WORKING IN THE GREY ZONE:
THE CHALLENGE FOR SUPERVISION IN THE AREA BETWEEN THERAPY AND SOCIAL CONTROL.

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INTRODUCTION

As a supervisor one encounters many different kinds of therapeutic dilemmas and problems occurring in plethora of therapeutic contexts many of which exist within the public service sector. Most of the cases concern people and families where therapy, in the main, addresses what may be termed communication problems in relationships and help aims to provide ways in which clients can move forward with more effective ways of managing their lives. Such cases often don't create great doubt and worries as long as therapy and other kinds of social intervention seem to work for the benefit of the clients and the professional network. Furthermore, cases where, for instance, children are obviously being abused and neglected, don't leave much doubt in terms of action required: social control often needs to be taken at times to protect the weak and the vulnerable.

However, others cases are characterised by often highly expressed worries about children and families at risk. Very often the social welfare system and other public agencies are concerned about the child's well-being, parental skills, the quality and stability of daily life and the interactions between the child, parents and significant people in the larger context of the child's life. These cases, mostly with children involved, frequently raise dilemmas of doubt for professionals as to whether therapy and other social interventions can give enough support to aid an improvement in the family situation or whether social control would be a more effective action to take in the interests of the child.

Supervising this type of case puts the supervisor in an important role. The cases are a significant challenge to the supervisors thinking, skill and personal style. This chapter addresses systemic ways of analysing and supervising cases in the area between therapy and social control - an area I shall call the grey zone. I would suggest that most literature on supervision does not address this grey zone and thus, in general, does not fully explore supervisor responsibility.

The ideas presented here arise out of my work with
• Family Centres, where families are referred by the social service system in order to improve the function of the family, often by attempts to improve parental skills as a means of assuring the professionals of the future safety of the child.
• Social service agencies, where social workers and case administrators ask for supervision of difficult cases.
• Psychiatric hospitals and community outpatients psychiatric services.
- Institutions dealing with the treatment of alcohol and drug abuse.
- Institutions and professionals dealing with psychological assessments.

**THE ISSUES FOR SUPERVISEES WORKING IN THE GREY ZONE**

- *Evaluation and examination* - in relation to the family, the therapeutic relationship and the wider professional network.
- *Therapy and consultation* as ongoing processes and which aim to develop the resources of the child, the family and the larger social context.
- *Social control* - when it should be used, when it should not be used.
- *Trust and belief* in the child's, the family's and the social system's competence and possibilities as necessary attitudes in order to avoid stigmatising, to build relationships and create possibilities for change and development.
- *Expertise and special knowledge* on child development, risk factors and methods of intervention.
- *Acknowledgement and respect* for the family's and the social context's way of functioning and organising together with acceptance of, but not necessarily agreement with, their ideas, knowledge and belief systems.

While most of these issues are important in any supervisory relationship they are all crucial for supervision in the grey zone. The supervisor needs to recognise these issues and to create a safe and encouraging space, a dialogical arena, where each of the issues in specific cases can be discussed. The supervisor is often working indirectly with large and potentially confusing systems, systems embedded not only with doubt but also with a potential clashing of certainties.

![Diagram](image_url)

Hertz and Nielsen (1999).
THE SUPERVISOR’S ROLE

- The supervisor should help the supervisee to always be aware of the location of case management accountability.
- The supervisor has the responsibility to challenge the dominant thinking both in relation to the supervisee and the wider system.
- In such large, complex systems, the supervisor has a responsibility to introduce the voice of others particularly marginalised voices. Supervising in this way opens up the possibility of bringing in new positions and perspectives both in terms of clinical work and supervision itself. Other voices could be, for example, the voice of the child, the voice of suppressed hope, the voices of the past, the voices of successful ideas and proven competencies.
- The supervisor should own their expertise and knowledge and introduce these as ideas that may be helpful to the dilemmas the supervisee brings. These ideas are not a form of absolute proof but ideas for reflection and consideration.

Furthermore the supervisor can explore with the supervisee:

- How the supervisee has dealt with doubt in respect of other complex cases.
- What this has taught the supervisee about their own competencies and their own blind spots.
- The way the supervisee’s theoretical orientation might be both helping and constraining the work with the family and the larger system.
- How the supervisor can acknowledge and support the efforts of the supervisee while at the same time being able to constructively challenge him/her.
- Working in the grey zone requires both supervisors and clinicians to be able to deal with high levels of tension, both within the therapeutic work and within the professional network system. It is a central task of the supervisor to help the supervisee explore their ability to handle these high levels of tension and as a contribution to this exploration, the supervisor should be clear about their own responsibilities and views on working in 'the grey zone'.

SUPERVISING IN THE GREY ZONE - EXAMPLES FROM PRACTICE

Supervising cases in the grey zone requires that they are analysed and understood in the social and cultural contexts in which they exist. These contexts are forever changing and it is suggested that the supervisor needs to be generally orientated in these contexts and should be able to bring them into the reflecting process of the supervision and as frames for the supervisees thinking.

Some essential issues will be mentioned here illustrated by examples (see also Nielsen, 1998):

**Doubt** (Højholt, 1993; Börjeson and Håkansson, 1998, Egelund, 1997).

In working with psycho-social problems you will often find a so-called "utopia of wisdom". This idea is based on the assumption, that if we’re just skilled enough, well-qualified enough to describe, analyse and evaluate, doubt will disappear. On the contrary, no matter how qualified we become, in working and supervising in the grey zone, there will always be doubt present as a substantial issue. In supervision one
needs to create a setting and a space for dialogue about the supervisee’s doubt and his/her thinking about doubt. Doubt is here seen as the supervisee’s state of mind from where reflections and dialogue can rise. When one is being doubtful it is important to have a contextual frame, where this doubt can be verbalised, examined and elaborated upon. Supervision is such a context, where different premises can be clarified and where marginalised voices can be heard.

In technical terms group supervision seems to effective through using the techniques of the reflecting team (Andersen, 1994) as a basic model, from which creative variations can develop:

- Group members can debate questions connected to the doubt,
- Group members can take different positions and speak from their different points of views. This could be by introducing the voice of others as a way of bringing in new positions and perspectives in the supervision, for instance the voice of the child, the voice of suppressed hopes, the voice of the past, the voice of successful ideas.
- Group members can ask questions or give suggestions.
- Group members can introduce expert views as ideas.
- Group members can introduce different contexts that could clarify and bring meaning to dilemmas.
- Group members can clarify and challenge the supervisees’ personal, attitudinal and theoretical preferences as well as institutional values and preferences.

In this way the reflections of the group members as well of the supervisor introduces a collaborative and co-constructive way for the supervisee to develop constructive ways forward in their work.

**Example**

Susan is a family therapist working with a family, where the mother to a daughter of five is having a severe alcohol problem. It is being reported, that quite often the mother is late when picking up her child at the kindergarten, and quite often the child is not fed and properly dressed when she is brought by the mother in the morning. On the other hand, it is seen, that the mother also has a caring and warm relationship to her daughter. Susan brings this case and her dilemma to supervision in a group of five therapists and a supervisor.

Susan is quite doubtful, whether her therapeutic sessions with mother and child is helpful or not, and she wonders if the therapy is seen as a legitimisation of the mothers drinking habits. She is also worried that she later will be blamed, that she has not taken action and expressed her worries to the social service agencies in time, most likely with the consequence of the removal of the daughter from home.

Being interviewed about this by the supervisor Susan explains, that the reason she not has reported her worries to the social service agency is that she frequently sees the warm bond between the mother and the child, and Susan is still hoping this bond will continue to improve. Responding to a question from the supervisor Susan says: "I’m just not sure, if the daughter can wait till the mother becomes stable I mean: a child also needs food, clean clothing and so, doesn’t it?"

After this the supervisor clarifies an important dilemma, which Susan recognises: on the one hand the obvious neglect from the mother, on the other hand the hope and wish for the improvement of the mother and child relationship. In other words: the dilemma between therapeutic work and social
control. Susan says spontaneously: "this dilemma is making it very difficult for me, I just don’t know which side to choose."

Following this, the supervisor asked each member of the group to ask Susan one question each. Susan was then free to follow the line of any question that she felt would be useful to her. Two questions from the group seemed to be important to her:
- do you have to choose between the two sides of the dilemma, or can they co-exist ?
- who would you need to contact in order feel more safe about not being blamed later ?

The supervisor interviews Susan about these two questions. In the interview it becomes clear, that Susan has had the strong belief that she had to choose between continued therapy or social control. The first question from the group and the following interview by the supervisor challenged the premise that she had to choose between the two sides of the dilemma. It clarified and reframed her thinking that the two sides of the dilemma could co-exist and be complimentary. A useful dialogue about the two sides would benefit from openness, so Susan decided that she needed to be open about this to the mother as well as to the social service agency. She also felt sure, that her relationship to the mother was strong enough to enable her to openly discuss the two sides of the dilemma and Susan’s own doubt with her. Susan said: "Discussing this with the mother might even make her trust me more; probably she already knows that I’m doubtful, and being open about it might show me as more trustworthy. I also need to express to her how serious I see the situation as well as how I see her qualities as a mother".

The second question from the group and the following discussion with the supervisor focused on how Susan could feel more safe about not being blamed for having withheld worries from the social service agency. In the interview the supervisor asked about Susan’s previous experiences, and it emerged that some years previously she was working with a similar case. At that time she was blamed for not having reported child neglect to the social service agencies early enough. It had been a very stressful period to her, and not for any price did she want it repeated. Susan was clearly quite affected when talking about this matter from the past.

The supervisor asked the group members to share their thoughts and experiences with each other about similar cases and Susan was offered the chance to listen to this for as long as she wanted. The group expressed a recognition and some previous experiences of doubt about when to report worries. One of the members referred to some instances, where she frequently met with the social service agency, to discuss this doubt openly.

Here Susan broke in and said: "Thank you, this gives me an idea. After talking to the mother I should meet with her and the social service agency so that my doubt can come out openly. Doing that in time will make it clear to all of us if there is a space for continued therapy, if other support systems are needed and/or other interventions should be taken. I think that the mother as well as others has a right to express their thinking and to get information about the state of the process. Hopefully this can lead to a common plan where we’re working together and not seeing each other as opponents". Susan then developed the idea of inviting the mother, the daughter, the social worker and the staff to a consultation where the situation and the doubt can be discussed.

**Marginalising of groups at risk**
In Denmark - and other western countries - many groups are developing and living to the fullest of their potentials, but a certain percentage of the population experience severe difficulties, feel excluded, and could be said to be in a situation characterised by a risk of further marginalisation (Jørgensen et.al., 1993). For example, children may be placed in special educational settings, excluded from public school settings, removed from home and deprived of the possibility of interaction with their ordinary peers. These problems very often become visible in the child’s early years, continue to be problematic. Quite often such children show severe behavioural problems, criminality and later, drug abuse. Obviously, these children and young people are in a context, where social control and extensive arrangements for the child are often considered.

Most professional involved in work with children claim that they work to ensure the welfare of the child - yet it is known that the child's voice and wishes are often not being heard (Egelund, 1997). The same can be said of the families of such children and research shows, that many families dependent on the social welfare system are in a situation where they are being over-ruled, disengaged from their own resources and perceived as lacking resources (Uggerhøj, 1995).

These children and their families are often characterised by the paradox, that very often they are not welcome in ‘ordinary’ settings, and yet they need, at the same time, a close involvement with significant adults and ‘ordinary’ settings. These marginalised groups are frequently the subject of intense political discussion: how do we treat these groups, how does society protect itself from the assaults from these young citizens and where do we place them? In other words, these groups become victims of the process of “othering”: “what do we do with them?”

Supervisees working in the grey zone find themselves in this field, where marginalisation is a strong subject. In supervision, marginalisation and the possibilities of integration and creating a developmental environment for the child have to be addressed. The political aspects and the current trends in the social welfare system should be addressed and challenged in order to clarify the situation and the possibilities. Also, the understanding of marginalising forces and voices, for example, the child’s, need to be addressed in order to develop new understandings and premises.

Example

Claus is a social worker working the Jensen family. The two sons aged 12 and 16 are showing severe behavioural problems including theft and violence. The two sons have a long history of placements in different schools and previously they have been placed in two different foster families. The children are again living with their parents, but the teachers at school are again strongly suggesting that the boys be removed from home and school. The school has written to the parents as well as to the social service agency and said that it is “the last chance” for the two young boys. Claus’s thinking is, and the father has the same view, that if the two sons are removed again, the situation will only become worse.

During the initial discussion in the group supervision the supervisor asks the crucial question: who has the problem? The discussion Clarifies for Claus that recognition and understanding of the school’s and the teachers’ positions are important. The supervisor develops a line of questioning that
addresses the kind of help and information the school has received so far, and it becomes clear to Claus, that the school has not been informed and supported sufficiently in the past and that the contact between the parents, the boys and the teachers is weak and unstable. Claus adds that he himself has disagreed so strongly with the schools attitudes, that he has neglected their position and concerns.

The group is then asked to reflect on what they’ve heard. In this reflection three themes comes up:
- The relationship between Claus and the school system is important, yet actually it is weak and unstable
- The boys wishes seem to have been overlooked
- The relationships between the parents and the school system is for the moment based on suspicion and hostility

The supervisor asks Claus to rank the importance of these themes, and to Claus it becomes important, that both the teachers, the sons and the parents are - from different perspectives - at risk of being marginalised and overlooked.

Claus also becomes aware of that he himself has contributed to this by not having paid attention to the school system and also by not having created space where the sons’ voices could be heard. He ranks in matter of importance that first he should work on establishing a space where the idea of supporting the school system can be developed. If the school system is not supported and recognised, the attitudes of the teachers towards the boys will become only more unfriendly - which will be the opposite of what is needed. Second, he needs to work on establishing a dialogue between the sons and the teachers trying to build up a mutual project of responsibility for the situation at school. Third, he would like the parties, the sons, the parents and the teachers to get together to find a common understanding of the whole situation.

This leads - after a reflection from the group - to the idea, that Claus’s goal should be to establish a consultation with the family and school systems which would explore in particular - what does the school need from the parents, the children and from others in order to continue working with the boys.

The supervisor asks: ”What would be best for you: to meet with the different subsystems first or to have this consultation with all the parties at once”? After a while Claus says: ”Well, I have a tendency to meet with subsystems before having a consultation with everyone involved. But thinking it over, I think that in this case there are so many different viewpoints that I’d prefer to see them all at once. Maybe that’s also what the boys are trying to tell me with their behaviour. At least I’m pretty sure that everybody will show up if I invite them. Then all different questions and perspectives can be clarified”.

**Politisation of the clinical and social field**

In an increasing way the social and clinical field is becoming a subject for political debate. This debate influences the law, the interpretation of the law and the specific way of working in public agencies. The supervisor needs to be aware of this and to include and discuss the supervisees ethical, moral and political thinking as part of the supervision process (Münster and Schmidt, 1997; Hertz and Nielsen, 1999).
Psycho-social problems exist in a complex context. The different participants often have different viewpoints. This brings a situation, where conflicts, different values, different evaluations and clinical attitudes are what the supervisee meets and brings to their supervision.
In supervision, the influence of current political debate should be addressed and discussed openly. Becoming aware of the impact of this larger political context enables the supervisee to integrate this in a balanced and reflected way.

Example

John is a psychologist working with so-called multi-problems families. He is in contact with a number of cases of children who are in very under-stimulating environments, and often he really doubts whether he should suggest that the children should be removed from home or if he should continue to contribute to the establishment of a nurturing environment for the child at home.

In an individual supervision he brings up that lately he has noticed a tendency in his work to recommend removal of an increasing number of children at risk - which he says, he wouldn’t have done half a year ago. He wonders why? So what he brings to supervision is not related to a specific case but is more related to a theme: why has he in half a year developed an increased tendency to report and suggest to social service agencies that children should be removed and social control should be taken into account?

John is quite experienced in working with this type of case, and he is very much aware that in his position he is dealing with issues of doubt, professional and personal judgement and power. Still, he wonders why his own tendency to suggest removal of children from home instead of trying to work with empowerment and building on the families resources has increased?

The supervisor asks John why he has become aware of this tendency now? John immediately responds, that he has been thinking about this since it became clear to his mind, that currently the newspapers are filled with examples and cases of children exposed to child abuse and neglect. Following these examples in the media’s many politicians and experts on child care and protection are claiming that the public welfare systems are taking the wishes of the parents too much into consideration compared to the consideration of the child’s welfare.

The supervisor asks how John feels about this debate in the media and he responds that he’s very ambivalent but that in the main he thinks that these case are so complex that it is difficult to generalise about them as many politicians and experts tend to do. John is also convinced that when people recommend to the social service systems more and earlier removals of children it is frequently in order to assure themselves and others that they are responsible and working for the benefit of the children. He feels that there is a lack of focus on cases where parents have managed to develop parental skills through therapy and social support.

The supervisor expresses the idea that John is being affected by this debate to a wider extent than he actually was aware of and that, to some extent, is afraid of being isolated with his viewpoints.
This idea makes a lot of sense to John. He explains that previously he frequently discussed political and social issues with his colleagues and with the managers in his department. Recently he has become very quiet and low profiled in these matters and now he is sure, that this has to with a fear of being isolated with his non-mainstreamed ideas. He also remembers himself that previously he had been quite isolated in his department with some of his ideas on how to do therapy with families and this history of professional isolation was quite uncomfortable to him. Prompted by the supervisor he also remembers that he has also gained quite a bit of recognition in raising professional and political questions.

During the session it becomes clear, that he needs to negotiate this theme with his manager and his colleagues. He creates the idea that he will invite them to an open debate where he will tell them about what he has noticed about his own tendencies and reactions and invite his colleagues to reflect on this and to share their own experiences. As he says: "When I’m influenced by the current debate, why wouldn’t the rest of my colleagues be?"

The supervisor asks what John expects from this debate. John discusses with himself, that he has no specific goal other than creating a space where these political and mainstream ideas and their impact on the professional work can be discussed. The objective of this is to break his own isolation with his viewpoints and to clarify to the whole staff that political tendencies have an impact on the professional work - not least in cases embedded with doubt and low predictability.

The supervisor supports John’s idea and adds a suggestion that John and his colleagues could also discuss and share their ideas about how they see their own positions as professionals in the area between therapy and social control and how they deal the expectations and power connected to these position. He suggests that these professional narratives about administration of power will bring new perspectives and professional understandings into the group. John nods his head to this suggestion.

System-knowledge and system-orientation as a necessity:

In the most difficult cases many professionals and professional disciplines are involved (eg teachers, nurses, social workers, psychologists, doctors). They create together with the family the most important context for understanding the problems and for the development of constructive interventions. The number of people involved can be quite high and the task of co-ordination, co-existence and co-creation of the efforts is a challenge per se.

The co-operation and the relationships between the participating public agencies are often characterised by a lack of knowledge of each others areas of competence, traditions and ways of understanding. This can be a source for mistrust, prejudice and scepticism in the public network (Højholt, 1993; Mielcke, 1998, Imber-Black; 1988). Many social interventions are carried out on a basis of traditions and assumptions. The underlying thinking, the theoretical and empirical validation of this can be challenged and reformulated (Börjeson and Håkansson, 1998).

Supervisees often find themselves in this arena of multiple professionals and multiple agencies.
The supervisor in the grey zone therefore needs to have an overview of the wider professional network system, its way of functioning and organising, legal background, area of competence, traditions, methods, values and code of ethics. And to ensure that the supervisee is given the opportunity to think about this wider context and thus develop a greater range of possible interventions. Mapping techniques and genograms are frequently useful in helping the supervisee get an overview of the larger system.

**CONCLUSION**

At a time where, throughout Europe, there is an increasing emphasis in therapeutic work on accountability and the monitoring of good practice, it is clear that supervision is becoming more and more a substantial tool for attempting to guarantee the quality of work offered by therapists and others in the helping profession. Quality supervision, is even more crucial in the grey zone area between therapy and social control. A central issue therefore, has to be a clarity around the mandate for supervision for a lack of clarity about these matters will, inevitably, lead to a lack of good practice and ultimately contribute to those who already have marginalised voices finding themselves less and less heard.

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