished manuscript; Bogo et al, 2012).

The question remains: in what context(s) can this work be done? My experience in practice suggests that integrative health organisations benefit as much from group and peer group supervision (Cutcliffe, Butterworth & Proctor, 2000; Gomersall, 2000) as individual supervision. Integrative health provides unique opportunities for individual and group conferences and the supervision of case studies (Yegdich, 1999). These forms of supervision can strengthen teamwork and provide space for the development of new techniques and the reconciliation of professional differences (Beddoe & Howard, unpublished manuscript).

Equally, I would suggest that team performance could be significantly enhanced if each therapist was skilled in self-supervision (Casement, 1985; Gilbert, 2001; Langs, 1980; Littrell et al, 1979). Not only would this skill practitioners in responding to complex situations, by providing a context for deepening self-reflection (Gendlin, 1962, 1978), it would also enrich their contributions to the team. Given that the meditative cycle teaches the process of reflection, I would suggest that it could be used to deepen self-supervision. Just as supervisors are able to reflect on their own practice in view of the experiences of their supervisees, deepening their own development and nurturing creative expression (Casement, 1985; Langs, 1980), the meditative cycle could give practitioners working in a team a similar opportunity to learn independently (Omand, 2010) whilst also reflecting on the context in which they work.

Learning is necessary for self-development, transformation and creative expression. These are best experienced as incremental and cumulative rather than intermittent or abrupt. Employing the meditative cycle in self-supervision could facilitate the consistent reflection necessary to enable the supervisee to utilise the abundant experiences in practice that offer opportunities to learn, transform the self and be creative. Self-supervision makes conscious within the supervisee the attitudes, skills and knowledge promoted by previous models of supervision as they fold into the ability to self supervise (Littrell et al, 1979). This produces a self-supervising therapist who is capable of self management (Gilbert, 2001), meta-analysis and autonomy in practice. Considering the needs of the client within an interdisciplinary context requires the same meta-analytic skills and autonomy.

**Conclusion**

Interdisciplinary work has the potential to offer social ecosystems that nourish complexity and diversity. Much of the professional challenges involved mirror my own experiences of cultural difference (Autagavaia, 2000): permeable and impermeable boundaries, issues of difference, power and authority, visibility and invisible, fragmentation and wholeness, the need for a strong but flexible sense of self within an environment of considerable ambiguity and change.

In section three I argued that identifying interprofessional common ground would be one approach to reducing the ambiguity experienced by practitioners. Unconditional love, in the HIH context is one example of a core unifying value. The approach to supervision I propose could honour this core value is passionate supervision. The ‘cycle of caring’ and the ‘meditative cycle’ are further examples of common ground.

It is not possible or desirable to entirely eliminate ambiguity. In section three I present a synthesis between the ‘cycle of caring’ and the ‘meditative cycle’. Fully exploring this synthesis would be a substantial project. What such a synthesis potentially offers is a means to enhance the strength and flexibility of the self (and intersubjective self) of the practitioner such that the self can navigate high levels of ambiguity and become expert at many of the fundamental skills of practice: reflection, learning, creativity, re-creativity, insight, intuition, compassion, empathy, emotion regulation, perceptual flexibility, affective sensitivity, enhanced personal connection, an ability to attach, detach, achieve closure and termination with ease and demonstrate an attitude of non-judgement. This synthesis could provide the means to create a *techne logos* of the practitioner self as a common ground across the caring professions in all of these respects. It would do so whilst simultaneously enhancing the person of the practitioner. It is both a philosophy and a method (Beddoe and Howard, unpublished manuscript) for interprofessional practice and supervision. I would suggest that passionate supervision provides a context in which such a tool could be utilised.

Using this synthesis within the formative or developmental function (Davys & Beddoe, 2010) of supervision could make supervision immediately relevant to interdisciplinary work. Further, this use of the formative function would support the restorative function by reducing stress, anxiety and fatigue at their source. Integrative health programmes often provide significant opportunities for staff to form relationships of depth with clients that close in a mutually satisfying manner. If the challenge ambiguity presents in this work could be addressed interdisciplinary work could involve minimal levels of practitioner fatigue, compassion fatigue and vicarious traumatisation (Etherington, 2009; Meyer & Ponton 2006).

The normative function of supervision could focus on building a common ground of understanding amongst practitioners and establishing expectations with respect to how staff should behave towards each other. Practitioner’s who hold a position of power or authority (Dolgoff, 2004; Brown and Bourne, 1995), such as doctors in relation to nurses, could be educated in how to build empowering relationships between team members. In this context there could be value in ‘considering the culture of the practitioner’ as a specific function (Davys, 2005) that can connect the other functions of supervision (Mafile’o & Su’a-Hawkins, 2004). HIH is adopting anti-oppressive practices, rather than just anti-discriminatory practices to ensure that practitioners genuinely rethink the values they bring to their staff relationships (Beddoe and Howard, unpublished manuscript; Brown & Bourne, 1995; Davys, 2005; Mafile’o & Su’a-Hawkins, 2004). This is also the role of the mediation function (Morrison, 2001) since the organisation will need to do likewise to support practitioners in this goal. The milieu of the team needs to support anti-discriminatory practice or the efforts of one-on-one supervision will be easily overshadowed. The onus rests on my shoulders to have a ‘well worked out position’ both personally and professionally.

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1. Monocultures and specialisation are largely products of the Industrial Age. Although they have their value they are not necessarily what is needed for the Information Age (Bhagwati, 2005). At this time in human history creativity and diversity can be more easily symbolised and distributed than ever before. Information technologies can be utilised to promote diversity, facilitate learning, and creativity as much as they have been used to promote monocultures. Interdisciplinary supervision is uniquely positioned to facilitate this potential change. We need to [↑](#footnote-ref--1)
2. How authentically entitled to my cultural identity the ‘other’ views me to be is a separate question; one that I am not free to ignore. The power vested in the dominant ‘other’ produces accountability for self and difference. [↑](#footnote-ref-0)
3. The multiple roles I play means that evaluation is never far from view. I need to actively work at creating supervisory situations where evaluation is set aside. [↑](#footnote-ref-1)
4. I am mindful of my supervisees need to find me dependable and supportive whilst also encouraging them to exercise autonomy. To attend to the power differentials and encourage my supervisees to be independent I use self-disclosure (Gard & Lewis, 2008). By doing so I teach by example and model good practice (Carroll, 2009; Gray, 2007). [↑](#footnote-ref-2)
5. Hubble et al. (2010) claim that it is the practitioner’s job to “present a cogent rationale to the client, offer an adequate explanation for the presenting problems, and implement a set of procedures consistent with the rationale and explanation to develop a properly working alliance” (p.28). When the practitioner can achieve this with a sense of personal conviction the working alliance is more effective. [↑](#footnote-ref-3)
6. Hawkins & Shohet (2006) conclude that, ultimately, for the supervisory relationship to thrive the supervisor needs to practice from their own core sense of love and truth or, in other words, from a place of fearless compassion. Such compassion has no agenda. It is fully present and engaged in the moment. [↑](#footnote-ref-4)
7. It is noteworthy that, reflecting on Maslow’s (1954) hierarchy of needs, most of the disciplines employed in HIH strongly attract clients and practitioners who are engaged in self actualisation. Job satisfaction for HIH supervisees is unusually important, easily rivalling economic reward. This makes it necessary for HIH to develop a culture that supports practitioner’s ability to realise their full potential. [↑](#footnote-ref-5)
8. I have applied this cycle to Gendlin’s Focusing process (Gendlin, 1978) and yogic and Taoist meditative techniques and shown that it also underpins these processes (Hart, 2010). [↑](#footnote-ref-6)
9. Perceptual flexibility here refers to the ability to see a situation through multiple lenses. [↑](#footnote-ref-7)
10. This translation process requires numerous iterations and long periods of time in practice. The learning that stems from this process is what allows the practitioner to develop their own style, expertise and authenticity. [↑](#footnote-ref-8)
11. The use of intuition (developed using this cycle) in phenomenological research is being investigated (Petitmengin-Peugeot, C., 1999). [↑](#footnote-ref-9)