

# An Evolving Model of Supervision for Biodynamic Massage

By Gill Westland

Biodynamic massage has always been a supervised therapy and Roz Carroll (1) outlined some of the benefits to the supervisee in her article. However, a model of supervision for Biodynamic Massage has not been articulated and written down. This article will begin to evolve such a model, starting at first by looking at the Basic (Chiron Centre) or Foundation (CPD) Certificate level of practice.

## **Why is a model required?**

A model for supervision of Biodynamic Massage therapists is needed because it is support of the work to have a model which is consistent with practice. Supervisors of Biodynamic Massage also need to have a 'map' within which to debate and discuss supervision issues. Coherence and consistency from supervisors is particularly important for newly qualified therapists when they are at an early learning stage with the therapy. Looking at Biodynamic Massage through medical, developmental or psychodynamic eyes might be useful after years of practice, but in the beginning can be confusing, unhelpful and undermining. Kate Williams and Delicia Mc Neil (2), supervisors of massage, make comments along these lines when considering a supervision of energy based massage therapies from a medical perspective.

Receiving supervision of clinical practice is also part of continuing the capacity of the therapist to reflect on the work from more distance and to deepen the reflective learning of the basic massage training. Kolb (3) puts forward a theory of experiential learning based on a cycle, which can be entered at any point. It has four stages: the experience, the reflection, the conceptualisation, and the experimentation. After a direct experience with an event, there is a review of it, during which personal meaning is given to it, and the new learning is put into practice. However, for learning to occur in the supervisee, it is often necessary for elements of the experience to be identified. Whilst the supervisee will internalise this process, supervision offers the opportunity to support it and deepen the reflective stage and construct one's own meaning. So supervision needs to be consistent with training.

## **What are the needs of newly qualified Biodynamic Massage Therapists?**

Biodynamic Massage Therapists work in a variety of contexts. Some are incorporating Biodynamic Massage into an existing therapy practice such as therapeutic, remedial or intuitive massage, aromatherapy, counselling or Gestalt therapy. Some are adding a skill to nursing or occupational therapy and using it in a work setting in the NHS e.g. acute unit in Mental Health, Crisis Centre, or a Social Services Day Centre. Some work voluntarily in hospices with the seriously or terminally ill. Some may be doing any of the activities mentioned so far, and concurrently trying to set up a private practice with a career change in the offing. The context of the work will impact on the needs of the supervisee. The Biodynamic Massage therapist is a novice, but may be an expert in other spheres of therapeutic work. Biodynamic Massage therapists at this level of practice do not yet have guidelines on the boundaries of professional practice from AHBMT, but CPD issues students with them.

*“Successful completion of Foundation 1 and 2 enables the individual to practise massage. It is not a qualification to use biodynamic massage as a tool of body psychotherapy. It is a therapeutic method suitable for use with those presenting with mild psychophysiological symptoms; those wanting to increase their energy levels and well-being; those wanting to relax; those wanting to develop an awareness of their bodies; and those wanting to explore how the body is a reflection of their relationships and life-style.*

*“Where the certificate is gained by an experienced therapist or health care professional, it may be possible for the individual to consider working with conditions such as asthma, diabetes, psychosis, manic-depression, and life traumas such as incest. However, the advice of a supervisor should be sought and it is recommended that the work is done in conjunction with a medical practitioner.” (4)*

Frequently the novice therapist/supervisee is insecure, anxious, dependent on and fearful of the supervisor, seeing her as adversely judgemental. Often the supervisee is unable to assess his/her own work objectively, is confused, caught in personal issues, which seem like reality e.g. not being good enough; terrified to go out into the world with a named skill (sometimes this is masked by unrealistic confidence), unable to get started. The client’s expectations and therapist/supervisee’s hopes may be dissonant. This can be expressed in therapist statements like – “not much is happening – it is too slow/fast” – etc. Perhaps the most important factor underlying these problems is the supervisee getting stuck in a mistaken belief, *“that therapy is a process of understanding what is in the head of the patient rather than one of interactional participation. There is an illusion that once one knows what ‘it’ means then some form of doing the technique can be practised on the patient who will then be helped.” (5)*

This is an ongoing issue for any therapist, namely to be with *not knowing* and all that entails. Supervisees will need encouragement; feedback; help with identifying strengths and intentions in the work; a safe environment; and a space to process. The supervisor should be able to hold the process of the supervisee, and less directly the process of the client as it lives in the supervisee. The supervisor must have belief and faith in the supervisee’s capacity to practise the therapy when this flags in the supervisee. And the supervisor must hold a realistic boundary around what the supervisee can manage at this stage. She must also be able to provide factual information such as how to find an accountant, premises, leaflet printer, or get a massage table. Also she must help with boundary keeping e.g. over time, money, who clients are, keeping to the agreed contract with the client; and education such as specific information about biodynamic theory or techniques, professional ethics and practice issues.

### **What models of supervision might be close to the needs of Biodynamic Massage Therapists?**

Biodynamic Massage is consistent with humanistic, transpersonal, and psychospiritual principles (6). These value the self regulating potential of individuals, see people as more than any theory and hope to foster therapeutic conditions which will put people in touch with their essential self or core. A helpful humanistic model of supervision is that of Hawkins and Shohet (7).

### **CPD transpersonal models for Biodynamic Massage supervision**

The hope inherent in both models is to bring alive the client-therapist experienced relationship within the supervisory situation. The same degree of respect, awareness and sensitivity to the client should be present in supervision *as if the client were physically present*. Indeed, whilst using this model, it can feel as if the client is present. It seems that as the client becomes a living presence in the room, the supervisor experiences and embodies the qualities of the client, the supervisee and their relationship. Sometimes this is called parallel process. The supervisor shares her experience descriptively and in giving this back to the supervisee the relationship is deepened between supervisee and client. Both supervisor and supervisee will experience ‘bodyshifts’ or moments of ‘insight’ as in the therapeutic relationship. Out of this the supervisee will return to the client in a slightly different way and the relationship will be different. This is, of course, a basic biodynamic theory. The emphasis is on the supervisee and *deepening the experience* of being with this client. The approach is a *descriptive* one. At this stage in the development of the therapist and indeed later, this is the primary starting place. It comes before a focus on the process and content of the therapy. Also belonging to a later stage is more interpretative thinking such as: What is the client’s difficulty as you see it? (diagnosis). But if this way of reflecting on the therapy comes too soon, something of

the unique aliveness of this particular client can get lost. At worst the supervision and consequently the therapy may be deadened.

Two ways of doing this from a psychospiritual/transpersonal perspective are suggested below, which are consistent with each other. One from the work of the Naropa Institute in the USA, and the other from The Karuna Institute as a way of bringing the practice of mindfulness-awareness meditation to the supervision of psychotherapy. The approach has also been used successfully in existential-phenomenological supervision. And it seems possible to bring this way of supervising to Biodynamic Massage (and Body Psychotherapy). Early experiments of using the model for the observer position in triad training exercises and practices seem to indicate its usefulness here as a way of developing the 'internal supervisor' and guiding observation towards reflective learning.

### **Supervision using the Naropa Institute discipline of body, speech and mind (8)**

Whilst not being separate parts of a person, the client is described from the perspective of body, speech and mind. The supervisor might ask questions to deepen experience, but not to speculate theoretically.

#### **Body**

Considerations in this area are; physical description; dress, grooming, colours worn, size, height, skin tone, muscle consistency – hypertonic/hypotonic distribution – distention pressure/transudation pressure, skin temperature and variations, coherence of body parts, posture, mannerisms, what attitude/sense is conveyed by posture? Qualities of tissue to the touch? Peristalsis? Quality of it? Watery, thunderous, dry, crackling, atmospheric? Imagery associated with it? Autonomic nervous system reactions? Balance of horizontal and vertical energy forces? Where is charged tissue/undercharged tissue? How much space does the client take up in the room (spatial dimension)?

Body also includes the physical environment. Where does the client live? With whom? What work does the client do? How is leisure spent? What is daily life like? Busy? Loose? What relationship does the client have/had to body disciplines?

#### **Speech**

The metaphor borrowed from meditation for speech is breath. It indicates a sense of aliveness and connection with it. How does breath move/not move through the body? Sense of ripeness? Ripening? Speech serves as access to mind process. How does the client speak? Tone, modulation, accent, speed/ Dry, tight, juicy, slurpy? Consider phrases, gestures, pauses, direct expression, oblique, focussed, circuitous, Style of communication e.g. story, diary, diagnostic, concrete, metaphorical? How does energy move through the body with speech? Does the client listen to herself, talk at you, with you, through you, beyond you? Are sentences completed? Do they trail away, become emphatic? What is the song of the sentences? Melodious, staccato? Does the client carry conviction that she can mean what she says, and say what she means? Is the talk rooted/core connected? Where does the talk come from bodily? What does it feel like to be with this person? What is invited? Where are you drawn to touch/not touch? What is communication like with the client? What do you know of moods and situations when they arise? Is the client prone to depression? Confident? Angry? Withholding? What conditions elicit these states? How are feelings expressed? Who are significant people? What is communication like with them? How does the client relate to groups, animals, money, dreams, images? Where is the client most alive, least alive? Is there charge/overcharge/undercharge connected with speech? Is it possible to feel the passion and compassion of the client with speech focus?

#### **Mind**

Mind is reflected and revealed through body and speech. In the consideration of mind the focus is on the client's relationship to thought process. How does the client think? What does she think

about? What relationship does she have to mind? Analytic? Intuitive/ Does she give examples? Concrete images? How is the client's concentration? Repetitive thoughts? Hopping about? What makes her eyes light up? How does she relate? With surprise, honesty, silence? What is her mindscape like? How does she work with gaps in thought? How much range is there? What situations expand or contract the mind view? What happens to your mind with the client?

### **Supervision using the model of spaciousness, clarity and compassion ('profound simplicity') developed by The Karuna Institute**

The intention in this model is to reveal the 'wisdom' of the supervisee and to reclaim intuition. In Buddhism there is the idea of 'Buddha Nature'. "It is who we are. This nature, which is also known as intrinsic health or brilliant sanity has several qualities. It is characterised by what may be called spaciousness, clarity and warmth." By inviting the qualities of intrinsic health to supervision and creating an atmosphere and relationship with these qualities inherent, this will be taken to the client (9). Reconnecting with intrinsic health is healing.

So supervision hopes to embrace these qualities and to make them available to the client. The hope is that issues will be expanded out energetically. The rational meaning of the supervision may not be explicit at the time.

#### **Spaciousness**

The hope is to bring space to contraction, solidity, narrowness, and to give containment where there is lack of boundary. IS there space to accommodate whatever experience arises? Questions to consider are: how much space is there, is there room for everything, is everything held lightly? What is not there/allowed? What has the supervisee become identified with? It includes space, time, content, right distance in relationship, relationship to experience. How is the contact reflected? How is the client held? Where is the boundary? What is communicated in the silence?

#### **Clarity**

This is the antithesis of confusion, chaos and excessive sharpness. Lack of clarity will come when perceptions are distorted by our habitual responses to events. What is going on? What is there? How does the supervisee clarity what is going on? What level is clarified?

#### **Compassion**

This is in contrast to meanness and hatred. How much is tolerated? What is defended against? What is the quality of warmth, safety? How does the supervisee respond to suffering? Is the supervisee warm to her whole experience?

### **Ways of deepening the experience**

Sometimes the experience of the supervisee can be deepened in the process by such methods as sculpting, and role play and reversal. For example, the supervisee might be asked to be the client and to attend to the physicality of the client. How does it feel to inhabit this body? What images, thoughts, sensations, feelings arise in you?

### **In conclusion**

This method of supervision tends to focus on the supervisee and the space between supervisor and supervisee. It has a restorative function and attempts to maintain a spacious view of the process. What is there as well as not there is attended to. There is less emphasis on the 'problem' and more on the issue in a wider context.

## References

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