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TALKING POINT

John Launer: On being stuck

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A lot of my work consists of supervision—not in the sense of training and managing people or telling them what to do, but instead offering a reflective space for them to consider their thornier problems. This kind of supervision is regarded as essential in some other professions dealing in complexity, such as social work. In general practice, and medicine more widely, it's far less common beyond the training years than it should be.

Recently I offered this kind of supervision to a young GP who felt stuck with a patient. He was seeing a woman with multiple symptoms that had eluded diagnosis or successful treatment. He was trying to help the patient see things in a different light—as the consequence of life experiences perhaps or in a way that might be tackled through her own strengths. Nothing he did or said seemed to make a difference. This is of course the familiar stuff of general practice.

Although he wanted my advice, I couldn't think of anything he hadn't already tried. I felt a strong urge to encourage him to let go. I wanted to explain that some people like his patient take years to change and that he should stop beating himself up for failing to help her.

But a small voice inside my head cautioned me that I was about to do exactly what he was doing with his patient—namely, trying to persuade him to alter his attitude. Why on earth should he do so, any more than his patient? We were in danger of getting stuck in a loop of futile attempts to mould others in our own image. This kind of interaction is sometimes called a parallel process or “mirroring.”¹ Good supervision often depends on identifying it and trying to avoid it.

As it happens, there was someone else in the room: another experienced educator I've often worked with. So I turned to her and explained my dilemma. I wanted to persuade my young colleague to change, I told her, just as he wanted to do with his patient. The other educator (you might call her my super-supervisor) listened and asked me some questions about my dilemma. The young GP listened in to our conversation too. And then something budged. He started to talk in a different way.

He explained that his patient had suffered a tragedy some years ago and that perhaps it was taking longer for her to come to terms with this than he expected. Even though he found their consultations frustrating, the patient always expressed gratitude and said their meetings brought some relief. The conversation with me, but especially my conversation with my colleague, had freed something up. “It may take time,” he reflected.

I've had hundreds of conversations like this over the years. They don't work by offering magic but by resisting the temptation to offer it. They depend on listening to people's stories and carefully creating a space for them to evolve at their own pace. They also depend on recognising that the only person in the room you can ever change is yourself.

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1 Morrissey J, Tribe R. Parallel process in supervision. *Couns Psychol Q* 2001;14:-10doi: 10.1080/09515070126329.