Supervision is the orienting theme of this paper. I will not go into the different debates on the meaning of the word, its appropriateness for what it is that we do and/or other words which we might substitute for it. Generally, it is my experience that convention orients word usage and not idealism and the accepted conventional word for what we are asked to do when other therapists consult with us on an ongoing basis is, 'supervision'. Also I will take as a premise that therapy and supervision in many ways mirror each other. However, for the most part therapy almost always begins with the presentation of a complaint, a problem or a dilemma in the domains of the physical, emotional, mental, behavioural and social. Supervision on the other hand is more usually premised on a request for help in the short term, as in a once off consultation or as an ongoing desire for training on someone's part - a professional body, an agency or an individual.

Having said all this I will now unpack the title of the paper. After discussing the metaphor of the 'Fifth Province' I will then outline the parameters of mapping devices, called Diamonds developed by my colleagues and I. These are maps, which comprise of two intersecting lines - one vertical and the other horizontal. The lines represent co-ordinated relationships between people, themes or ideas, which are in opposition and contrast to each other.

**Diamonds as 'Playthings'**

In orienting readers, I want to warn that the mapping systems I will use to illustrate fifth province ideas and practices have no basis in any concrete or universal reality. They are socially situated constructions, which are produced in the inter-weave of conversations between the participants in the supervision relationship. This is no small point and one, which I cannot stress often enough. They are more like 'playthings', which may be useful
to supervisors and consultants in certain situations. Human relationships and the expanse of the human spirit can never be captured nor confined within the parameters of any map. They serve mainly as temporary scaffoldings to support work in complex situations.

**The Metaphor of the Fifth Province**

In my own work the metaphor of the Fifth Province has been an importance spiritually, ethically, therapeutically and politically. Ireland has four provinces and these are roughly in the North, South, East and West. Six of the nine counties of the Northern Province, Ulster, are united with Britain. There never was a fifth province as far as we know except in ancient Celtic mythology. (Hederman & Kearney, 1982) The myth states that the fifth province was situated right in the centre of the country where the four provinces were thought to have met. It was said that it was a pagan Druidic site where kings and leaders from the other provinces came to settle their conflicts and reconcile their disputes through conversation and talks. Arms were left aside as people came together to speak and receive counsel. It was a place of dialogue where all opposing and contrasting views could be held together, heard and voiced in a non-violent way.

Today in the Irish Language the word for province is 'coicead' or 'cuaige' which directly translated means fifth. So the fifth province translates into Irish as Cuaige Cuaige or the fifth of the fifth. But where is this fifth - it has no 'spatial' existence. It has no fixed reality. It is an expression in language? It is thought therefore to be a province of possibilities, a province of imagination - a reconciling place, a healing place. The first woman president of Ireland, Mary Robinson (1990) said, the fifth province is that part of each of us which is open to the other. This notion of the fifth province as a place within all of us and between all of us calls to mind also Humberto Maturana's (1985) definition of 'Love'.

"Love consists in opening a space of existence for another in co-existence with oneself in a particular domain of interactions".

**Engagement without Over-Involvement**
Love, for Maturana, is a fundament for all social and indeed biological and ecological relationships. This is such a beautiful notion. For him and for many others in the cognitive, biological, social and ecological sciences, co-operation and co-existence are the delicate threads, which form the web of life - the patterns which connect.

So, how do we maintain this disposition of love in therapy and supervision without becoming over involved and thus part of a problem we have been asked to help with? If we become over-involved it means that we have become attached to the premises of those seeking our help. Their issues take on a concretised reality for us. This is an interesting challenge for therapy and supervision. And while our field might be short on discussions about love it is not short on discussions about how to engage without attaching too much to non-helpful realities. Within the systemic field we have useful concepts such as 'neutrality', curiosity and 'irreverence', 'meta positions', 'complementarity' and so on. My colleagues and I have our Diamonds!

They have helped us imagine-in-conversation the discourses which clients and supervisees articulate and constitute in their actions and relationships. They have helped us deconstruct our own negative emotions and ideas by contextualising them, they have helped us reflect upon our participation in the 'system' we were describing and acting into. They have helped us to imagine possibilities and potential. Most of all they have helped us stay alive and stay awake.

**Well-being and Burn Out**

What we did and what we said became crucial, not only, for our own well-being but also those of our conversational partners. Talking about well-being, apart from the work of Laura Fruggeri and Sheila McNamee (1991) on Burn Out and in some other scattered texts there has been almost nothing which addresses the physical, emotional and spiritual well-being of therapists and by extension supervisors in our literature until recently.

Talking with some colleagues recently and wondering why this is so, I also wondered if the emergence of 'Spirituality' in our literature was not in some way related to this vacuum in
our field. Spirituality proposes a larger frame for us all to live into and live out of. Perhaps, it is also the advent of Social Constructionism, which reinstates the individual as a moral and ethical actor which has opened up new possibilities for addressing what has been referred to as, the 'Self' of the therapist (Lum, 2004). I would also propose that we extend this concept to address the 'Selves' of clients, supervisors and supervisees. It is a suggestion but perhaps an important one. It is important because, as systemic social constructionist therapists and supervisors, we hold that we constitute and shape our social worlds. We say we do this through our words, thoughts, actions and interactions and that we shape our worlds and those of whom we come into contact with.

I have used the words, 'shape our worlds' deliberately. Because there is now enough emerging knowledge from the fields of Psycho-neuro-immunology (PNI), Cognitive Science, Biology and so on that our thoughts and our ways of thinking do play a part in our health and wellness, illness and dis-ease and in our social relationships.

I know there is a lot of debate in our field as to whether issues of gender, race and social justice are appropriate concerns for us as therapists. However, I, like many of my colleagues, believe they are. I believe we can make a difference within our social worlds because we can change what we do, how we talk, how we think and those parts of the therapeutic and supervisory context we constitute. As Fruggeri and McNamee (1991) have said in the past we burnout when we maintain the very problematic system or pattern we are supposed to be helping to change. On the other hand when we change our thoughts, language and actions in a positive direction, focused on possibilities and resources then we can begin to constitute health promoting and spirit enhancing encounters.

We can become a light of hope for our students, supervisees and clients. The image, which springs to my mind's eye as I think about this is of lighting a candle and then other candles being lit from that single flame and so on as far as the eye can see. As supervisors we are a little like that candle-light whose light spreads through our contacts with supervisee students, therapists to their clients and their families and so on. Just think of the influence we have in our own small worlds.
What are Diamonds?

Diamonds are simple diagrams, which may enable us to make sense of any social field presented in terms of contradictory positions, ideas and actions. We have termed these social and dialogical fields, *Ambivalent Social Fields* in that they hold the contrasts and oppositions together in a both/and scenario.

They have facilitated us to imagine the presented fields inclusively and to avoid separating out presented oppositions, dilemmas and contrasts and/or eliminating one of the parties, positions or views from a conversation. Holding the above together enables us to observe their play as it were. Margaret Wetherell and Jonathan Potter (1992) have stated the importance of holding both sides of a dilemma together in order to reach a new view. They said:-

Dilemmas are often obscured when each position is taken in isolation.
When they are juxtaposed the dilemmas are heightened and possibilities become evident.

Taking Gregory Bateson's (1980) notions of Symmetry and Complementarity we have structured the diamonds accordingly. They are of three main types - Rough Diamonds, Symmetrical Diamonds and Complementary Diamonds.

First of all now, I will go through the construction of the diamonds with some illustrative examples from supervision in contexts of child protection and intra-familial sexualised abuse disclosure

**Rough Diamonds**

Rough diamonds are used mostly for thematic discussions and the presentations of dilemmas. For example in the field of child protection these might be presented by
supervisees as the common dilemmas of Risk and Safety; Change and No Change; Good Situation and Bad Situation and so on. The mapping of these dilemmas, as seen on the diamond below, facilitates the holding together and juxtaposing of these particular pairs of correlated polarities and contrasts in a both/and frame. In child protection scenarios my colleague, Ernst Salamon and I (2004) have found it useful to position the opposing value positions (e.g. good/bad) on the vertical axes and the opposing action positions on the horizontal axis (change/no change) as below:

**FIG 1 Rough Diamond**

The four quadrants of the diamond juxta-posed in this way open the way for the design of useful questions, direction for interventions and assessment. For example in a consultation where a therapist is describing a situation which they see as good enough and in which change is occurring then the safety of a child would be deemed to be high whereas if the therapist was describing the situation as bad with little or no change occurring then the child would be evaluated as being in a high risk situation. If we consider the situation, which is described as being good or good enough but with little desired change occurring then workers tend to be unsure of interventions. We have found that frequently underlying such insecurity are differences in cultural traditions, gender, sexual orientation and ability. Therefore, questions, which could be generated might be
self-reflexive questions in terms of the workers own 'prejudices' in relation to the client's context. Finally, if we turn to the lower right quadrant where there is a bad situation in which change is occurring then the therapist’s position is hopeful and co-operative. The above diamond has also been very useful in facilitating supervisees and consultees to elaborate their current assessment of the situation along the value axis and how much change is occurring. So for a Supervisee to specify the current situation they are dealing with predominantly in the lower left quadrant then it is most likely that the questioning will address the precise details of the risk situation to facilitate what statutory measures may need to be taken. This would differ from the scenario where a supervisee placed themselves predominantly within the bottom right quadrant where there would be less need for the initiation of statutory measures but more on an ongoing co-operative treatment and protection plan for the child and family.

**Symmetrical Diamonds: Contexts of Contestation:**

These diamond maps include co-ordinated pairings of people and themes in escalatory relationships of contest (competition) and conflict. (A:B :: C:D) This map is designed to depict a conflictual situation where relations have become symmetrical. Two pairs A:B and C:D re-present two people who are in opposition to each other (A:B) and two others who area affiliated to them (C:D) and therefore in opposition to each other

**FIG 2 Symmetrical Diamond**
If we translate this diamond into the clinical situation where a child has disclosed sexual abuse by their father then a common conflictual presentation is depicted. This is a situation where a child discloses to an adult outside of the family and their complaint is taken up by statutory social agents (SOC) who have the task of ensuring the safety of children for the State. When the perpetrator is confronted by the concerned professionals both he and the child's mother deny that the abuse occurred and not too infrequently blame the child for disclosing. Thus we have a scenario in which the child is supported by a professional, usually a social worker in his/her attempts to have the abuse acknowledged and the child's living situation made safe. The parents on the other hand commonly refuse to co-operate and the measures have to be initiated for the possible removal of the child at least while an assessment is completed.

*FIG 3*  
**Example A  Sexualised Abuse Disclosure: An either/or conflictual context of Child Sexualised Abuse Disclosure-Denial**
In systemic supervision and consultation in the above scenario it is most likely that one would be asked to consult to the key social agents charged with the protection of the child. Most workers who have encountered this tragic scenario will know the uncertainty, the dilemmas and difficulties around their interventions. Therefore, because of the symmetrical nature of the presented situation if a supervisor or consultant were to take the views of the Social Agents and the child only into consideration then it is likely that this would further alienate the parents from the social agent/therapist involved. Likewise if one was seen to affiliate only with the position of the parents then it is likely that the consultation would be terminated by those who requested it. Intervening on one side would further serve to escalate the conflict, possibly place the child and indeed other children in the family further at risk and decrease possibilities for co-operative work with the parents. Using circular questioning however, in relation to the positions and stories of all participants has, in my experience over twenty years reduced the conflict and facilitated the emergence of negotiated plans for child safety.

**Complementary Diamonds: Contexts of Exclusion:**

Complementary diamonds are generally used where two participants affiliate and co-operate around a common cause or concern for a third party at the expense of a fourth party who is excluded, silenced and/or blamed for some reason. (AB(C)/D)
FIG 4 Complementary Diamond

If we apply this once again to the child sexualised abuse disclosure situation we can depict yet another common clinical presentation. This is where a child discloses abuse by a father and the child's mother now supports the child and co-operates with social agents around the future protection of her child or children. This often results in the father being removed from the family home where the situation is deemed to be one of serious risk and there is either a temporary or permanent parental separation. Figure five below maps this scenario:

FIG 5 Example B Child Sexualised Abuse Disclosure: A Complementary context of affiliation and exclusion.
As in figure 3 should a supervisor or consultant enter this system in the domains of cooperation and affiliation only then relationships remain divided with one or more persons excluded and silenced. It has been the experience of myself and my colleagues that a rigid continuation of this scenario is not necessarily in the best interests of the child in the long term. This is so because we know that a child often remains silent and keeps the secret of abuse in order to protect the integrity of the family unit, the parents relationship and so on. Therefore, as a result of their disclosure of the abuse they also become the instruments in the demise of the parental relationship and of "breaking up the family". Therefore, to silence and exclude the story and position of the abuser is to risk placing an unfair responsibility for protection on both the mother and child. Working with abusers in acknowledging the abuse and their primary role in what has happened to their family in the aftermath of the disclosure, helps lessen the burden of the child in the long term.
CONCLUSION

This paper has offered brief outline of the structure and use of diamond maps in situation Child sexualised abuse disclosure and child protection. Diamonds have facilitated the deconstruction fixed ideas or positions (either/or scenarios) in highly charged emotional situations through holding conflicting and opposing positions together in a both/and frame. When one has access to more than one idea about a given situation then one remains open to more possibilities and is less wedded to prefigured outcomes. The diamonds have also be useful in introducing possibilities (more or less scenarios) by way of clarifying the supervisees and clients position and in co-creating the means by which protective actions and change may happen.

The principal use of the diamond in systemic supervision and consultation over the years has been experienced as the access to a simplified frame for the holding of complex and difficult issues in a manageable form. Other grid-like maps have been attempted but have not yielded the richness and simplicity of the diamond. They may be used as a first order systemic tool in mapping third party systems or they can be used, as they most frequently are, as second-order mapping systems, which include the viewpoints and positions of therapists and clients as well as supervisors and consultants themselves. It is this latter affordance, which generates possibilities for a fifth province dis-position, which is open to the other within a consultative and supervisory conversation.

Footnote
1. Dr. Nollaig Byrne retired clinical director, Department of Child and Family Psychiatry, Mater Misericordiae Hospital and Philip Kearney, Founder and past CEO, Clanwilliam Institute, Dublin. Nollaig, Phil and myself worked as a therapeutic and supervisory team from 1980 – 1995 after which Nollaig and myself continued to write until 2007)

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