

REPORT

Thresholds: Skype supervision and the liminal within a 'journey of two'

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ABSTRACT

In this report a trainee music therapy supervisor and a newly qualified supervisee explore their different perspectives of music therapy supervision within the context of what Amir (2001 a) describes as a 'journey'. It is written as a series of reflections, aimed at stimulating discussion and awareness about liminal and intuitive processes through the writers' experiences of working in a virtual, dreaming space. Through examination of clinical material, transference and counter-transference processes, and acknowledgement of the symbolic, the writers detail how this liminality impacted the supervisory relationship, the clinical work, and the relationship to the training institution. The authors conclude with thoughts on how this enhanced their practice.

KEYWORDS

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A NOTE ON THE LITERATURE

Until recently music therapists in the UK had no choice but to undertake supervision training designed for psychotherapists, due to the lack of training in music therapy supervision. This report documents the experiences and perspectives of a trainee supervisor on the first course in music therapy supervision in the UK, and a newly qualified supervisee, as they reflect on the process of supervision and the development of the relationship.

A literature review reveals a wealth of material on supervision from a psychotherapy or analytical perspective (e.g., The UK Balint Society, 2012; Cwick, 2006; Hawkins & Shohet, 2012), but much less has been written or researched on music therapy supervision. In 1984 Stephens wrote:

The subject of supervision for the music therapist is becoming increasingly important in light of growing concern and interest in the music therapist's training and development after formal education is completed. The type of supervision most useful for music therapists is, therefore, important to address. (Stephens, 1984, p.1)

It would not be until Forinash published *Music Therapy Supervision* in 2001, that a book would become available addressing this issue through a variety of perspectives on clinical supervision, mainly by American authors (Forinash, 2001). It would be another 11 years before Odell-Miller and Richards (2012) would publish the only other textbook, *Supervision of Music Therapy*, which incorporates a variety of perspectives from the UK and Europe. More recently the music therapy community has begun to address the lack of individual articles on supervision, such as those written by Kang (2007) on peer supervision for GIM therapists, and Kim (2008), who explored the supervisee's experience in cross-cultural music therapy supervision. Edwards and Daveson (2004) discuss resistance and parallel processes in the supervisory relationship when supervising students, whilst Young and Aigen (2010) concentrate on supervising the supervisor, using live music to help identify parallel processes. Kennelly, Baker, Morgan and Daveson (2012), and Kennelly (2013) have focused on music therapy supervision and research on supervision, in Australia. The authors of this report hope to add to this growing body of work, through their reflections on the process of Skype supervision which took place within the UK.

The writing of this report was a collaborative effort, undertaken by email exchanges through which ideas were discussed and developed. Originally given as a presentation at the 2018 British Association for Music Therapy conference in London, and at Anglia Ruskin University's Supervisor's Placement Training day in the same year, it details how meeting through Skype affected the development of the supervisory relationship, and the relationship to the client's material. It draws on two case examples to illustrate the process.

The ideas presented in this report may be of interest to music therapy supervisors and supervisees, but also those of any discipline who find themselves working in a liminal space using Skype, Zoom or similar applications and software. As video and audio technology is becoming increasingly relevant in the therapeutic field, particularly for those who are geographically isolated, the authors hope this report may encourage consideration of the ways it can affect, enhance or influence the supervisory relationship.¹ The material which follows describes the supervisory journey from the individual perspectives of each author.

¹ Vigilance is required regarding confidentiality as some platforms, such as Skype, are now considered less secure than at the time the supervisions took place.

BACKGROUND

Maria (supervisor): I qualified from Roehampton with a Postgraduate Degree in 1999 and have worked in a variety of settings, specialising in adults with learning disabilities and older adults living with dementia. When I saw the University of the West of England (UWE), were offering a progress route to a therapeutic, rather than a research MA, in 2016 I eagerly pursued this opportunity to upgrade my qualification, mainly because they were offering a 30 credit module on music therapy supervision, which was the first training of its kind in the UK. I was also able to study Guided Imagery and Music (GIM) and Evidence Work Based Learning to complete the MA.

The supervision course consisted of eight monthly meetings in which there were seminars and papers on various approaches to supervision; these included the Balint (The UK Balint Society, 2012) and 7 Eyed Models (Hawkins & Shohet, 2012). There was a strong emphasis on the creative, for instance, using small objects (known as spectrogram) to create relational patterns or explore projections, thoughts or feelings about the client. We also worked with images, creative writing, and music listening and mandala drawing, as in GIM. We improvised together to explore the triadic relationship of client, therapist and supervisor, and also used a method of group supervision developed by music therapist Heidi Ahonen Eerikainen (2003), in which each therapist musically enacts an aspect of the client / therapist relationship. Additionally, we met in small groups each month for supervision of our own supervision.

Sally (supervisee): After a long career, teaching children, I embarked on a Music Therapy MA at UWE in 2012. The course was challenging and life-changing and when I graduated it felt like a completely new beginning for me. However, living in a rural community in Cornwall with no practising music therapists or supervisors nearby made me feel isolated, and trying to find work was difficult. I missed the support that studying at UWE had given me and the only feature of continuity was my work in a dementia care home where I had set up my final placement.

When the opportunity arose in May 2016, of studying GIM Level 1 back at UWE, I took it eagerly. This is where I met Maria and by the end of that week not only had the horizons of GIM been opened up to me, but I had found myself a supervisor! Although we lived 300 miles apart, I agreed to be the supervisee for Maria's training, and she was happy to be my supervisor.

THE 'JOURNEY OF TWO'

Supervision is a journey of two, it is like an improvised song: it creates itself in the here and now, out of material from the past. It starts from a specific title, word, or sentence, and travels to the unknown, that is based on the known. (Amir, 2001a, p.210)

Sally: Looking back now Maria and I can clearly see the influence that GIM had on the supervisory process. Through receptive listening, GIM accesses the imagination and encourages creative responses to effect change. This process had started subconsciously within us during the Level 1 training. (Primary trainer Leslie Bunt offers three levels of GIM training, three being the most advanced,

which on completion, leads to a Fellowship of the Association for Music and Imagery). By listening to music in different ways we were becoming aware of the many levels of consciousness and our own personal responses, which we shared together when appropriate. This was the genesis of our way of working together, our earlier, shared experience.

Maria: As mentioned already, the supervision training at UWE incorporated many creative approaches to help us explore and get below the surface of the supervisee's and client's experience, supporting us to connect with unconscious or subconscious processes. For example, the mandala shown in Image 1 was drawn whilst exploring the beginning of the relationship, as part of a music listening process.



Image 1: Mandala reflecting the beginning of the supervisory relationship (Radoje, 2017)

It was a natural progression for me to consider paying attention to my dreams since I have always dreamed vividly, and think it is important to listen when dreams regarding my work surface. There were two dreams which were relevant to this supervisory process, and at an appropriate point, I decided to risk sharing them with Sally, though I was unsure how they would be received, and the impact they might have on her and her work. Additionally dreams have never in my experience, been discussed within music therapy trainings, and rarely appear in music therapy literature, so I wondered how ethical or appropriate it may be to share what I saw as a personal processing of the material, however relevant it was to the case. Later in the report Sally and I will reflect on how the dreams impacted on the supervision, but prior to this we will touch on how music therapists access supervision within the UK, the setting up of the supervisory contract, and why meeting by Skype may become one of the few options open for some therapists.

In 2016, a supervision interest group was set up for the first time through the British Association for Music Therapy and a survey undertaken by Rickwood (2017) revealed some interesting points about how practitioners access supervision:

- 10% of the 40 supervisors who answered, offered Skype supervision.

- When asked how they chose a supervisor, the majority of respondents chose someone who was geographically near to them, had experience in their field, or had been recommended, with geographical nearness being the most important component overall.

Sally: As geographical proximity is a major consideration for most supervisees, there are several advantages and disadvantages to using Skype. Both people are in their own environment and there is an economic advantage regarding the time spent travelling and the costs involved. Skype can bring people together who may not have a supervisor living near them e.g., rural parts of the UK and parts of the world where there are few other music therapists. Whatever the situation, Skype widens the choice for all. Some disadvantages may centre on technology. For instance, it is difficult to make music about the client when not in the same room with each other and there are potential issues with confidentiality and security when sharing recordings. Maybe the main disadvantages are to do with the different kinds of reality that I think are created. Not being in the same room can be seen as a barrier to connectedness because it is harder to 'read' the other person to pick up on those non-verbal cues, and there can be a distinct lack of flow if there is a technical problem. These factors could possibly impede the development of the relationship, though conversely, for some populations this could be an advantage. Baker and Krout (2009), for instance, found that distance was actually helpful in therapeutic song writing sessions with a young man on the autistic spectrum, who presented as more confident and engaged than during face to face sessions.

Maria: It is also important when establishing the supervisory relationship to reflect on the boundaries or supervisory contract prior to starting supervision, and Sally and I spent some time thinking about what might be useful and relevant for our method of working. As we were not able to meet in the same space, we considered having additional contact outside of the Skype supervision, by email or phone to facilitate the working relationship if necessary.

Reflecting on the wider profession, it can be helpful to consider how music therapists establish these boundaries at the outset of supervision, whether or not to use verbal or written contracts, and to think about how different theoretical perspectives may be explored and integrated into the supervision. Additionally, time/place/frequency all have to be negotiated. Setting boundaries helps manage expectations of what can and can't be met in supervision, and what may be more appropriately taken to personal therapy. Many music therapists also supervise students. Careful consideration needs to be given to how much time can be spent with students in the clinical day, and the boundaries of the supervision, given there will be communication with the university. Students may also be under pressure to achieve academically which can impact the supervisory space.

In 'Supervision in Context: a balancing act,' music therapist Sandra Brown quotes Crick, a psychotherapy trainee, on the student's experience of supervision, as being in "an adolescent position in relation to the training, the pains of learning and the discomforts of being assessed" (Brown, 2009 pp. 122). Brown continues:

Many music therapy students are professionals in their own right and have a personal identity related to (and often dependent on) their previous musical skills and experience. Having to come to terms with the 'deskilling' of one's

music use, and with the 'not knowing' of the therapy process [...] can be an enormously painful and vulnerable experience. Inevitably having to further expose oneself in supervision, with the implication of judgement and control of the authority figure and the actuality of the ongoing assessment, causes the student therapist enormous anxiety, insecurity and often resentment and anger as the basis on which s/he has built his/her self-esteem and identity no longer seems valued or even in view. (Brown, 2009, pp.122-124)

This reminds me of my own experience of being a student again at the start of this particular supervisory journey, and how receiving supervision of my own work also provoked some anxiety in me. Sally and I had begun establishing our supervisory relationship and had met twice by Skype, when she was approached about working with a boy who was struggling at school. This made me wonder if I would manage to be a 'good enough' supervisor, and I was mindful of the university's expectations of me to develop and to meet their criteria, with the implication of course, of judgement.

Sally: In November 2016 I started working with a 12-year-old boy on the autistic spectrum who was finding the transition from Key Stage 2 to Key Stage 3 a real challenge. When I first met K (a pseudonym), he was attending school for just over an hour every morning because he was struggling to cope with mainstream education due to high levels of anxiety. There were serious concerns about his social, mental and emotional health, both from the parents and school.

When asked, K was unable to identify any positives about himself and school except that he knew he was good at music. The situation was at crisis point. This is where music therapy helped K to cope. I saw him at home for the first session, then he agreed to go back into school for the music therapy sessions only. His improvisations were short and repetitive, showing no change in dynamics, with only a slight quickening pulse. However, I believe he found them comforting, empowering and regulating. He became aware that I was listening to him in a safe space. He began to take risks in the music, chose different instruments and explored different rhythms. He stayed with the process and soon began to tell me what he did and did not like about our sessions. K made his own choices and was being listened to.

Maria: Prior to our third supervision session, Sally emailed me to let me know the focus of the supervision would be K and described how the school had said that music therapy was their 'last hope.' As the Skype session started Sally suddenly turned the computer round and I found myself looking at a beautiful winter landscape, the one in which the music therapy took place, and is so different to the cityscape in which I live and work. This sharing represented a deepening of trust in the supervisory relationship for me, and also something about grounding in the physical space, which would have been automatic if we had been meeting in person. It was an invitation to connect with Sally and K in this landscape, and it allowed me to risk sharing something of my own, a dream I'd had that morning about Sally's work:

Sally called a conference of professionals involved in K's case; initially we were the only two sat around a large oval table but eventually everyone turned up in time for the meeting.

Although it could be seen as a compensatory dream, possibly conveying something about the feelings of isolation and of being alone with this sensitive and difficult work, it was also very reassuring to know that the necessary professional skills would be available to us, that they would 'turn up'. It helped me to have confidence in my ability to think about this client and to support Sally's capacity to do so too. This was necessary, particularly when Sally talked about the amount of music therapy per week that was being proposed by the school, and I instantly developed a headache and felt nauseous. Staying with this counter-transference and listening to these feelings helped me to reflect on the proposals with her, and enabled us to think more deeply about K's issues and the pressures from the school. Bringing this into my supervision at UWE was containing for me, and also gave me a greater sense of security, which was helpful, as K presented with some risky behaviours which needed to be held very carefully by Sally, myself and the other professionals involved in this work.

Sally: I remember this supervision session with Maria well. I was feeling the need to connect more with her before starting this work, and there I was looking at a screen not knowing how to do it! Our relationship was in the early stages and I was thinking about how it must be for her in London, working in such a different landscape from mine. It was a beautiful morning outside, the sun was shining, there had been a really hard frost the night before and I wanted to share this with Maria, because it sparked such a positive feeling in me, and I hoped I could give her that feeling too. I was amazed when she then related her dream to me. If I had not spontaneously turned my computer around this might have been unspoken and this connection unmade, which gave me confidence in my intuition. Subconsciously perhaps, there could also have been a parallel with K's need to step into a different space or landscape to work through things, with the development of the supervisory relationship. I believe K had a need to open that 'wardrobe door' from his safe, secure home base and enter a 'Narnia-like' world where he could explore a different landscape full of new sensory experiences. In the Skype space, myself and Maria were also discovering new territory, and learning to access our inner landscapes in ways we might not if we had been in the same room. As K explored his new territory, he was able to develop a positive relationship with someone whom he trusted would not judge him, as there was no 'right or wrong;' he could accept invitations to play and take risks, knowing that he could return 'home' whenever he wished. As K often ran out of classrooms in a distressed state during lessons, I was very careful to arrange the room with a clear exit route for him knowing there was a teaching assistant sitting in the corridor outside should this happen. I also asked him if he would like the door open or closed. He said he preferred it to be closed. K never ran out of any music therapy session and he was always the one to open and close the door behind him.

To conclude this particular case, as a result of music therapy, K was able to return to school for specific activities, and after 24 sessions was able to be there on a regular basis. Our work together seemed to be the necessary bridge to carry him safely and positively into the next stage of his life, and supervision helped contain some of the expectations and pressures from the wider team.

Maria: Reflecting more deeply on the idea of Skype creating a new or different kind of reality, it is possible to think of it in terms of a threshold:

A threshold is [...] a place where it is possible to make connections between the past, present and future. A threshold leads from outside to inside; it is a literal and symbolic place between different worlds; it is an image pregnant with anticipation, mystery and not without some superstition. A threshold can also be a doorway or gateway to new understanding and awareness [...] The Roman god Janus was the first god of all doorways [...] he was represented as looking in different directions simultaneously with a double-faced head. He could observe both the entrances and exits of public buildings and the interiors and exteriors of private houses. He was the god of beginnings and endings, of representing transitions between outside and inside, between the worlds of the country and the city. (Bunt & Hoskyns, 2002, pp.2-3)

Sally: Meeting in the Skype space, we found ourselves working in three places at once, two physical, one virtual. The virtual acted as a threshold or liminal space where at times other layers of consciousness were experienced, like those in GIM. For instance, we both became more aware of our own contrasting geographical settings and personal thresholds about two months into the work; I was just starting my music therapy work whereas Maria had many years of experience, but there was also a shared sense of standing on the edge, looking outwards towards new horizons in our own personal development as music therapists. To illustrate this development, we will share a second case example, which involves my work with people who have advanced dementia and live in a care home that adopts a person-centred approach. The home belongs to an organisation which believes that feelings matter most and that if we can identify those feelings by the behaviours that are presented, we can begin to understand the place that dementia brings people to, improve their quality of life, and create meaningful moments for them.

At the home, every effort is made to make the residents feel they are part of a loving family. The staff team never wear uniforms, they eat together with the residents and their visiting relatives, meals are always freshly prepared including vegetables and produce from the garden, and residents are encouraged to make their own decisions about how and where they spend their time. There are no locked doors (just a discreet alarm system), residents are encouraged to spend as much time as they like in the garden and help with household chores e.g. hanging the washing out, bringing it in, folding it, washing up, and other helpful jobs in the kitchen. Local schoolchildren come and read to them, donkeys visit with an ice cream van and there are visits in small groups to the seaside, memory cafes and local events. When one of the young staff got married, some residents went along too!

I hold a weekly open music therapy group with people whose ages range from 68 -95 years, and so the music we use covers quite a few decades. All the staff work in the 'present moment', concentrating our efforts on what each person can still do and embracing every emotion that arises. Individual sessions are held in resident's rooms where they are amongst their own belongings and feel safe. I tailor the work more closely to their specific needs, which depends on the kind of dementia they have and how advanced it is. I also see my role as being alongside these clients as their dementia progresses, supported by the home which recognises the importance of addressing the psychological needs advocated by Tom Kitwood (1997); attachment, inclusion, identity, occupation, comfort and love.

As Maria and I reflected together on the writing of this paper, we also made a link between the double-headed god, Janus (Image 2) and the clients, in the sense that they were inevitably closer to the end of their lives and facing a different journey ahead, whilst also still being connected with some memories and parts of their identities from their past, all of which I brought into the Skype space.



Image 2: Janus, Goddess of the Liminal (Radoje, 2020)

Maria: For me, the fourth supervision session clarified this link with the client's unconscious / conscious material, how it interconnected with mine and Sally's levels of consciousness, and the way that Skype may have amplified the liminal. Before the start of this supervision I began to think about how I could 'get into the space' to be with Sally, and I found myself lighting all the candles in the room I would be working in, at the same time asking myself '*Maria, what are you doing?*' Although I did not know, I trusted it, and as the supervision unfolded, I began to understand, as Sally talked about the death of four residents at the care home over the Christmas period.

During the supervision it was hard for us to process this material, not only was it painful for us to think about, but I also had a sense from our discussion, that there was a transference from the wider staff team, who may also have found it difficult and painful to acknowledge what had happened. In my work with older adults in continuing care, it has been a sad fact that over the winter months there is an increased risk of illness amongst residents and usually more deaths than at other times of the year. On returning after a break, strong feelings of emptiness and loss can be present, though there are not always the spaces to acknowledge these feelings. Part of the difficulty in making space, is that rooms are usually filled fairly quickly by the living, and that care has to continue. I tried to use these experiences to help Sally think about the dynamics in the home, and to find ways of making space so that the resident's lives could be remembered. I was also very aware of a strong urge in me to be able to create some music or listen to something to help us process the passing of these four souls, but this would have meant leaving the screen and abandoning Sally at this crucial point, in order to get my cello or find something suitable. However, at the end of the supervision I told her about lighting the candles.

Sally: My own personal experience of the Skype sessions up to this point was mixed. Although I greatly appreciated Maria's help and guidance I found the medium of Skype uncomfortable because it felt impersonal. I was beginning to see it as a barrier and at times I realised I even hid behind it. This seemed to be reflected in my work with the residents. I had been working at the home for over two

years, knew the place well, supported the ethos and enjoyed good relationships with both staff and residents. However, a fine line exists between life and death, as well as a feeling of unpredictability, with sometimes sudden changes in residents and their families, which can impact on staff. When someone dies it hits hard, because it is like losing a member of the family.

Over the period of Christmas and New Year, four out of the total 16 residents died and I realised that I had become very removed from processing this fact. I carried on as usual, feeling very little, and when we had our next session, I remember communicating this to Maria in a relatively detached way. This time of the year also resonated with a personal, family bereavement. Then Maria told me that before the session she had lit candles, knowing nothing of what I was going to say to her. This action was the catalyst that 'unfroze' me as the barriers came down and other layers of consciousness could then come into play.

Maria: The next morning after the supervision, I had a dream involving Elgar's music:

I was in a rehearsal room with a choir somewhere who were rehearsing the Dream of Gerontius by Elgar. The conductor was my friend and when one of the altos dropped out, I was asked to take her role. She had a solo.

In his introduction to *Symbol and the Symbolic* by Schwaller de Lubicz (Egyptologist and explorer of consciousness), his translator Robert Lawlor suggests:

A method of viewing is required comparable to our hearing faculty: one must learn to listen to the symbolic image, allowing it to enter into and pervade one's consciousness, as would a musical tone which directly resonates with the inner being, unimpeded by the surface mentality. In this moment of inner identity between the intellect and the aspect of the tangible world evoked by the symbol, we have the opportunity to live this knowledge. (Lawlor, 1981, p.11)

The symbolism of this dream reminded me what it is like to work in a place where death is constantly being rehearsed, the impact on those involved, and how difficult it can be to stay with these losses in our professional work. My dreaming self had also compensated for the lack of music and the strong urge I'd had to use it to acknowledge the transition of those four souls, or take the 'solo' role. However I did not have any conscious knowledge of the background to Elgar's work, so I had to do an online search to find out what my unconscious already knew! I discovered the story is about an elderly soul transitioning to the afterlife who is guided by Angel, the role sung by the alto. I was astonished to find that some part of me had chosen something with such resonance, and it helped me a great deal in digesting this supervision session, the dynamics of the supervisory relationship, and what was happening within the home. Bringing this into my own supervision at UWE provided a further opportunity for reflection on this work, and deepened my understanding of its message.

Sally: I was moved when Maria related this dream to me and from then on I knew consciously that it was ok to be more creatively connected in my work and our supervision sessions together. Reflecting on the impact of the integration of 'concept and intuition' (John, 2009), it seemed as if I was

compartmentalising them until supervision facilitated the expansion of something, some inner growth in me as a music therapist. As previously stated, Maria and I live in contrasting locations and this made me suddenly look at the geographical features around me with more awareness; not least the branch railway line, upper reaches of a river and a canal that I cross every time I visit the care home, even having to phone up and ask permission to cross first! These became symbolic for me as did all the landscapes that I found myself in, during work and also in my personal life. Bridges, rivers, pathways, the sea, the moors, water, air, fire, earth, shapes, patterns, colours... I became so much more aware of everything and how we connect, and I realised that my personal growth and my growth as a music therapist could closely influence each other to positive affect, and most importantly help me to do the best I could for the clients I work with. The mandala below (Image 3) was drawn reflecting back on the journey we had travelled together during supervision. The candle flame is a symbol for breaking through a barrier and illuminating other layers of consciousness.



Image 3: Mandala reflecting on the supervision journey (Pestell, 2017)

Maria:

It is thinking that makes use of concept and intuition. Dreaming and art-making are creative processes that can strongly manifest this capacity of mind [...] The optimising of the dynamic relation between concept and intuition is the hallmark of the evolving therapist, the therapist's reflective processes, which, if held in the right dynamic tension, become the single most potent factor in the healthy working of the therapist. (John, 2009, pp.98-99)

This quote by music therapist David John, could equally apply to the supervisor. During my training as I began to feel more at home with new theoretical concepts, I developed more trust in my intuitive, creative, dreaming self. I believe this is a crucial aspect of who we are as musicians, therapists and supervisors, and can sometimes be overlooked in the striving to measure, achieve, and evidence our work. Integrating these aspects of ourselves helps us discover the ideal 'dynamic tension' suggested by John and facilitates the expansion of the inner worlds of therapist and supervisor. Dorit Amir (2001b, p. 209) says: "I am not only looking at meaning from just my cognitive mind. Meaning comes from other realms within me that have wisdom, and they tell me something in an intuitive way through an insight."

CONCLUSION

To conclude with some final reflections on the supervisory journey; supervision invites us, like Janus (see Image 2 above), to experience and explore the interface between our inner and outer worlds, and those of our clients. Cox (1978, p. 239) writes that: “mutuality is needed [...] where both supervisee and supervisor can dare to risk the exposure of [...] feelings”. Undertaking this journey of learning together, this supervisor and supervisee also dared to risk the exposure of external and internal landscapes, and the interface of their physical and dream worlds. The initial meeting in the GIM space facilitated this opening, and Skype amplified the experience by acting as a threshold, one in which other layers of consciousness became more evident, helping connect to those spaces in the clients. Amir compares the experience of making this journey together, to a musical improvisation, one which takes us from the familiar, to the completely unexpected - “a journey of two” (Amir, 2001a, p. 210).

REFERENCES

- Ahonen-Eerikainen, H. (2003). Using group-analytic supervision approach when supervising music therapists. *Nordic Journal of Music Therapy*, 12(2), 173-182.
- Amir, D. (2001a). The journey of two: Supervision for the new music therapist working in an educational setting. In M. Forinash (Ed.), *Music therapy supervision* (pp. 195-210). Phoenixville, PA: Barcelona Publishers.
- Amir, D. (2001b). Layers of meaning. *Nordic Journal of Music Therapy*, 10(2), 209-220.
- Baker, F., & Krout, R. (2009). Songwriting via Skype: An online music therapy intervention to enhance social skills in an adolescent diagnosed with Asperger's Syndrome. *British Journal of Music Therapy*, 23(2), 3-14.
- Brown, S. (2009). Supervision in context: A balancing act. In H. Odell Miller & E. Richards, (Eds.), *Supervision of music therapy* (pp. 122-124). London: Routledge.
- Bunt, L., & Hoskyns, S. (Eds.). (2002). *The handbook of music therapy*. New York, NY: Routledge.
- Cox, M. (1978). *Structuring the therapeutic process: Compromise with chaos* (1st ed.). Oxford: Pergamon.
- Cwik, A. J. (2006). The art of the tincture: Analytical supervision. *Journal of Analytical Psychology*, 51(2), 209-225.
- Edwards, J., & Daveson, B. A. (2004). Music therapy student supervision: Considering aspects of resistance and parallel processes in the supervisory relationship with students in final clinical placement. *The Arts in Psychotherapy*, 31(2), 67-76.
- Forinash, M. (Ed.). (2001). *Music therapy supervision*. Phoenixville, PA: Barcelona Publishers.
- Hawkins, P., & Shohet, R. (2012). *Supervision in the helping professions* (4th ed.). Milton Keynes: Open University Press.
- John, D. (2009). Getting better: Some thoughts on the growth of the therapist. In H. Odell-Miller & E. Richards (Eds.), *Music therapy supervision* (pp. 98-99). Hove: Routledge.
- Kang, H. J. (2007). *Peer group supervision for Korean music therapists with Guided Imagery and Music (GIM)* (Master's thesis). Retrieved from ProQuest Dissertations and Theses Database (UMI No. 1448485).
- Kennelly, J. (2013). *Sights, sounds and feelings: The views, experiences and practices regarding professional supervision for Australian-based music therapists*. Doctoral dissertation, School of Music, The University of Queensland, Australia. Retrieved from <https://espace.library.uq.edu.au/view/UQ:319389>
- Kennelly, J., Baker, F. A., Morgan, K., & Daveson, B. A. (2012). Supervision for music therapists: An Australian cross-sectional survey regarding views and practices. *Australian Journal of Music Therapy*, 23, 41–57.
- Kim, S. (2008). The supervisee's experience in cross-cultural music therapy supervision. In A. Meadows (Ed.), *Qualitative inquiries in music therapy* (vol. 4, pp. 1–44). Gilsum, NH: Barcelona Publishers.
- Kitwood, T. (1997). *Dementia reconsidered*. Milton Keynes: Open University Press.
- Lawlor, R. (1981). Translator's preface. In R.A. Schwaller de Lubicz, *Symbol and the symbolic ancient Egypt, science, and the evolution of consciousness* (p. 11). Rochester Vermont: Inner Traditions International.
- Odell-Miller, H., & Richards E. (Eds.). (2012). *Supervision of music therapy*. New York, NY: Routledge.
- Pestell, S. (2017). *Mandala* (pencil and chalk pastel on paper). Cornwall: Private Collection.
- Radoje, M. (2017). *Mandala* (pencil and oil pastel on paper). London: Private Collection.
- Radoje, M. (2020). *Janus, Goddess of the Liminal* [colourised photo]. London; used with permission.
- Rickwood, J. (2017). *Survey on the supervision of music therapy*, UK BAMT Network Publication.
- Stephens, G. (1984). Group supervision in music therapy. *Music Therapy*, 4(1), 29–38.
- The UK Balint Society (2012). About Balint Groups. Retrieved from <https://balint.co.uk/about>
- Young, L., & Aigen, K. (2010). Supervising the supervisor: The use of live music and identification of parallel processes. *The Arts in Psychotherapy*, 37, 125–134.

Όρια: Η εποπτεία μέσω Skype και το οριακό μέσα σε ένα «ταξίδι για δύο»

Maria Radoje | Sally Pestell

ΠΕΡΙΛΗΨΗ

Σε αυτή την αναφορά, μια ασκούμενη επόπτρια μουσικοθεραπείας και μια προσφάτως καταρτισμένη εποπτευόμενη εξερευνούν τις διαφορετικές προοπτικές τους σχετικά με την εποπτεία της μουσικοθεραπείας μέσα στο πλαίσιο που η Amir (2001a) περιγράφει ως «ταξίδι». Αυτό αποδίδεται ως μια σειρά αναστοχασμών, οι οποίοι αποσκοπούν στο να διεγείρουν συζήτηση και στην ευαισθητοποίηση σχετικά με το οριακό [liminal] και τις διαισθητικές διαδικασίες, μέσω των εμπειριών που αποκόμισαν οι ίδιες οι συγγραφείς δουλεύοντας σε έναν εικονικό, ονειρικό χώρο [dreaming space]. Μέσω της εξέτασης κλινικού υλικού, των διαδικασιών μεταβίβασης και αντιμεταβίβασης, αλλά και της αναγνώρισης του συμβολικού, οι συγγραφείς αναλύουν τον τρόπο με τον οποίο επηρέασε αυτή η οριακότητα [liminality] την εποπτική σχέση, το κλινικό έργο και τη σχέση με τον εκπαιδευτικό οργανισμό. Οι συγγραφείς καταλήγουν με σκέψεις για το πώς τα παραπάνω ενίσχυσαν την πρακτική τους.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Skype, εποπτεία, άνοια, μουσικοθεραπεία, Καθοδηγούμενη Απεικόνιση και Μουσική [Guided Imagery and Music]