Supervision of solidarity practices: Solidarity teams and people-ing-the-room

Vikki Reynolds

In this writing, I will describe a supervision of solidarity, which is informed by social justice activism and an ethic of justice-doing (Reynolds, 2010a, 2010b). I will outline the supervision practices of solidarity teams and people-ing-the-room, and connect with the intentions and theorising that provide the scaffolding for these practices.

A spirit of solidarity

Solidarity speaks to the interconnections of our collective movements towards social justice, and in resisting oppression. This spirit of solidarity has been beautifully articulated by Lily Walker (no date), an Australian Aboriginal women's leader, speaking to non-Aboriginal activists at a land rights protest: “If you come here to help me, then you are wasting your time. But if you come here because your liberation is bound up in mine, then let us begin.”

While the language of solidarity may be new to many therapists, the spirit of solidarity is alive and well in our work with each other and with clients. I am borrowing this term from social justice movements as part of my hope in bridging the worlds of therapy and activism. Using the language of solidarity here is not loose language, posturing, or an attempt to alienate less politically located folks! I am purposefully inviting therapists to engage with the rich traditions of solidarity that hold us together.

No language is neutral (Brand, 1991) and, like much language from social justice movements, the word ‘solidarity’ is problematic. I align myself with Wittgenstein’s (1953) idea that the meaning of a word is in its use, and I engage the term ‘solidarity’ to mean that our collective liberation, and struggles towards something just, are interwoven. Engaging with a spirit of solidarity means that we see all of our work towards justice as interconnected, and that we have ethical commitments to recursively carry and sustain each other and act in line with our collective ethics (Reynolds, 2009).

A supervision of solidarity

A supervision of solidarity speaks to an ethical positioning for justice-doing in therapeutic supervision. I supervise therapists who work amidst structures of injustice where death is ever-near, alongside people whose experiences of marginalisation are extreme and whose suffering is unconscionable. As a supervisor, I need to respond to the desperation, risk and isolation experienced by clients, as well as the spiritual pain held by therapists who can experience work in contexts of injustice as shoveling water.

The creation of the supervision practice of solidarity teams was my response to these reflexive-supervision questions:

- How can I help therapists be more accompanied and less alone when working with clients who have a finger-hold on dignity, and are suffering experiences of social and political injustice and exploitation?
- How can I make myself more available to therapists struggling with despair, paralysis, or feelings of incompetence in the face of grave problems?
- How can I belong therapists within a community of others who work in accord with our collective ethics, embrace a spirit of solidarity, and see our collective work as justice-doing?

My interest in building community and creating rooted and fortifying connections in supervision has to do with my belief that, over time, isolation and individualism loom as great threats to our sustainability. Our pre-existing unity, shared hopes, and commonly held ethics speak to the fact that we are already doing solidarity with each other.

Solidarity teams

A solidarity team is a group of people who serve as a networked community (Lacey, 2005) of support which shoulders-up a therapist and accompanies them in the difficult contexts of their work. This practice was developed in my early work alongside survivors of torture and political violence. It was immediately apparent that I would need to build a team in order to be sustained and useful in the work. The purpose of the solidarity team is to contest the isolation and individualisation of the therapist by positioning them within community. In supervision, I invite therapists to build their own solidarity teams by choosing specific people from their lives, and carrying that team into their work in imagined and actual ways.

Being positioned within a community of choice allows therapists to access all of who it is possible for them to be, in order to be of use to clients. The question for therapists is not, “what would my supervisor say now?”, but rather:

- If I were to position myself in solidarity alongside my supervisor, how might I respond more usefully with this person?
- If I engage with the spirited solidarity of my solidarity team, how might I be resourced to be the most useful therapist I can be in this moment, with this person, in this context?

The solidarity team exists fluidly, across time, and is comprised of people both real and imaginary, who are alive or who have passed on. Solidarity-team members may be intimate to the therapist or be public figures. When I began working alongside doctors, I put Che Guevara on my solidarity team because he was a revolutionary doctor committed to the struggle for global justice. Che invites me to act in solidarity with doctors despite different locations of power, because we work alongside marginalised people and my solidarity is required.
Solidarity-team members can invite us to collective accountability for the gaps in our work: those spaces in between our privileged locations and the marginalised locations of clients or other therapists (Reynolds, 2010d). For example, I invite therapists working with men who have been violent in relationship to hold a solidarity-team member who has suffered rape alongside them. This can position the therapist in community with a greater capacity to attend to the tension of compassion for him, alongside an invitation of responsibility for his actions. I ask these supervisory questions:

- How might your work with this man who has used violence be different if this solidarity-team member was in on all of your conversations with him?
- How might you be better resourced not to lose track of the victims of violence by being accompanied by this solidarity-team member?

My solidarity team includes Warren Williams, who identifies as Black, and whose imagined, re-membered, and sometimes physical presence invites me to be accountable to my location as a member of the dominant culture (and where I live in Canada, that means a member of white culture). I position myself alongside Warren to borrow on his knowings of working accountably alongside minoritised and marginalised persons. Warren’s solidarity is also useful to me when I work alongside my people from the dominant culture, as his imagined-presence helps me invite them/us to accountability. I invited Jesse P, a trans gendered person from my family of choice, to be on my solidarity team. I hold him close in all my supervisory work, reminding myself that I can never really know who anyone is. I do not want to close space for anybody's identity - therapists or clients. This is true not solely regarding issues of gender, but in all domains of identity (Crenshaw, 1995) where what passes for normal is socially constructed and subject to my power in the supervisory relationship.

These solidarity-team members inform me to engage with these reflexive questions:

- How is Warren’s spirited presence in this conversation inviting me to account for my privilege and access to power? How is Warren’s solidarity shocking-up my active resistance to transgressing against this person's dignity?
- If Jesse were alongside me now, how might I open more space for all of this person's preferred identity and ways of being to be welcomed into our relationship?
- How can our solidarity teams resource us to resist replicating disrespect, harm, dominance and oppression in all of our work across differences of power (Wade, 1997; Reynolds, 2010c)?
- Cathy Richardson, who identifies as Métis, engaged with the practice of the solidarity team in a unique way as she gave the opening lecture at a conference. She put three chairs on the stage behind the podium. She invited her colleague, Allan Wade, who is a white man, well published and holds a PhD, to sit in the middle chair. On either side of him she placed a book written by other white men who are also well published and held PhDs. Cathy made public to all of us that her purpose was to show that white people, with authenticated and privileged voices, were saying the same things that she was saying as a Métis person. Cathy let us know that she was doing this to remind herself that she knew the facts, and that they were correct. Allan’s presence, sitting down behind her, reminded her that she was not crazy, and that there were allies who would back her up when she named colonisation and genocide.

In supervisory conversations, I use the following questions to invite therapists to explore the possibilities of creating, embodying and accessing their own solidarity teams:

- Who would you invite to be on your solidarity team?
- What qualities do they hold which qualify them to be on your solidarity team?
- What qualities, resources, ideas, and collective ethics connect you with this person/these folks (individually and as a group)?
- What is your history of solidarity with these folks?
- How will you invite these folks onto your solidarity team?
- What are the expectations and responsibilities of this position as a solidarity-team member?
- How will you embrace solidarity-team members with whom you have no physical contact, such as mentors who have passed on, such as your grandmother, or a former hockey coach. Or people whom you have not met – Neil Young, Emma Goldman...

- How might you access your solidarity team in your work? When might you invite particular members to be in solidarity with you? When might you have the whole team? Are there times when you would not invite a particular member into a conversation with you?
- In what circumstances will you invite the spirit of members of your solidarity team, and when might you actually invite another person to a conversation, or make physical contact with a person?
- Consider your relationship with a particular solidarity-team member. How will being in solidarity with this team member make it possible for you to be of use to clients, and more in line with your ethics? If I were to ask this solidarity-team member about their particular experiences and knowings of your relationships with ethics, how would they respond? If I were to ask this solidarity-team member how you have been in solidarity with them, how would they respond?
- How will you hold yourself accountable to the members of your solidarity team? How will you catch them up on their usefulness to you and to clients, for moments they cannot know about? What difference will belonging in this solidarity team make?
  - For you?
  - For the people you’ve invited to be in solidarity with you?
  - For the people you work alongside?

Solidarity teams offer the possibility of an ever-present witness to the epiphanies, small miracles, and moments of meaning and beauty in our work, that may otherwise be lost. Invitations to solidarity-team members can make explicit our permissioning of each other to connect without fear of judgment, whether things are going well or poorly. Having a plan of who to call in a crisis is a foot up against despair. In moments of despair, when we are lacking in spirit, solidarity teams can accompany us, in physical and spirited ways, and re-member (Meyerhoff, 1982; Madigan, 2011) us with experiences of competency and usefulness.

**People-ing-the-room**

The practice of people-ing-the-room invites therapists to bring forward the spirit of their solidarity-team members and is informed by Karl Tomm’s ideas of the internalised other (1985). Karl uses this practice in couples counselling where he...
interviews one partner as their internalised other, meaning their experience of the other person they carry with them. He then checks in with the partner to see if the person has had an accurate experience of them. To use a heterosexual couple as an example, a woman is interviewed as her partner and responds, speaking in the first person, as him. The man is then interviewed to see if he feels that the woman has understood him. Karl would then interview the other member of the couple as their internalised other: the man would then be interviewed as the woman and speak in first person as her. The woman would be called by the man’s first name to invite her into the experience.

I began to expand on the practice of the internalised other when I started working with refugees who were survivors of torture and political violence. Many survivors live in extreme isolation in which they have no one to share meaningful greetings in their language or ever touch them in kindness. In an effort to help these survivors re-member sites of belonging, I invite them to people-the-room. I interview the survivor as one of their internalised others in order to help them re-member some part of themselves that has been stolen through the violence of torture and displacement.

I worked with a survivor of torture from northern Africa who felt that he had lost touch with his courage. When I asked who would be a good witness, and could re-member him as a person in connection with courage, he introduced me to his mother as an internalised other. He then responded as her to my questions about him. Interestingly, his mother (speaking in a different language) thought that grandmother was a better person to tell the story. We people-d-the-room with his grandmother. In a third language, she told a beautiful story of this man as a baby, giggling and happily waving at a dangerous snake that had everyone else horrified.

In preparing for this survivor’s refugee hearing, which was daunting and terrifying, we engaged with the practice of people-ing-the-room, evoking his community and family to be alongside him in the courtroom. This practice held him in a profound and embodied love, making it possible for him to withstand the indignity and risks of the re-tellings of torture’s story of him. (This survivor gave his permission for me to use our work together in teachings and writings. His hope in sharing his story was to be of use to me, and help therapists be more useful alongside refugees.)

I then expanded the practice from clients to therapists. When we lost a survivor of torture to what euphemistically gets called “suicide”, I immediately surrounded myself with members of my solidarity team by people-ing-the-room. I remember the immediate sensation of being accompanied in my tiny, now-crowded and still-empty office. Because I was facing a death, I called forward the members of my solidarity team who had been alongside me at executions in anti-death-penalty work. I also evoked members who I sensed would best accompany me in this dark moment. I moved fluidly from the experience of feeling accompanied by my solidarity team to picking up the phone and methodically attempting to make real-time contact. Stephen Madigan, a member of my solidarity team, was the first person I was able to speak with. He asked about the care of my team, and offered to come to us immediately. We declined his offer but, in this conversation, he was of further use to me in terms of helping me make an immediate plan that included canceling my morning appointments. In my isolation, I was not able to see that I could not be useful in that moment with survivors of torture, many of whom were struggling with suicide.

In contexts of social injustice, therapists can become burdened, terrified and paralysed. In supervision, I invite therapists to plan for these likely possibilities, and create strategies to people-the-room with allies from their solidarity team when needed. For example, facing fear, therapists can borrow on the moral courage allies hold in order to centre the client and offer containment and enough-safety (Bird, 2004, 2006). My aim is for therapists to be embraced with revolutionary love, re-minded of their relationships with competency and more able to be present.

People-ing-the-room positions the therapist within a community of concern (Madigan & Epstein, 1995), and offers a way to engage with the spirit of their solidarity team. It is also a resource that we can share with clients so that they are not alone in their struggles.

Conclusion
‘Self-care’ and competency are not enough to ensure the sustainability and usefulness of therapists working within contexts of social injustice. Practices informed by the ethics of a supervision of solidarity invite us to hold our competency alongside a rich interconnectedness. Solidarity practices invite a critique of and resistance to the influence of individualism, and promote inter-dependence over independence. The supervisory practices of solidarity teams and people-ing-the-room can breathe life into a supervision of solidarity, making it palpable, embodied and useful.

This article is dedicated to Warren Williams and Jesse P for teachings, revolutionary love & solidarity.

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References
Cut the crap: Language – risks and relationships in systemic therapy and supervision

Ged Smith

"When there is a gap between one's real and one's declared aims, one turns as it were instinctively to long words and exhausted idioms, like a cattlefish spurt ing out ink." (George Orwell, Politics and the English Language, 1946, p. 142).

Ged: Are there any things you recall from our last supervision, anything you remember as being helpful or unhelpful, or anything you'd like to revisit?

Supervisee: Yes, it was very helpful when you said you thought I was talking bollocks.

This was the opening of a recent supervision session with a group I facilitate in which one member commented on the previous session, and it is an example of the use of language as well as the use of self and risk-taking, which is the focus of this article. The supervisee in question, call her Brenda, was a woman, slightly older than me, and of the same white British racial origins. My comment was an example of the micro judgements we make all the time in therapy and in supervision, and the decisions we reach to take (or not take) risks in what we say and to whom. Risk-taking is for me and with others (Mason, 2005) an increasingly important part of the work we do and the relationships we develop with our supervisees and clients. Despite the importance and need for scientific research and evidence-based practice, therapy for me is more of an art than a science, and its artistry lies very much in the graceful use of language.

Often, we engage in difficult conversations with people who seek our help, and we will have inner dialogues (Roberts, 2002) where we will consider myriad possible responses, always having to decide on just one at a time. In this case, my supervisee had been talking about her beliefs that a husband had given his wife permission to have an affair because of the implicit, unspoken signs he was giving off in the room, which had to be interpreted ‘in a mix of spiritual and Jungian ways’. We had well-established ways of communicating and a humorous, respectful atmosphere in our joint sessions whereby we shared thoughts and opinions in robust ways. In this instance, she was appreciative of the clear language but, of course, in other situations such a response would have been wildly inappropriate and insulting. Brenda returned to report that she had realised that her thinking was more a desire to collude with the wife’s infidelity and a reluctance to think negatively of it.

This calls to mind the idea of the dialogical self that focuses on the ethics of how we speak and relate to each other (Cecchin et al., 1993). It also brings forth Derrida’s ethic of hospitality (Derrida, 2000), in which the language of the self and the other is explored. I would advise that the word ‘bollocks’ is only to be used where it fits with the language and the culture of the self and the other and is consistent within that relationship. The tone of exchange made this work well, and I believe that tone is all. It is also important to note that the word is masculine in origin, which I contend is important as so many words used as insults have feminine origins, which add to the common misogyny of language.

Islam and Josef Fritzl

A white, atheist, British supervisee, Mary, was concerned that the Muslim family she was about to see would expose her lack of knowledge about multi-cultural and other faiths. She was also worried about how to respond to the father of the family who was reported as being disrespectful towards his much younger

Vikki Reynolds is a therapist/activist interested in liberating justice, resistance, and solidarity from the margins of our work into the ethical center. Vikki's therapeutic experience includes clinical supervision and therapy with refugees and survivors of torture, mental health and substance-abuse counsellors, and working alongside transgenders and queer communities. She also supervises therapy teams and activists independently and for non-profit agencies. Vikki is an Instructor with The Vancouver School of Narrative Therapy, VCC, UBC and with City University in the masters program, where she has received the Dean's award for Distinguished Instruction. Vikki's PhD dissertation is entitled Doing Justice as a Path to Sustainability in Community Work (www.vikkireynolds.ca).