

to coupling thinking and feeling to an organizational reciprocal role enactment as detailed in CAT.

Mentalization can be symbolic, making active use of metaphor or story. More often mentalization is created via working with another to create a narrative made up of coherent parts. We understand as therapists the value of a story, even when that story is about pain and loss. To understand the story is to create a coherency and with coherence emerges a sense that the story can be understood. If a story can be understood one can respond differently to it. Thus the story forms the exit in a CAT informed organizational SDR. The task is to create an emergent narrative. Within CAT theorisation this maintains key conceptual links to making explicit the internalized voices and signs inherent in communication, drawing upon Vygotsky's work (Stiles, 1997).

Mentalization maintains a self-other focus as does CAT. When CAT works at a systemic level this arises out of the process of being able to understand the system outside self, coupled to an understanding of how self and the system fit together. Mentalization is "attending to mental states of oneself and others, coupled with the implicit or explicit awareness that these mental representations of reality form one of many possible perspectives" (p22 Allen et al 2008). Exits act as a mentalizing process of the emotional distress that results from organisational-staff reciprocal role processes. Losing a sense of organizational mentalization means inevitably that you have lost the sense that there is any other alternative other than to be 'done to' by the organization because one is placed in a fixed position, for example of 'child-like' helplessness in relation to a neglectful system.

Making explicit or externalizing the felt communication via an exit narrative enables the supervisee a way to think and therefore respond in an externally real way, as opposed to an infantile hurt or terrorized way. However, exits constructed in this way go beyond a specific emotional/ behavioural response sequence. A narrative exit supports a whole picture to develop and reveals one's part in the story. With this picture emerges the cognitive flexibility and the tools to find ways out. It therefore enables, a moving away from the reciprocal roles of 'bully-bullied' or 'unavailable-anxious' which are often at the core of dysfunctional organisational dynamics because one can hold the whole story in one's mind. In CAT supervision used in this way, we are therefore making narrative links that make explicit the implicit narrative between self and system. This is elaborated on in Paper 2. References, see Paper 2 below.

## Paper 2. Applying the Ideas into Practice: Narrative CAT Exits in Organisational Supervision

Sue Walsh

### Summary

This second paper outlines the implementation of these ideas within a supervisory relationship. The paper describes an organizationally informed SDR, examples of narrative exits and a case study description of the supervisory applications of ideas into practice.

### Introduction

Over the years of supervising others using a CAT organizational frame there appears to be key narrative exits which may help. The utility of metaphors has long been recognized

within organizational theory as both a means of comprehending complexity and thereby as a means for informing action (Morgan, 2016, Morgan 2006). It is argued that narrative can enable the supervisee to mentalize a felt organisational experience, aiding understanding about what is going on rather than suffering it unthinkingly. The narrative acts therefore as a gate out of the 'felt', (but not understood), organisational experience. If you can see what is happening to yourself and others, why you feel afraid or alone then you can decide on your course of action rather than get caught up in

something personally or professionally destructive. A strength of a narrative exit is that very immediately the supervisee can comprehend why the 'actors' in the story might be acting in the way they are and therefore why they feel the way they do. If the supervisee can come to know what is organisationally being enacted then they can decide how to respond in a healthy and an informed way.

There is an important difference when using narratives as exits in this way. They are not necessarily showing the means to exit in a 'healthy way' (such as

you would construct in a therapeutic contract with a service user). In fact all the narratives shown in the SDR are at best troubling and at worst harmful to the 'actors' in the stories. The supervisory goal is to make explicit harming organisational relational processes. Thus, in different ways the function of all the narratives is to make organizational dysfunction known to the mind of the supervisee, not to display specifically a healthy response. Behavioural, strategic, political and personal responses are constructed with the supervisee after the narrative is clear.

To show how this works in practice, a very common CAT organizational supervision SDR is presented in figure 1.

### The SDR

The reciprocal core indicates there appears to be two dominant organisational experiences which are either the overcontrolling/

critical organization in relation to a crushed/humiliated staff member or an unavailable/unthinking/neglectful organization in relation to an anxious/angry staff member.

The SDR shows that the behavioural response to either feeling victimized/ anxious is to prove oneself. This can take one of two forms: either, out of anxiety to prove oneself one focuses obsessively on the detail of the work (which ultimately fails because you achieve little), or for the supervisee to take on the system in some other way (angry, endless emails that get no response from management or HR, or face -to-face confrontation which achieves nothing). Both patterns ultimately fail and are comfortless, thus reaffirming the bullying, neglecting sense of the organization. As we proceed around the SDR, a response to this is to over identify with in and out groups in the work system, becoming cynical and contemptuous of both

management and work groups that you don't identify with (and ultimately the service users). This is unrewarding and so an emergent sense of disconnection and withdrawal from the work is almost inevitable, reaffirming an empty, anxious but angry position.

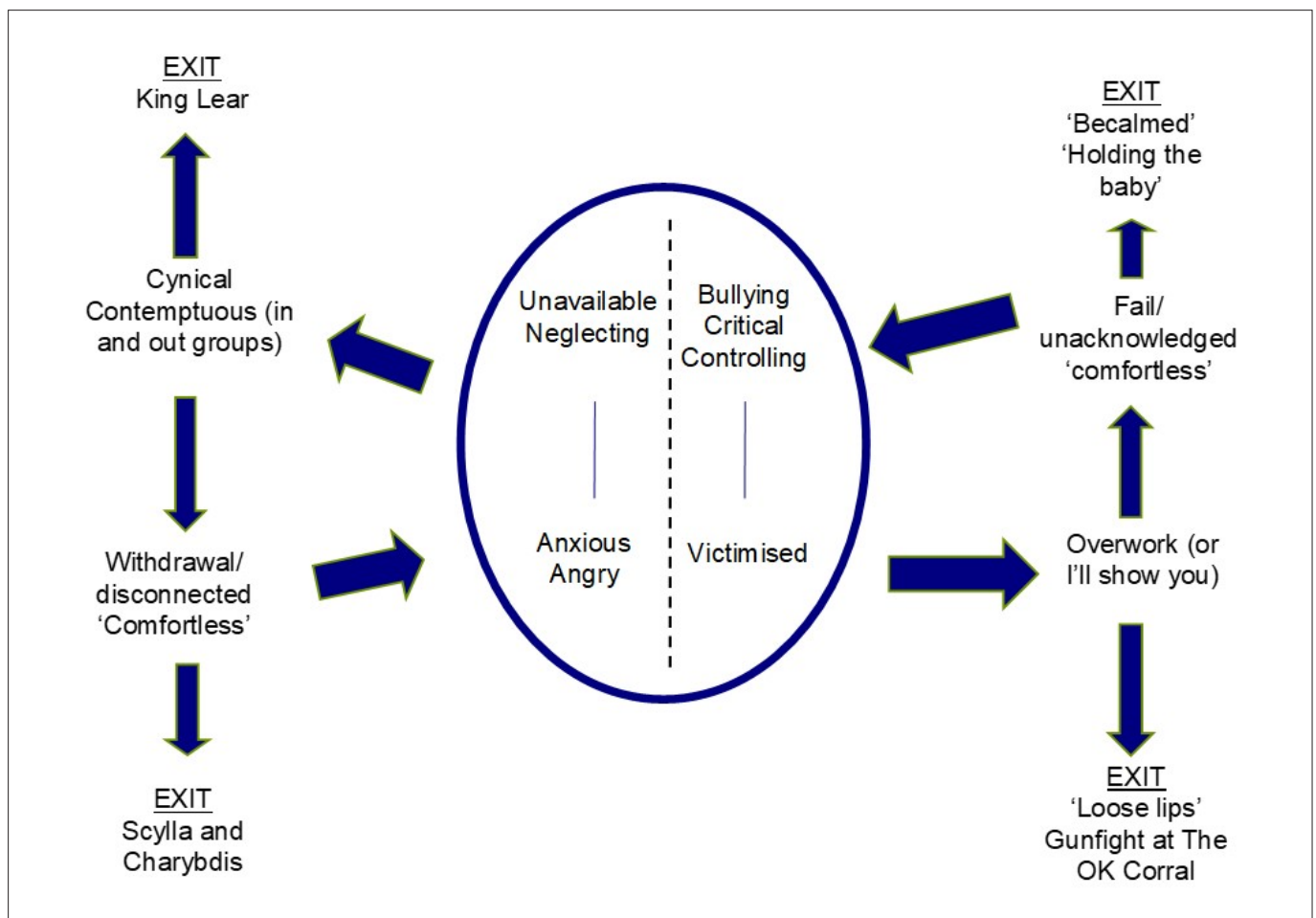
### Examples of narrative exits

By integrating a mentalization approach into our understanding of exits, the task becomes one in which the staff member through narrative comes to understand two things: an internalized sense of the organization and a way to make sense of their response. If the supervisor is able to make sense, through creating a narrative, then the staff member can decide whether this response is in their best interests.

For example:

#### 'Loose lips sink ships'

An American phrase which can be found on World War II propaganda



posters. Similar to the British phrase also around at the time of 'careless talk costs lives'. This is a useful narrative to use for the supervisee who has lost their boundaries, leaking inappropriately/contemptuously often about staff members and how useless they are. This sabotages anything good and makes all other staff around you paranoid and afraid.

### Gunfight at the OK Corral

Made famous in the movie of the same name, this shoot out in Tombstone Arizona in 1881 between an outlaw group called the Cowboys and lawmen (famously Wyatt and Virgil Earp and Doc Holliday). The gunfight emerged as the result of a longstanding feud between the groups. The lawmen had been repeatedly threatened because the Cowboys felt their illegal activities were being undermined. The 30-second shoot out left three of the Cowboys killed and Doc Holliday wounded. However, what is less well known is the shoot-out did not end the violence and reprisals followed. This narrative is used when staff out of hurt and fear come 'looking for revenge' and develop a hero story about what they are going to do and to whom, about who is good and who is evil. It is important to look at the reality of revenge and justice fantasies. The aim is to endure.

### Becalmed/ Holding the baby

Staff arrive for supervision 'completely at sea'. Whatever they do makes no difference, and they become paralysed in relation to the work performance; 'waiting for the wind' to pick up. Staff often feel that they are waiting to be punished and are often scared and so this has echoes of The Rime of the Ancient Mariner by Samuel Taylor Coleridge. The ancient mariner in the poem kills the albatross that has brought him such luck during his journey and so becomes becalmed and cursed. "Down dropt the breeze, the sails dropt down, 'Twas sad as

sad could be; And we did speak only to break the silence of the sea!"

### King Lear

King Lear, an elderly Monarch at the point of handing over power, disposes of his Kingdom on the basis of the flattery and lies. Lear demands of his three daughters to say which of them loves him the most and that on the basis of their response they will be rewarded with the greatest share of power. Goneril and Regan (his two eldest daughters) flatter him with promises of love and respect. His youngest daughter Cordelia is unwilling to speak out in this way but eventually lets him know that she loves him exactly as much as a daughter should love her father. Lear, enraged by this response, disowns Cordelia and gives away his authority to rule England to his two elder daughters. Thereafter, a tale emerges of cronyism, betrayal and tragedy. Loyal members of court who try to tell Lear the truth about his elder daughters are dismissed, the powerful cannot 'see' the truth and have around them those who flatter their vanity. Staff come to supervision with tales of in and out groups, of managers giving good things to their own groups and punishing others. This Shakespearean play can be a very useful narrative in which to explore the power of 'group think' during organisational change. A leadership group will sometimes recruit only those who replicate their position and story thereby cutting out the difficult or challenging alternative voices. When this narrative has hold, the clinical realities of losing or changing services can be ignored by a management team.

### Scylla and Charybdis

Taken from the Homeric poem detailing the sea voyage of Odysseus who has been on an epic journey and is trying to return home to his wife in Ithaca. Scylla was described as a six-headed monster and Charybdis as a whirlpool. These threats are seen as inescapable for Odysseus. If he avoids one he

would be forced to face the other. Odysseus chooses to pass close by Scylla therefore making the decision to lose only a small number of his crew rather than potentially losing everything. The meaning inherent within this narrative for staff is the acknowledgement that something is always lost in the change process but that it need not mean everything, particularly not the supervisee's mind. Organizational change can actually mean that staff give up cherished ways of working and positive and caring relationships with other staff and service users. The discussion to be had is how precious things can be retained at work and how to do this. A case example, using the organizational SDR and the narrative exits follows.

### A Case Example.

Joe has asked to see you for some space 'to sort out his head about work'. When you meet him he lets you know that he does not think he is managing either his clinical work or his managerial responsibilities well. He is a senior nurse and has led a service for a number of years. However, the service is currently being put out to Tender, significant restructuring is underway as a way of making the existing service economically attractive. As Joe describes it 'all hell is breaking loose'. What this means is that a number of staff have gone off work due to stress and a number of complaints have been made about poor service provision and poor risk management. Joe feels increasingly under scrutiny and paranoid about his own position. This he finds very painful as he has had an exemplary work record and is a very loyal member of the Trust. He is working very long hours to try and cover shifts, never switching off when he gets home and for the first time in his professional career he has had to take periods of time off work due to ill health. This of course means that he has had a number of meetings with his manager about his absences from work. These



meetings he finds humiliating as he is made to feel he is not coping. He has been trying to find out what is happening to his service but is not getting any response from anyone. He feels betrayed and angry about what is happening to him, his staff and his service. He feels he moans a lot about senior managers to his colleagues but then worries whether he has let himself down by doing this so publically.

As a supervisor, it is important to establish whether Joe is fit to be at work and to do this in a non-punitive way. Using the SDR from figure 1 I drew for him the reciprocal roles and the procedural sequences that follow. His felt organizational experience is that he is caught in an unavailable and bullying exchange which leaves him feeling anxious, angry and victimized. He is overworking and there is not enough of him to plug the gaps in the system- he cannot do everyone else's job and so he fails, going off sick. He eventually returns to work feeling criticized by the system for falling ill and not coping. He is also harshly self-critical. He neglects his own health and the needs of his own family. He returns to work full of anxiety about what he is going to face and lets his staff and everyone else know about what a load of idiots run the system. However, this leaves him feeling ashamed of himself, having torn loyalties (after all he is a manager too). He then goes and hides in his office away from his staff who need him to lead the tendering process and so thus he becomes unavailable to them increasing their own anxiety.

If Joe continues to respond in this way he will damage his health at the very least and so this way of responding is not psychologically viable over the medium to long term. In addition, he is not functioning as an effective and containing leader because he is himself not being contained. There is also a reality to be faced which is it is likely that no one really knows what is going

on and thus this may be effecting the whole hierarchy. Drawing the SDR in figure 1 allows two things to take place. First, Joe can be provided with a sense that this is not solely in his head, that there is a way to understand why he is feeling and behaving the way he does. Second, all the exit narratives apply to Joe's situation and once he had these stories in his head he felt he could respond differently to the organizational pressures. There were two significant exit narratives for him. First was 'Becalmed/Holding the baby'. These stories revealed to him that his sense of himself was under threat- being powerless to change direction, to rescue a service he had created and loved and which was now being dismantled. Second, he also found Scylla and Charybdis helpful because the strategic decision to be made is whether he sacrifices himself or whether he can hold onto parts of himself he liked and valued to develop an effective tender and preserve aspects of a service that had worked well.

## Conclusions

Hopefully, in the course of public service we will have experienced employing systems within which we can take creative risks, enjoy the privilege of working with service users and be sustained and trusted by our work colleagues and leadership. Sadly, too often staff report feeling undermined, overwhelmed and over-controlled as public services meet the ongoing demand to change, meet cost pressures, become lean and diversify.

Supervision or reflective spaces are often diminished as organizational change goals are prioritised. The 'organization- in-the-mind' (Armstrong, 2005, Evans, 2015) reveals that the shadow of the organization can pervade the mind of the staff member to the extent that it masks the clinical work. Emotional availability, the capacity to listen, to establish caring boundaries

and to formulate requires that staff are provided with space and time to digest the trauma and sadness of clients. To do this well we need to provide staff with a means of psychologically grasping the organization that is in their mind and which influences their work. The Mid Staffordshire Public Inquiry has revealed (yet again) the connection between a brutal organizational change process and brutalizing clinical care. The pressures of forcing through a business culture can too easily eclipse staff and management compassion for their patients and each other.

As supervisors, we should be in the business of providing staff with useful tools to understand how the health service context impacts upon one's capacity to deliver caring, thoughtful clinical services. Organizationally informed CAT supervision cannot take away the upset of being downgraded, of being pushed to the organizational sidelines, or of being forced to take early retirement. Supervision should not be corrupted by making the intolerable tolerable. Political action and whistle blowing remain necessary tools.

However, organizationally-informed CAT supervision can be particularly useful when the staff member's capacity for thinking has been undermined by either a combination of a fearful and ongoing organizational change process, or where the staff member is part of an investigation (disciplinary or otherwise), or when the level of organizational disturbance/client complexity cannot be managed within the mind of the worker who does not know which way to turn. The task of such supervision is to provide the supervisee with psychological space to think and work. Integrating CAT alongside a mentalizing approach in order to construct exit stories seems a useful way forward.

The pain of something real ending or changing is fundamental to staff gaining access to understanding

their psychological reactions  
to organizational change

As one of my clinical supervisees  
has said "I would have given my  
life to the NHS, not any more". This  
disconnection is a profound loss to  
services. Providing an organizationally  
informed thinking space for staff may  
be a small step towards holding  
on to loyal and committed staff.

I would like to thank Professor Glenys  
Parry, Sharon Warden and Dr. Jan  
Mead for comments on earlier drafts.  
Heartfelt thanks are also offered to  
Rachel Hill for drawing out the many,  
many versions of the CAT maps I did.

## References

- Allen, J.G., Fonagy, P. and Bateman, A.W. (2008). *Mentalizing in Clinical Practice*. American Psychiatric Publishing, Inc.
- Armstrong, D. (2005). *Organization in the Mind: Psychoanalysis, Group Relations and Organizational Consultancy*. Karnac: London.
- Bambling, M., King, P., Raue, P., Schweitzer, R., Lambert, W. (2006). Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research*, 16, 317-331.
- Bond, M. and Holland, S. (2010). *Skills of clinical supervision for nurses. A practical guide for supervisees, clinical supervisors and managers*. 2nd Ed. OUP: Berkshire.
- Bradshaw, T., Butterworth, A., and Mairs, H. (2007). Does structured clinical supervision during psychosocial intervention education enhance outcome for mental health nurses and the service users they work with? *Journal of Psychiatric and Mental Health Nursing*, 14, 4-12.
- Cooper, A. and Lousada, J. (2005). *Borderline Welfare: Feeling and Fear of Feeling in Modern Welfare*. Karnac: London.
- Evans, M. (2015). "I'm beyond caring": A response to the Francis report. In Armstrong, D. and Rustin, M. (Eds). *Social Defenses against Anxiety*. Karnac Books: London.
- Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. executive summary. London: Stationary Office, February 6th 2013. ISBN: 9780102981476. 116p. Presented to the Parliament pursuant to Section 26 of the Inquiries Act 2005. Ordered by the House of Commons. HC947
- Fleming, I and Steen, L. (2012). *Supervision and clinical psychology: Theory, practice and perspectives*. 2nd Ed. Routledge: Sussex.
- Fotaki, M. and Hyde, P. (2015). Organizational blind spots: Splitting, blame and idealization in the National Health Service. *Human Relations*, Vol 68(3), 441-462. DOI: 10.1177/0018726714530012.
- Hawkins, P. and Shohet, R. (2012). *Supervision in the Helping Professions*. 4th Edition. McGraw Hill OUP: Maidenhead, UK.
- Kellett, S., Wilbram, M., Davies, C., Hardy, G. Team. (2014). Team Consultancy using cognitive analytic therapy: A controlled study in assertive outreach. *Journal of Psychiatric and Mental Health Nursing*. 21, 8, 687-697. <https://doi.org/10.1111/jpm.12123>
- Kerr, I.B. (1999) Cognitive analytic therapy for borderline personality disorder in the context of a community mental health team: Individual and organisational psychodynamic implications. *British Journal of Psychotherapy* 15, 4, 425-437.
- Long, S. (2008). *The Perverse Organisation and its Deadly Sins*. London: Karnac.
- Maben, J., Peccei, R., Adams, M., Robert, G., Richardson, A., Murrells, T. and Morrow, E. (2012). Patients' experiences of care and the influence of staff motivation, affect and wellbeing. Final report. NIHR Service Delivery and Organisation programme.
- Morgan, G. (2006). *Images of Organisations*. (3rd Ed). Thousand Oaks CA: SAGE
- Morgan, G. (2016). Commentary: Beyond Morgan's Eight Metaphors. *Human Relations*, Vol 60(4) 1029-1042. DOI: 10.1177/0018726715624497.
- O'Connell, B., Okerby, C.M., Smenda, H., Bucknell, T.K. (2013). Team clinical supervision in Acute Hospital wards: A feasibility study. *Western Journal of Nursing Research*, Vol(35), 330-347. DOI: 10.1177/0193945911406908.
- Pickvance, D. (2016) (Ed.). *Cognitive Analytic Supervision: A Relational Approach*. Routledge: Oxon.
- Pilling, S and Roth, A.D. (2014). The competent clinical supervisor. In Watkins, C.E. and Milne, D. (Eds.) 'The Wiley International Handbook of Clinical Supervision'. John Wiley Pub: Sussex.
- Rousmaniere, T.G., Swift, J. K., Babins-Wagner, R., Whipple, J.L., & Berzins, S. (2014). Supervisor variance in psychotherapy outcome in routine practice. *Psychotherapy Research*, DOI: 10.1080/10503307.2014.963730
- Scaife, J. (2009). *Supervision in Clinical Practice. A Practitioner's Guide*. 2nd Ed. Routledge: Hove.
- Shannon, K., Butler, S., Ellis, C., Mclaine, J. and Riley, J. (2017). 'Seeing the unseen'. Supporting organisational and team working at YMCA Liverpool with multiple complex clients. The use of cognitive analytic concepts to enhance service delivery. *Reformulation: Theory and practice in cognitive analytic therapy*, 48, p5-15.
- Stiles, W.B. (1997). Signs and Voices: Joining a conversation in progress. *British Journal of Medical Psychology*, 70, 169-176.
- Walsh, S. (1996). Adapting cognitive analytic therapy to make sense of harmful work environments. *British Journal of Medical Psychology*, 69, 3-20.
- Watkins, C.E. Jr. and Milne, D.L. (2014) Eds. *The Wiley International Handbook of Clinical Supervision*. Wiley Blackwell: Chichester.
- Wheeler, S., and Richards, K. (2007) The impact of clinical supervision on counsellors, their practice and their clients: A systematic review of the literature. *Counselling and Psychotherapy Research*, 7, 54-65.
- White, E. and Winstanley, J. (2010). A randomised controlled trial of clinical supervision: selected findings from a novel Australian attempt to establish the evidence base for causal relationships with quality of care and patient outcomes, as an informed contribution to mental health nursing practice development. *Journal of Research in Nursing*, 15, 151-166.

## Gift Aid

In May 2011 ACAT became a registered charity and one of the advantages of this is  
that members may now Gift Aid their subscriptions if they wish to do so.

If you are a UK tax payer, ACAT can receive an additional 25p for every £1 you  
are giving – or have given for up to four previous years.

This is at no cost to you and it really can make a difference!

For full information please login to the website and visit:

**[www.acat.me.uk/news/130/Gift+Aid](http://www.acat.me.uk/news/130/Gift+Aid)**