Role reversal in remote peer supervision: Utilising tools commonly used in dramatherapy and family therapy to facilitate peer supervision

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Abstract
Peer supervision is a dynamic process which highlights constructive and supportive feedback among therapists while minimising feelings of being evaluated. Some of its benefits include decreased dependency on the expertise of a supervisor, freedom, and equality. In this article, we outline the benefits of peer supervision between a dramatherapist and a family therapist and how their common roots based on creativity and action-based approaches could be used remotely to enhance the goals of peer supervision. We discuss how we utilised such methods and more specifically role reversal in a virtual space during the first Covid-19 lockdown to facilitate the process of peer supervision and understand better the needs and perspective of the client. We propose that incorporating creative and spontaneous methods such as role reversal in a virtual peer supervision environment can potentially enhance the supervisory alliance and therapeutic practice.

Keywords
Covid-19 pandemic, dramatherapy, family therapy, role reversal, virtual peer supervision

The Covid-19 pandemic disrupted many therapists’ ability to meet face-to-face with clients and supervisors. Due to lockdown restrictions, a great number of dramatherapists had to move their practice to a virtual environment and adjust to the demands of teletherapy.

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Dramatherapy made use of teletherapy way before the pandemic, in order to work with clients in remote areas or clients who moved abroad and wanted to work with a therapist in their native language. One of the challenges of this form of therapy is that, virtually, therapists and clients may be in different spaces and time zones, and dramatherapy relies heavily on being mutually present in the same physical space and time. Nevertheless, the pandemic did not hinder dramatherapists from being versatile in their approach and utilising tools such as metaphors, symbols, aesthetic distance, and creativity in the absence of physical space (Stavrou, 2020). In fact, what has become evident during the Covid-19 lockdown periods is that creativity does not have an end or form (Stavrou, 2020). Dramatherapists embraced creativity physically as well as virtually and generally engaged with technologies to promote their therapeutic work.

It is important to emphasise that the pandemic posed a threat to the mental health of not only the public but also mental health and health care professionals, with stress levels increasing exponentially (Tsamakis et al., 2020). Research on the effects of the Covid-19 pandemic on health care professionals showed that support and validation from peers can motivate them and minimise the psychological strain experienced during this unprecedented situation (Mohindra et al., 2020; Ng et al., 2020). One way this can be achieved is through peer supervision. In this article we discuss how remote peer supervision allowed us to support each other in our work as therapists during both Covid-19 lockdowns. More specifically, we will present an example of our own peer supervision sessions which took place during the first Covid-19 lockdown and incorporated dramatherapeutic approaches.

Peer supervision

The term peer supervision is used to describe supervisory alliances in which participants are not expected to evaluate one another’s performance as therapists (see, Basa, 2019). It involves a process in which experienced and trainee therapists support one another by mutually utilising their professional skills (Wagner and Smith, 1979). In the literature, the word ‘supervision’ denotes some form of authority while the word ‘peer’ denotes an equal approach to the relationship (Benshoff and Paisley, 1996; Counselman and Weber, 2004). Although these terms initially seem incompatible, in practice a truly equal approach is not always feasible due to peers’ varied therapeutic experience and distinctive approach to the ethics and values surrounding the supervisory relationship (Basa, 2019; Gomersall, 1997). Despite these methodological differences in peers’ work, peer supervision involves both parties prioritising mutual feedback and minimising evaluation (Benshoff and Paisley, 1996), thus creating a common ground to work on.

Peer supervision has many benefits which have been supported empirically. It can augment the dynamic challenges therapists are faced with, such as the lack of peer support relevant to working in private practice or in remote areas where trained supervisors are rare (Basa, 2019). It can further enhance the quality and availability of supervision offered to therapists (trainee and experienced) while providing an alternative/ supplemental avenue to traditional supervision (Basa, 2019; Benshoff, 1992; Hawkins and Shohet, 2012). It can strengthen their professional development while allowing them to continually reflect on their practice (Basa, 2019; Žorga et al., 2001). It also encourages a
more collegiate approach to supervision in which both parties feel equally free to offer constructive feedback in a supportive manner (Bailey et al., 2014). This suggests that through peer supervision, all participants can assist one another by making effective use of their unique skills (Bernard and Goodyear, 1992).

**Role reversal**

One way to facilitate peer supervision is through the use of role theory (Landy, 1993). Using roles can help explore important issues, such as therapists’ inability to set clear boundaries with a client (Sherbersky and Gill, 2020). Role reversal in particular, which involves taking on the role of another person, may allow supervisees to aesthetically distance themselves from the situation and understand better their clients’ perspective as well as their behaviour and motives. In practice, this can be achieved by encouraging supervisees to role-reverse and approach the situation from their clients’ point of view. By enacting the role of the client, supervisees can gain a series of embodied insights regarding the manner in which the client experiences the situation. Once the exploration of the client’s perspective has been completed, the flow of the dialogue can naturally stop or pause, and supervisees can de-role (Landy, 1993) and become themselves again. They can then share their insights and receive feedback from the supervisor/group in order to reassess the situation and decide on the best approach to facilitate their clients’ needs (Sherbersky and Gill, 2020). Supervisees’ ability to have and offer these insights while in role is indicative of a healthy supervisory relationship and their ability to reflect on and explore the situation from different perspectives (Chesner and Zografou, 2014). This suggests that role reversal may be an invaluable source of information about clients’ circumstances, which can help therapists consider the best therapeutic plan for them.

**Creativity and peer supervision**

Role reversal can be implemented in peer supervision in a creative and spontaneous manner and enhance the supervisory sessions (Sherbersky and Gill, 2020). While creativity and spontaneity are prominent tools of dramatherapy, they are not utilised by dramatherapists only. Spontaneity has long been described as a valuable tool in family therapy (Duhl and Duhl, 1979), and more recently the use of creativity has been explored in systemic therapy (e.g. Burnham and Newns, 2013; Chimera, 2013), indicating that dramatherapists and family/systemic therapists share common approaches to their clinical practice. Spontaneity may allow therapists to respond to a new situation creatively (Moreno, 1966) and is directly linked to one’s body. By acting spontaneously and aesthetically utilising the body and the bodily sensations that come to the surface in supervision, therapists can come closer to their clients’ experience and connect with them more genuinely (Sherbersky and Gill, 2020). This is achieved through ‘action insights’ which are defined as the ‘integration of emotional, cognitive, imaginative, behavioural and interpersonal learning experiences’ (Kellerman, 1992: 85) and involve encouraging the supervisee to both think and feel on the issue that concerns her or him. Aesthetic distance plays a vital role here, as it allows supervisees to experience a situation (action), step out of it, re-evaluate their clients’ needs (through reasoning) and finally come up with the
best possible plan to support the client. Utilising aesthetic distance in supervision suggests that both supervisor and supervisee can approach a problem from a creative angle. This approach shifts the emphasis from the actual problem to its solution through resilience and creativity (Burnham, 2015; Sherbersky and Gill, 2020).

As it has already been suggested, creativity has been used effectively in virtual dramatherapy during the Covid-19 pandemic (Stavrou, 2020). We believe that creativity can also be used successfully in virtual peer supervision. Specifically, by applying action in supervision, therapists can focus on how supervisees behave and feel ‘in their body’ rather than on what they say or do (Sherbersky and Gill, 2020). Through action, supervisees are invited to interact with various notions, and this process helps them self-reflect and consider new ways of behaving and being (Kellerman, 1992). This may allow the supervisor to have a broader view of both the supervisees’ needs and the clients’ perspective (Friedlander, 2012), thus reaching a deeper understanding of the issue concerning the supervisory session.

Remote peer supervision: Example from practice

While creative approaches to supervision have mainly been used in face-to-face sessions involving the physical environment peers mutually share, in this article we propose that such practices, and more specifically role reversal, could potentially be used in a virtual space to respond to the demands of the Covid-19 pandemic. To illustrate this, we provide an example from one of our own peer supervision sessions, in which one of us had the role of the supervisor and the other had the role of the supervisee. As a dramatherapist and a family therapist, we have been engaging in peer supervision together for many years, both face-to-face and virtually. We both have experience working in private practice and in the public sector in Greece as part of an interdisciplinary team of a university lead paediatric unit, which offers mental health services to adolescents and their families. The goal of our peer supervision is to complement our practice from an ethical and supportive standpoint. In our peer supervision sessions, we regularly employ techniques such as role reversal and action insights, which form an integral part of our training in our respective fields of expertise. We find that working as a pair is beneficial for our practice, as both dramatherapy and family therapy focus on stories and narratives of relationships and systems and the metaphors people use to describe them (Strevett-Smith, 2010). By utilising dramatherapy tools in our peer supervision meetings we allow ourselves to come to important therapeutic insights through playful means (Strevett-Smith, 2010) and hence understand our clients’ and each other’s perspective more deeply.

In this particular session, one of us (the dramatherapist) sought peer supervision due to an emergency request by a former client to resume their therapeutic work. As this was not possible due to the fact that the therapist had relocated to another country, she felt that the urgency of the situation required immediate referral. She further felt she needed more time to assess the situation and what the best approach would be to support the client, given the dire circumstances involving the lockdown restrictions. Besides, she was overwhelmed with emotions due to the client’s frustration and need for an immediate response. Given that the client’s request to resume therapy involved a pertinent family situation, the dramatherapist felt that seeking peer support from her family therapist
A colleague would allow her to have a deeper understanding of the family dynamics involved and hence assess the client’s needs more efficiently.

The dramatherapist and family therapist arranged a virtual meeting on Zoom. It was clear from the beginning that the dramatherapist was the supervisee and the family therapist the supervisor. During the session, the supervisee started narrating her conversation with her (former) client. Upon hearing the story, the supervisor acted spontaneously and creatively; she suggested they used role reversal: she encouraged the supervisee to start narrating the story from the point of view of the client and she herself took the role of the therapist. The supervisee engaged with this activity; she took a couple of breathes and started narrating the situation from the perspective of the client. In role, the therapist (supervisor) asked only a few questions and encouraged the client (supervisee) to concentrate on her body in order to clarify her feelings and bodily sensations. During this process, the supervisee made use of action insights; she paid attention to bodily sensations and voiced her needs (as client). Through role reversal and while in action, she came to the realisation that what she had initially interpreted as ‘frustration’ in her former client, she now experienced as ‘fear’ in the stomach. Still using role reversal, she voiced her concerns and needs, as client. Once she focused on her body and allowed herself to feel in her body the emotions that surfaced, she was able to have a clearer perspective of her client’s needs and feelings regarding the urgency of the situation. When this process was over, both therapists de-rolled (Landy, 1993) and returned to their initial roles as supervisor and supervisee.

**Reflections on practice**

We have presented a remote peer supervision session which took place between us during the first Covid-19 lockdown. Reflecting on the session, it became evident to us that we were able to utilise role reversal the same way we would have previously done in a face-to-face session. The emotions we felt during the exercise were strong and unaffected by the fact that they were shared through a screen. We noticed that we were able to maintain eye contact and pay attention to each other’s facial expressions. Importantly, we came to the mutual realisation that both of us, in role (client and therapist respectively), were able to empathise with the actual client, and approach the issue of concern from both a cognitive and emotional level and hence appreciate it more deeply (Sherbersky and Gill, 2020). Also, in role, the supervisee was able to realise and address her own fear which was the result of her inability to support her former client physically. Further, with the help of the supervisor, she was able to have a better understanding of her own feelings, particularly anxiety, in regard to the inadequacy she felt due to the Covid-19 pandemic and its restrictions. After these feelings were recognised and expressed, the supervisee was able to differentiate between her own and the client’s feelings and appraisals and hence consider a plan that would benefit her client.

We spontaneously utilised role reversal in our peer supervision session because this method along with other action methods is mutually shared by both dramatherapy and family therapy (Sherbersky and Gill, 2013), therefore we both felt we have the expertise to make use of it. The difference between this particular virtual supervision session and others we had in the past is that it took place during the first Covid-19 lockdown,
an unprecedented, unknown circumstance, which for many of us brought to the surface trauma, fear, and anxiety. The urgency of the situation and spontaneous use of role reversal with the aim to facilitate the (emotional) safety of the client, reminded us of the dynamic nature of the pandemic and the immediate adjustments which had to be made in every sector (e.g. education, healthcare, etc.) to respond as effectively as possible to a fairly new and unknown situation. We concluded that by utilising action methods we were able to come to realisations about how to address the needs of the client promptly and efficiently. We further felt that our different therapeutic approaches—dramatherapy and family therapy – complemented one another, as they allowed us to assess the client’s situation in relation to herself as an individual as well as a member of her family (system).

We concluded that role reversal worked effectively in a virtual peer supervision framework and complemented our work. We considered our approach effective for two reasons: (a) from the beginning of the first lockdown we embraced the virtual nature of our work both as therapists and peer supervisees and treated the virtual space of our sessions as an extension of the physical space: in this particular session, although we did not share the same physical space, each of us paid attention to our bodies and physical sensations and shared this experience. (b) In our work together, we approach each other from a collegiate, empathetic, and non-judgmental angle, and this approach does not require a physical space to unfold. In this particular session, we engaged in role reversal through active and empathetic listening, and this allowed us to come to important insights about the situation of concern.

**Criticism of peer supervision**

There is a great deal to gain from combining our distinctive expertise in peer supervision for the benefit of our clients. However, there are pertinent issues we need to keep in mind when we engage in peer supervision. Peer supervision should not take the form of professional supervision but should be complimentary, as the evidence in favour of peer supervision, although increasing, has been mainly collected informally (Avent et al., 2015; Basa, 2019). Research (e.g. Bailey et al., 2014; Benshoff and Paisley, 1996; Corey et al., 2010; Kassan, 2010) has shown that therapists who engage in some form of peer supervision exhibit enhanced therapeutic skills such as empathy, respect, assertiveness, self-efficacy, commitment to ongoing development, less dependence on authority, genuineness, self-respect, knowledge of one’s strengths and weaknesses, increased self-reflection, and growth (see Basa, 2019). Such findings suggest that peer supervision could be a very valuable tool for therapists’ professional development.

Research however has also shown some adverse outcomes of peer supervision. Specifically, the absence of a lead supervisor may have a negative effect on the group, as trust and self-disclosure may decrease among members (Basa, 2019). In addition, fear of being criticised may cause peers to be ‘too polite’, thus not dealing with challenging situations effectively enough and hindering personal and professional development and growth (Counselman and Weber, 2004; Hawkins and Shohet, 2012; Marks and Hixon, 1986). Besides, in the absence of training, structure, clear boundaries, and careful attention to tasks, the peer supervision group is in danger of losing its identity; sessions may
lose focus, conflicts may arise, there may be lack of professionalism and solution focused outcomes, and members may feel demoralised and exposed (Borders, 1991; Counselman and Weber, 2004; Goldberg, 1981; Kassan, 2010). These findings suggest that peer supervision could be an effective tool for therapists, however, the contribution of professional supervision should not be undermined (Basa, 2019).

**Conclusion**

When dramatherapy and family therapy meet, theatrical moments may take form through the use of common creative tools which can facilitate communication, emotional containment, and empathy (Strevett-Smith, 2010). Specifically, by integrating role reversal in peer supervision, peers can approach the topic of discussion from a playful, non-directive viewpoint and gain a deeper understanding of the situation. This can be achieved by utilising the body in the process of supervision. According to Berger (2017), art-based supervision can awaken the supervisee’s artistic side, strengthen their creativity, and inspire them to use it for the benefit of their clients. We feel that such an approach does not only apply to art-based therapists but also therapists whose unique therapeutic modality shares similar approaches to practice. Dramatherapy and family therapy are both flexible modalities which are open to collaboration with other approaches. Dramatherapists and family therapists engage with the therapeutic relationship from a humble and democratic framework, which allows peer supervision to evolve not only in the presence of a physical space but also in its absence.

Given that as therapists we are not unaffected by the pandemic (Tsamakis et al., 2020), seeking peer support is one way we can adapt to this novel situation. In addition, as therapists, we are inclined to want to support our clients, but when physical restrictions forbid us from doing so, we may experience feelings of fear and a sense of helplessness. In our case, role reversal allowed the supervisee to differentiate between her own and her client’s feelings of fear, helplessness, and anxiety, approach the situation from her client’s perspective, and hence clarify how to best support her client.

As we are still navigating the Covid-19 pandemic, we are aware that our thoughts and reflections on how to enhance remote peer supervision will keep developing and changing to adjust to this dynamic situation. Given that doors have been opened to drama-therapy and other forms of therapy in the cyberworld due to Covid-19 (Stavrou, 2020), future research could shed light into the effectiveness of utilising dramatherapy tools virtually in peer supervision as well as ways in which virtual peer supervision can be effective and benefit supervisees and clients, not only during the Covid-19 pandemic but beyond it.

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References


Benshoff JM (1992) *Peer Consultation for Professional Counsellors*. Ann Arbor, MI: ERIC/CASS.


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