SUPERVISION OF SUPERVISION

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SUMMARY:

The paper describes how the supervisor's awareness of their covert processes, thoughts, and feelings increased as a direct result of the work in the median group and in the supervision of supervision. When the supervisor misses the parallel process in the supervision group, it can be discovered in the supervision of supervision and during self-analysis. Some aspects of the parallel processes are discussed and presented through vignettes from supervision and median group sessions. The paper also presents the results of different studies about supervision and supervision of supervision observed from the perspective of supervisees and supervisors. Theoretical explanations of parallel process are presented as well.

KEYWORDS:

supervisee, supervisor, parallel process, supervision of supervision, supervisor's countertransference

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INTRODUCTION

At the very beginning of working with the group as a supervisor – the dynamics of which I will analyse more thoroughly in the section *Personal Experience*, group members were discussing their personal experience of the supervisee's position, their past, present and anticipated relationship with the supervisor and their experience of the supervision of the supervisor. Al-though they broached many areas of conflict, their emotional tone and constructive manner brought to my mind an image of a bracelet with three ornaments: supervisee, supervisor and supervisor's supervisor. Only after some time did I realise that these were some points of the origin of parallel processes, and therefore, in the introduction to this paper, I will show the results of

certain studies which deal with problems of supervision from these three perspectives. I will also touch upon several authors' examinations of parallel processes.

FIRST ORNAMENT: SUPERVISEE

Countless pieces of research on the effectiveness of analysis have shown time and again that the therapist is not the one who is important for therapeutic change: what is important is the relationship between the therapist and the patient (1).

On the other hand, there is a lot less research on what contributes to the efficiency of supervision. Currently available descriptive studies of supervisory processes indicate that the efficiency of supervision probably also depends on the relationship between the supervisor and the supervisee. The results of the Weaks' research in 2002 show that the main conditions for an efficient supervision are the feelings of equality, safety and challenge in the supervision relationship (2). The supervisee's feeling of equality comes from a situation where the supervisor, too, is ready to share the difficulties they encountered in their work and is ready to face the fact that what they are not perfect. Equality in the supervisory relationship is maintained by the supervisor who shows superiority in knowledge, but not in the attitude towards the supervisee. The feeling of safety is created by confidentiality and by freedom in conversation and expression of thoughts. The challenge involves the possibility of gaining new insights and raising the awareness of various aspects of therapeutic work.

Winston Churchill once said, "I like to learn, but I do not always like to be taught". Supervisors need a lot of discipline to be aware of the differences between their own preferred learning styles and those of their supervisees, as well as differences arising from prior expectations. It is the matching styles that create an effective working alliance. As stated in Page and Wosket's research (3), successful supervisors, according to supervisees, are those who are focused on the insights and feelings of the supervisees.

As Inskipp and Proctor (4) remind us, one great challenge of learning in supervision is the fact that the individual themselves is the professional tool, so each mistake can touch their sense of identity. Throughout the development of one's professional identity, previously established identity needs to change. Therefore, all learning during supervision brings with it the feelings of pain and discomfort.

In order to become a therapist, throughout the learning process (but also in later work) one must constantly reflect on their own feelings, thoughts and the overall dynamics. Mehlaman (1974) (according to Jacobs et al.) (5) shows that regression, helplessness and narcissistic injury are inevitable in learning to be a therapist. Training to become a therapist presents a challenge to one's self-esteem; the challenges arise from contact with colleagues and the learning situation itself. All learning situations challenge our self-esteem and narcissism. But the therapist must call upon their whole person to learn and work: their intelligence, imagination and affective responses. During the learning process and in practice, unresolved conflicts arise as well. Such learning carries a lot more risk for the learner than some other types of learning. In supervision, the candidates are confronted not only with the need to demonstrate their knowledge and expertise, but with the fact that all facets of their personality structure become a part of the learning process (5).

According to Webb and Wheeler's article from 1998, *How honest do counsellors dare to be in the supervisory relationship?*, supervisees in training were found to be more inhibited from disclosing sensitive information than supervisees who were not in training (6).

Wilkinson's work on attachment styles of the supervisees is relevant for supervision (7). The supervisee who was fortunate enough to develop habits of secure attachment from early life will be in a stronger position to negotiate for what he or she wants, and will be more flexible in response to feedback.

In Crick's paper *Good supervision: on the experience of being supervised* (8), the author-candidate says that some primitive feelings could arise during supervision and that candidates have contradictory and paradoxical demands of the supervisors:

- "give me space" vs "give me structure"
- "you should be more protective of me" vs "do not be over-protective"
- "you should tell me what to do" vs "you should let me find my own way of doing things"
- "be kind to me" vs "be tough with me", etc.

This study also found that when candidates could not really find anything to complain about in the supervisor's work, they had a distinct sense that there was something wrong in the supervision relationship.

Good supervision does not depend only on the supervisor; it is also the result of the specific interaction between

a particular student and a particular supervisor – some pairings just do not work.

Choosing a supervisor, like any other significant relationship, needs to take personal chemistry into account. Meeting before entering into a supervisory relationship is important. When candidates are allocated to a supervisor they did not choose themselves and when there are big differences in their styles or in their chemistry, additional work is required in the supervision to overcome such differences.

The results of Foster's research show that supervisors tend to assess their relationship with supervisees as "secure", while, on the other hand, supervisees find their relationship with the supervisor as "insecure" (9).

Many supervisors observed that relationships with the colleagues who are members of the same supervision group are more tense and stressful than working with patients (10).

In 1998, Wolstain suggested that supervisees often feel manipulated, attacked and more vulnerable in supervision groups than they do while working with patients. They may feel that their deep personal feelings are exposed and discussed by the group and supervisor in a judgemental and insensitive manner (11).

SECOND ORNAMENT: SUPERVISOR

While I was preparing this paper, I was faced with the following paradox (at least I feel it as a paradox): many articles and books claim that to become a supervisor one should go through personal therapy. That claim is usually followed by tens of vignettes of supervision sessions describing emotionally warm and constructive supervisors, but there are always many vignettes describing the supervisors as excessively demanding, condescending, voyeuristic, punitive, over-giving, narcissistic-exhibitionistic, dominant, patronizing, sadistic, neglectful, unsupportive.

All of this could be massively present in the transference towards the trainees. How is that possible?

Each supervisory pair establishes a dynamic interplay between the pursuit of deeper understanding (which may destabilize the sense of self in a patient, therapist or supervisor) and the maintenance of self-esteem in each participant in the process. The supervisor's contribution to this process may be either beneficial or detrimental and may get in the way of the goal of supervision, which is learning in a safe environment (5).

Irrespective of the depth and success of the supervisor's personal analysis,

enactments will occur from time to time (12).

Within the profession, being a supervisor is traditionally seen as a "career progression". In the past, more experienced therapists would invite colleagues who they thought had reached the level of supervisor to become a supervisor. This might suggest an assumption that being an effective and experienced therapist equips one to be a supervisor. Put that way, it seems that the two activities are the same. However, being experienced in therapy does not mean one can necessarily monitor or support the work of others. Although linked, therapy and supervision are two distinct and separate activities (13).

An effective therapist does not necessarily make a similarly effective supervisor. The latter involves a multiplicity of roles that assumes therapeutic effectiveness as a base upon which other roles have to be acquired. This includes being a teacher, mentor, supporter, guide, challenger, restorer, assessor or even a judge. Training in psychodynamic supervision therefore requires development of the basic and generic skills such as contracts, boundaries, supervisee development, knowledge of clinical issues, assessment, organizational and ethical issues, as well as deep understanding of unconscious

processes, unconscious logic and the capacity to process the whole supervisory dynamic so as to develop understanding and awareness in relating to the group.

The practice of therapy and supervision are activities that are usually related to how we live the rest of our lives. It is an integral part of it. Because of that, the authors Brear, Dorrian and Luscari (2008), noted that when therapy courses consider candidates unsuitable for professional practice, it is primarily for interpersonal or intrapersonal reasons. This continues to be relevant for supervision training as well (14).

Although there are not many studies about the effect of supervisor training, it is worthwhile to mention the results of the study performed by Stevens, Rodney and Goodyear in 1998. The results of that study suggest that experience alone is not sufficient to enhance the supervisor's development and that features like more a supportive, less critical and less dogmatic approach to supervision are the result of specific training in supervision (15).

The components of a supervisory style are complex in origin and subtle in expression. Most people are highly influenced by the style of their early supervisors, and if those people were helpful

and encouraging, that could have provided a powerful modelling effect on how to be a supervisor. When the relationship is damaging, the supervisee might be making reactive resolutions about how not to behave. Trainers and colleagues may also be taken as models, so candidates who are treated ethically and with respect learn from this experience.

Supervisors need to reflect on the supervisee's work without attacking the self-worth of the supervisees. According to the research conducted by Waskett (2006), "supervision works best when it is respectful, collaborative and pragmatic". He claims that in the early stage of supervisory process there is a difficult yet necessary balancing act to encourage supervisees while also helping them identify the limits of their own competence (16).

The core aim of supervision must be to help the supervisee develop an internal compass for their work. This could lead to a useful and mature, as Greenson named it, "observing ego" function (17).

Gilbert and Evans (2000) said that the internal supervisor has to be able to move smoothly and consistently between the self and the other while simultaneously reflecting on the self in relation to the other and the process

between. In the learning process, there should be plenty of opportunity to practice and receive feedback because the crucial skill every supervisor needs to have is giving feedback (18).

To learn to develop reflective and analytic skills, the supervisors needs to be able to reflect on his or her own countertransference reaction to both the patient material and the supervisee's presentations, and to use these insights in their discussions and interpretations with the supervisee. Developing awareness of unconscious communication, however, is a challenge, because, by its very nature, the unconscious is unconscious.

THIRD ORNAMENT: SUPERVISOR OF SUPERVISOR

During supervision of supervision, there are several aspects that must be explored. Some of those are the issues of power and authority, especially if the supervisees feel inferior, if they feel very anxious in the dialogue with the supervisor where they bring up complaints and blame and if they fear failure. The supervisor needs to find a way to identify the supervisee's expectations. To be honest, this is easier said than done; in practice it is difficult to hold a sensitive discussion about these aspects during supervision and

invite the supervisee to analyse their own behaviours which contribute to the dynamics and to take responsibility for that. Such dialogue can reveal that the supervisor is too controlling, that they cannot ensure a sufficiently safe environment for honest negotiation, that they are too grandiose or selfish. There are many cases when this cannot be carried out in the appropriate manner. Then the ideal place to work through these issues is the supervision of the supervision, where the risks of such dialogue can be explored and perhaps neutralised. During supervision of supervision, it is important to broach various issues: the supervisor's readiness to stay open to learning new things, to stay open to the fact that the supervisor is not always right or that there is a certain level of envy of their trainees, or that they idealize their supervisees, which is not helping them. The supervision of supervision and time spent in reflection by the supervisor are important sources of information about human and professional failings in supervisory practice.

In their research about complaints against supervisors, the authors Khele, Symons and Wheeler (2008) found that the greatest number of complaints were made under "issues of responsibility", which has two aspects. The first is the requirement that supervisors help their supervisees to recognise when their work might be impaired due to personal difficulties; the second is the inability of the supervisor to take responsibility for maintaining the setting and maintaining the boundaries between the supervisor-supervisee relationship and any other professional relationship (19).

Wheeler and King, 2000, conducted a survey about supervision of supervision. Their 70 respondents all had considerable experience. Almost all had consultative supervision, and three quarters said they would have it whether it was professionally required or not. The average number of sessions spent in this consultative supervision was between six and twenty-four per year. Most commonly discussed issues were ethics, boundaries and assessing the competence of supervisees in training. Issues in connection with contracts and the supervisee-client relationship were also brought up, but less frequently (21).

In Henderson's research (2008), most supervisions of supervision have informal arrangements. She further comments that her impulses to discuss supervision arose reactively and in complex situations, at the stage of fire-fighting after a problem had arisen or when she had waited too long to address difficulties in the relationship.

In their article *Who Supervises the Supervisors?* from 1991, Armstrong, Gordon and Hobbs found that the supervisors shared the need for peer support in their supervisory role, and that supervisors perceived a group supervision of supervision as a means by which they could increase their supervisory knowledge and skills (21).

The therapy contract and boundaries are fundamental starting points of any clinical work, but within the supervisory setting there are additional factors. Langs (1994, 1997) wrote specifically about the impact of the supervisory frame. Supervision, he states, should be conducted identically to the way therapy is conducted, with strictly observed boundaries (22,23).

In 1997 in his interviews with experienced supervisors, King noted that the subjects were more likely to say that they had someone (a fellow professional) with whom they could discuss their concerns about work with a supervisee, than to say that they had a supervisor for their supervision (24).

In the studies I mentioned earlier, most supervisions of supervision had an informal character. Susan Harmer, in her research about informality, power and relationship in supervision, said that "supervisions over coffee" could be ineffective or inappropriate. The real exchange or transaction between people can be hindered because of the negative intimacy and collusion. At this point it can be said that what Lang claimed about the importance of strict boundaries in supervision is correct. In my experience, such formality proved to be very productive. (25).

The supervision of therapists has a relatively long history. It is said that this was started by Freud in small informal group meetings (26). On the other hand, the supervision of supervision has a much shorter history. Indeed, the ethical requirement for supervisors of counsellors to receive supervision of their work was first introduced in 1996 by the British Association for Counselling (BAC), and according to its Code of Ethics and Practice for Supervisors of Counsellors (1996a) supervisors are responsible for making arrangements for their own supervision in order to support their counselling supervision work and to help them to evaluate their competence (British Association for Counselling, BAC, 1996a, B2.3). Supervision is a practice-long requirement, regardless of experience (19).

Mender, writing the first journal article about supervision of supervision in 1997, warns that the counselling profession does not exist to ensure endless control of supervisors; it exists because the difficulties inherent in the

supervision relationship are the same as those in a counselling relationship with a patient (27).

PARALLEL PROCESSES

Unconscious repeating of relations from the therapy relationship in the supervision situation and vice versa is a phenomenon known to most supervisors. It is always intriguing and enigmatic.

In their theoretical work, some authors consider it essential for the supervision process (Caligor, 1981) (28), but there are others who consider it an illusionary concept (Lesser, 1983) (29). Various authors offer several explanations of the causes of parallel processes. Sach and Shapiro, 1976, claim that it is a communication process occurring in situations when it is not possible to use words (30). According to Ekstain and Wallerstain, 1972, parallel processes are considered to be part of learning in which the supervisee gains more clarity about the therapy situation they are in charge of (31). Doehrman, 1976, correlates the occurrence of parallel processes with the inequality in the relationship between the supervisee and supervisor, especially when it comes to issues of authority and power (32). Bromberg, 1982, claims that the basis of parallel processes is concealing of in-

formation rather than communication (33). Searls, 1955, argues that parallel processes of both the supervisor and supervisee rest on their transitory unconscious identifications (34).

In order to work effectively on parallel processes, the supervisor needs to be keenly aware of their own cognitive and affective responses. Understanding of parallel processes helps the supervisor understand their relationship to the supervisees, but it is more appropriate to discuss this with more experienced supervisees.

Resonance and mirroring are concepts frequently used to explain group analysis theory and practice. They are connected to the idea of parallel processes, i.e. with Searle's concept of reflective processes. In this context, it is important to mention Foulks' concept of the mirror's reaction which appears when the dynamic of the supervision group is actually an echo of something presented in the clinical material. This is what supervisors call a parallel process. The group analysis approach to supervision work in groups points to the fact that the patterns of the patient's reactions can be seen to a certain degree in what appears in the thoughts and dynamics of the supervision group itself (35). We arrive to these degrees through freely fluctuating attention and free association. Zinkin (1995) claimed that the

analysis of parallel processes in the supervision group can provide understanding of issues that cannot be communicated in therapy (36).

However, one should bear in mind that, to fully comprehend the concepts of parallel processes in supervision, we first need to take into account a context much wider than the one of what happens in supervision itself (37).

The contribution of systemic theories to the understanding of parallel processes consists of pointing to the problem of isomorphism, which actually means that the system naturally replicates certain relations at different levels of the system, but their content may be very different (38).

Stimmel asks why – when appropriate with regard to other elements – should we not seek the point of origin of certain phenomena in supervision as we do in analysis work, i.e. why do we not parse the interaction into ever smaller units? Although supervision is unique and different from other analytical situations, it is inevitable that transference should occur there, too. Of course, it is always easier to focus on the patient than on other elements, whose contribution to the overall analytical process is equally important. (12)

Parallel processes are unique occurrences which appear in the analysis

situation. In the supervision setting, they are the closest living representative of what happens in the supervisee's therapy room. Transference comes alive in supervision in the unconscious of the supervisor as well as in the unconscious of the supervisee – they need a place to inhabit, and the parallel processes are the most likely place for that (12).

Because parallel processes are rich, meaningful and informative, they are good places in which to hide unwanted transference. Parallel processes offer the supervisor, in particular circumstances, protection from acknowledging a given gratification, a shameful thought or an unwanted fantasy about the therapist. Distortions in the perception of the transference can be caused by the supervisor's intellectual pleasure with the symmetry of the enactment in the parallel process as well as gratification from having identified its clinical meaning. That kind of enactment in the supervision is an under-reported phenomenon (12).

The parallel process is also perhaps the only legitimate or acceptable piece of the supervision process that allows for a clinical-like experience between the supervisor and the supervisee.

The analysis of parallel processes should be encouraged by all means be-

cause the results of that analysis and its resolution can be seen in the direct work of the supervision group as well as in the work with patients.

PERSONAL EXPERIENCE

During the 1-year course *Using the group as a medium for supervision* organised by the Institute of Group Analysis London, every candidate had to supervise a group in their own professional context and present their work in the group for supervision of supervision, which, apart from the final essay, represented the evaluation of the education programme. Candidates also had to take part in the median group, in the reflective team supervision, in the group for integration of theory and practice, as well as attend presentations of theoretical aspects of problems of supervision.

The group that I have supervised during the course (the vignettes of which I presented in the following text) consisted of four members which had a relatively long experience in psychotherapy, but with different levels of formal psychotherapy training. All members of the group, including the supervisor, shared a long-term professional cooperation through working at the same clinic, but they also socialised in various non-formal contexts.

After having explicitly elaborated my own motivation and needs, I invited into our group those members who had in previous more or less informal discussions expressed their desire and need to have their cases supervised. The duration and frequency of supervisory sessions had been agreed upon beforehand, so the same group regularly met once a week during one year. The supervisory session lasted 90 minutes.

The aim of working in the median group was to ensure a safe environment for the candidates where they could develop their capacity to think and communicate in the group. Participating in this way, the candidates can reflect on their conscious and unconscious processes, the boundaries and the frame of the course, mirroring, differences, transference and countertransference, rivalry, the ways of guiding their group, as well as the creative and destructive phenomena – all in relation to the dynamics which develops between the candidates during the course in all parts of the programme. The median group consisted of experienced therapists. The group's purpose is not therapeutical, so when a candidate brings up their personal problems, the task of the median group is to contain that and give support. The purpose of such experiential learning is sharpening the boundaries between

the supervision and therapy situations; it is an exercise in how to react when a candidate finds themselves in the role of a supervisor, in which we can expect similar aspects.

Working in a reflective supervision team consisted of supervising and being supervised, so the candidates had to assume three different roles: the role of the supervisor, the role of the supervisee, and the role of observer of processes which develop in the group.

The group for supervision of supervision had several tasks. One of them was the evaluation of the candidates' knowledge and skills of supervision by the supervisor of supervision. It involved the evaluation of functioning of the supervision group lead by the candidate, demonstrating the understanding of the group analysis model in the role of the supervisor, the ability to respond adequately to the material presented by the supervisees in the group supervised by the candidate and the evaluation of the candidate's overall competence. Other tasks were related to aspects of functional transition from one of six angles of the clinical rhombus to the other (31). These angles consist of clinical material which is being presented, the therapist who presents, the processes of the supervision group itself which can be parallel to the processes in therapy, organisational con-

text, administration of the dynamics and the self and the countertransference of the supervisor.

I will now describe the process of increasing the awareness of one's own covert processes, thoughts and feelings which developed during the work in the median group, in the supervision of supervision, and during self-analysis.

I was the only participant of the Supervisor Course who is based in and works in a non-English speaking country. I was very surprised when, during a session with the median group, all members asked me with unanimous interest to show them my late Grandma's beauty mirror that I always carry in my purse. Almost all members of the median group were experienced group analysts who all found themselves in the same position: to learn more about supervision, so moving away from the verbal expression to something on such a concrete level was an act that cannot be ignored. It became very obvious that something similar is somehow preoccupying everyone's unconscious.

My Grandma bought the mirror the same year I was born and she retired. Although very generous, she kept it to herself all her life; nobody was allowed to touch it. It seems that at the same time I brought to the median group the warm memories of the time when I

once came into my Grandma's flat unannounced and found her all dressed up for a dinner party, wearing black lace, red lipstick, shiny white hair... I told her, "Wow, you are so beautiful!" She was pleased; it was important to her that I saw her looking so feminine, beautiful and elegant in her 70's. She wanted to be buried in that black lace dress. Only a year and a half ago, I used black lace for a coffin pillow on which my Mum journeyed with the angels to eternity, and I used the same material for the saddest dress I have ever worn when I went to bid her my last farewell.

Those were the median group sessions when I was still unaware of the parallel processes. My attention was drawn to this at the Skype session of the supervision of supervision group, when I talked about a dream of one of my group members whom I was supervising. She had said I had worn a red lace dress in her dream. My supervision of supervision group reminded me I had spoken of a black lace dress in the median group and that these black/red laces are definitely some parallel processes where I am, no doubt, in a story about identities, new beginnings, about mirrors through which I look at myself and different versions of both professional and personal heritage, which I am passing onto my students of psychotherapy. I was told it was a story about what I was parting with within

myself and about what was beginning its life in a new form.

Black lace is at first related to an old, but radiant woman full of life. I am quite sure this symbolizes the identification with group analysis. It was a real "wow" moment that studying of and the new identity of a group analyst and a supervisor brought me. I associate the black lace ornaments with feelings of pain and anguish which the loss of idealisations brought me over time. During my work in the supervision group that I led, my supervisees confronted me with different images of myself: I was perceived as being aggressive, non-empathetic, trustworthy, brilliant, seductive, superior, warm, gentle. We can see there can be both pain and joy in the reflections we get as supervisors.

The group process rests on the emotional resonance and mutual mirroring of members (39,40). Supervision within the field of psychoanalytic work could be said to have started with Max Eitington in Berlin (41). It may be a bizarre coincidence, but the fact is that my Grandma had bought that beauty mirror in Germany and that it is more or less as old as Searle's term "reflection processes".

It seems to me that the mirror in the Liverpool median group expressed

every supervisor's preoccupation with psychotherapeutic heritage, identifications and idealisations which follow the learning process, as well as diminishing of the idealisations. The mirror also reflects the way we experience our "internal supervisor"; it can also show us what it is like to be our supervisee, and what it is like to supervise our supervisions.

Reflection and inviting to reflect is an activity which, in any case, requires courage. A specific type of courage is needed when cultural background and identity are addressed in an international supervision group and when they are addressed in a language different from your mother tongue. The supervisee may feel very exposed in such a process.

Another important aspect of that mirror situation in the median group is the mainly reflective medium of learning in supervision, and the fact that learning is not just simply an internal process undergone by individuals alone. Group analysis views a human as a social being which develops in a social environment and is its result. In 1964, Foulkes said that one's life is social through and through; one can develop their individuality only in a relationship with others. Foulkes defines the unique features of this context as a matrix (39).

Learning to become a supervisor is a social event, sometimes international, and its power and energy transform our identity (42).

I became acutely aware of the two principles of learning (42) according to which learning is a matter of imagination, and learning involves an interplay between the local and the global, when I was simultaneously a member of a median group in Liverpool, my supervision of supervision group was in the Skype area (wherever that might be), and the group I supervised was in Rijeka, Croatia. The members of the Rijeka group would usually ask me, "What does your group in Liverpool think of us?" – as if the fact that they were a part of my "international" learning made them feel special and important. A sense of belonging to and participating in something larger and more meaningful than oneself is instrumental in increasing one's self-esteem and personal worth (43,44). Reflections, mirroring, international mirroring seemed to be everywhere around us. The changing rhythm of their reflections is like that in music, so one of the less traditional definitions of supervision which says that supervision is the dancing partner of our work (45) seems so appropriate.

As previously mentioned, the development of personal awareness of one's own internal processes is an impor-

tant aspect for every supervisor to be able to build the relationship with the supervisee and understand parallel processes.

Matte Blanco (46) suggested that the unconscious has its structure, logic and language. When a supervisor finds that a similar fantasy manifests itself within supervision, appropriate attention should be given, so I will do the same in the text that follows by interpreting some interconnected aspects and the nature of unconscious processes behind the story of red and black lace. That interpretation was enabled by my work in the supervision of the supervision process, as well as by my "internal supervisor" who reflects on its facets in different ways. I will touch upon generalisation, symmetry and dangerous (risky) aspects of the nature of unconscious processes.

The supervision group that I led started in a playful atmosphere. One of the members said, "I like seeing you in a position where someone is assessing you, usually we are the assessed ones". A few sessions after that, she recounted a dream she dreamt twice where I was renewing my marriage vows wearing a red lace dress and the dress was simply "WOW!". In the same supervision session, the members approached in the cathartic way their negative experiences during previous

supervisions which took place many years earlier. Those supervisions were led by the group analyst team to which I used to belong. In the very same session, they were talking about their wish to revive their status as candidates in group analysis. They were quite open in saying that they would like to do what I am doing, that they could feel my love and passion for group analysis. When I asked them what was it that I had said or done when we first started many years ago, they exposed me to a high intensity of tension and said that they felt exposed. That feeling blocked them in further learning, and that it would be better for me not to know what they used to say about me at that time.

Two members of my supervision group led a war veterans group. One of them recounted for us one veteran's dream: he and his fellow combatants are in a dale. Their guns are damaged, there is no escape, the enemy is approaching, slowly surrounding them, making the circle smaller and smaller.

We can recognize the similarities in generalized feelings of exposure, shame, unpleasantness, violence, dangerous (risky) moments as well as symmetry in the relationship that is reflected in some aspect of the work – both in the supervisor-supervisee and supervisee-patient group relationships.
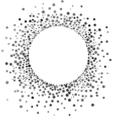
The way in which my supervisees delivered their messages was characterised by openness, intensity, engagement, but, at the same time, it was not void of positive energy, passion and some sort of benevolence. In those moments of emergence of unresolved, completely unexpected old conflicts between me and my supervisory group I was left feeling ashamed: red becomes the colour of shame and the lace becomes something too transparent which makes me even more vulnerable. In my memory, our first, distant experiences of group work, in which I was the supervisor, were coloured in red so as to signify the passion and the energy of sharing my knowledge and inviting to openly analyse countertransference, but for my supervisees that was the colour of a dangerous, deadly soldier. The dream shared by one of the supervisees I interpreted as an image of her position in a group of men in which only she did not have a weapon (a penis) and had nowhere to run. At that point, she became aware of her sense of exposure to men. A dimension which also becomes very present is the one of the whole supervisory group as being a surrounding line of soldiers in red uniforms who are getting dangerously close to me, threatening me, raping and destroying me and then shrouding me in black lace which, in my experience, also has double meaning at all levels of both

happy and endlessly sad experiences, even at the tactile level. In line with that, the dream through which I told my supervisee that she was the one who had found herself surrounded by aggressive associations and emotions of her own group of soldiers can be interpreted in such a way that something that reflected our relations in our group got transferred from the clinical material and that I, as the supervisor, am the one who found herself surrounded by supervisees and their grotesque perceptions of me. That phenomenon is called the reversed mirror. According to the same author, this phenomenon occurs frequently in supervisory groups which consist of trainees in the field of psychology or psychiatry in hospitals or colleges. Dealing with my countertransference seemed to me to be even more complex due to the expressed idealisation of my work alongside the beginning of identification with me and my way of work. So, paradoxically, the red lace at same time becomes something attractive and desirable.

Gilbert and Evans say, "The ability to sustain vulnerability is an essential part of relating, and a measure of personal and professional maturity, because it opens the analyst to resonate with the group" (18).

In these delicate moments of my supervisory work in which I have felt

exposed, attacked – as if I was being assessed in a very difficult exam – I found help in my self-analysis, which contributed to the decreasing of my vulnerability caused by a sense of shame probably stirred by completely irrational spheres of my feeling of existential threat and the belief that something was not quite right with me. I present some parts of that analysis.

The colours red and black were part of the associations of everyone involved in this whole process. Stendahl's *Red and Black*, where red is the symbol of military uniform, and black of a priest cloak, is a book which I picked up from my Mum's library in my adolescence. It is a story of love worth dying for. I tended to converse with her at length and intimately about harmonious and disharmonious choices in romantic relationships, still unclear about the true meaning of it because I was, not without the feeling of embarrassment, confused by the passionate aspect of relationships. That is a period of my idealism and my personal developmental transformation in which, among other things, one looks to reconcile passion and the reality of a relationship. Those discussions served as kinds of metaphors through which I transform and share my feelings of passion in line with all other components of internal and external relationships. I listen to her pronounce the name of the main

character Julien Sorel in a French accent while explaining the importance of this reconciliation. A similar French echo came into my life later on, when my supervisor was saying the names of psychodynamic phenomena in French while trying to translate them to English. My perception of her was always that she approached analysis and transferred her knowledge very passionately. Such passionate dynamics of our relationship had a strong transformative effect on me. Stendahl used red as a symbol of military uniform, but also as the colour of life, joy, love and passion. The author J. Enke (according to Shohet R., 2008) said that when a supervision provides a space in which stories and problems are seen as a gateway to a new dimension of reality, that moment becomes passionate. He views passion as an essential component which can shatter the intellectual and emotional resistance and continues with: "Passion is not a feeling, it is a force capable of deeply affecting others in a subtle and profound way. Any action, any thought or feeling when fed by passion has a hugely transformative power. Passion is not fanatical. Passion in not noisy. Passion is gentle and patient while at the same time fierce and determined" (48).

In the introduction to his paper on the unconscious in supervision, Edward Martin (49) enters into the field of classical music in order to illustrate what

is possible in the supervisory process. *Variations on an Original Theme* composed by Edward Elgar Martin used as an analogy of the effort necessary to understand the expressed theme in therapy or supervision. Those *Enigma Variations*, as they have become known, are musical portraits of the composer's intimates and friends. Despite many efforts, that hidden melody has never been discovered.

I cannot say that for me the melody of my variations was, or has remained unknown or that it is clear which persons from my personal life influenced that associative course. Something new for me was the fact that my early object relationships could become explicitly present in the colours and ornaments of the laces, so real that it felt like you could touch them during the sessions. They are at the same time the source of my vulnerability and transformative power, and represent an invaluable source of information for the spoken and unspoken interventions. Shohet's words (2008) seemed so true all of a sudden: "if we can cope with our own intimacy and our own fear, we can transfer a new life to our supervisees and our patients." (50)

My internal supervisor tells me, without any reservations, that the red and black lace, the red and black colour, interpreted in such a way, provided me with suf-

ficient energy to create new dimensions of the relationship between me and the group which I supervised, as well as to understand relationships in the median group. Although supervision is partly a process of socialization of professional identity, which includes practice and a kind of modelling, Joan Wilmot's statement (according to Shohet, 2008) according to which the first supervision relationship that she recalls is the supervisory relationship with herself is very interesting. All subsequent external supervisory relationships are influenced by this original relationship, regardless of whether you are in the role of the supervisee or the supervisor (51). My self-analysis in that work gave a lot of space to feminine aspects of myself.

Given that I was a member of the international group, cultural and language differences were very visible. Bearing this dimension in mind, it seems that the assumption made by Bernard and Goodyear (2004) that reflecting of the supervisor onto the development of one's own racial, gender and sexual identity seems to be a lot more important than the identification with any particular group, and that those aspects of the supervisor define whether the experience of supervision will be positive or negative (52).

It is evident that there was an intrusion of unconscious processes in the context of supervision, in the median

group of which I was a member, as well as in the context of a clinical setting and a sort of symmetry in relations between me and my supervisees, the position they found themselves in in reference to the groups of patients they were leading and emotions stirred by that, as well as in the position of my national background and cultural heritage in an international group analytical context.

I believe the mirror in the median group also reflected the same or similar aspects in each of us and it encourages one to analyse our supervisory experiences – regardless of whether we are in the role of a supervisor or the supervisee.

Supervision of supervision was a new professional, emotional and cognitive experience, throughout which I was simultaneously both the supervisor and the supervisee.

In the vignettes mentioned above, we can also see very intensive personal reverie in the early stage of the group work. Similar were the late phases of the work of the supervision group which were characterised by intense personal closing remarks. Here I am quoting the closing sentences of some of the supervisees about their perception of how their supervisor was supervised.

1.

"I was very curious; it is such a strange feeling to be observed by someone you do not see. Would our supervision have been different if the supervisor hadn't had a supervisory group? I sometimes wondered whether the supervisor lead the group in a way that was expected from her supervisory group or the supervisor of supervision. I even wondered how she felt having to be simultaneously in two roles – with us and with them.

Although my needs as a supervisee were completely met, I wondered: If she is guided by some external criteria, it creates a feeling of distrust because the question whether the supervisor could give more to be authentic is repeatedly raised. Does that limit her? At the same time I had a fantasy that supervision of supervision protects us as a group and me as a member of the group, from "unpleasant" interpretations, that due to these external limits the supervisor was going to be less critical and less strict."

2.

"It is good that supervisors are supervised. If we become seduced by close relations in the group, the external group would see it and bring it up, and we would be able to correct ourselves. Everyone who knows how things in

groups look like knows that it is easy to take the wrong turn as a whole, including supervisor. The fact that our supervisor is supervised increases the ability to see things as objectively as possible. I don't see supervision of supervision as something "above", rather as something in "parallel" with us. In general, supervision and everything connected to that I see as of better quality, the feelings of security and trust are increased if there is supervision of supervision. It wasn't at all important to me to receive feedback form the supervision of supervision."

3.

"Surely the supervisor will work better if they are obliged to present their work to someone and get feedback. This certainly increases the sense of security of the supervisee. If the supervisor is supervised, they will be more careful and engaged. All of it is related to better quality of work."

CONCLUSION

The key challenge in training supervisors in the field of psychodynamics is finding ways to approach and treat the unconscious dynamics that enter the supervisory relationship and consider how they affects it. It may come from the patient, the supervisee, the organ-

izational setting or even form the supervisor (12,53,54).

Increased awareness of covert processes, thoughts and feelings is what makes a difference between a more and less skilled and experienced supervisor's "internal supervisor" (55).

This paper suggests that insight into the parallel processes may aid the supervisor in recognising their own internal processes in much the same way as it aids the supervisees' understanding of the dynamics between them and their patients. The analytic method is key for discovering and recognising the internal processes, so self-analysis and the supervision of supervision always need to be in the background of such type of work.

Group analysis pays a lot of attention to the frame and to the setting. The same principles apply to supervision work. Supervision does not take place in a vacuum where attention would be directed only to the development of the supervisee. The processes in the supervision itself are very powerful, so the relations between all players in the supervision system need to be taken into account from the beginning to the end of supervisory work. The supervisor should actively invite group members to reflect on these processes. It would be good if the supervisor also actively reflected on the same processes as a

member of the group for the supervision of supervision. Sharing personal reverie in the supervision of supervision group enables the supervisor to get in touch with meaningful emotional issues, which can become explicit and worked through if the group in which this takes place is deemed a sufficiently safe place. Even if the supervisor misses the parallel processes in the supervised group, they may be recognised and processed collectively in supervision of supervision (56).

My dresses have been a very good dancing partner to me and guided me through this paper. I have tried to show how the variations on the original red/black lace theme appeared in groups in which I participated, assuming different roles in the same period of time. I hope that these variations showed what it really means when Searles (57) speaks about the fact that supervisors' emotions are often highly informative reflections on the relationship between therapist and patient.

REFERENCES

1. Orlinsky DE, Ronnestand MH, Willutski U. Fifty years of psychotherapy process-outcome research: continuity and change. U:Lambert MJ, ur. Bergin and Gardfield's Handbook of Psychotherapy and Behaviour Change. New York:Wiley; 2004.

2. Weaks D. Unlocking the secrets of "good supervision": a phenomenological exploration of experienced counsellors' perceptions of good supervision. Counselling and Psychotherapy Research. 2002; 2(1):33-39.

3. Page S, Wosket V. Supervising the Counsellor: A Cyclical Model. Hove: Routledge; 2001.

4. Inskipp F, Proctor B. The Art, Craft and Tasks of Counseling Supervision, Part 2 Becoming a Supervisor. Twickenham:Cascade; 1995.

5. Jacobs D, David P, Jey Meyer D. The Supervisory Encounter. New Haven & London: Yale University Press; 1995.

6. Webb A, Wheeler S. How honest do counsellors dare to be in the supervisory relationship? An explorative study. British Journal of Guidance & Counselling. 1998;26 (4):509-524.

7. Wilkinson SR. Coping and Complaining: Attachment and the Language of Dis-ease. Hove:Bruner-Routledge; 2003.

8. Crick P. Good supervision: on the experience of being supervised. Psychoanalytic Psychotherapy. 1991; vol 5, no 3:235-245.

9. Foster J. Attachment behavior and psychotherapy supervision. In: Bennett, S Attachment-informed supervision for Social Work Field Education.Clin Soc Work Journal. 2008; 36:97-107.

10. Hawkins P, Shohet R. Supervision in the Helping Professions. Berkshire: Open University Press; 2012.

11. Wolstain B. Essential Papers on Countertransference. New York, London: New York University Press; 1998.

12. Stimmel B. Resistance to awareness of the supervisor's transference with special reference to the parallel process. International Journal of Psycho-Analysis. 1995;76:609-618.

13. Henderson P. A Different Wisdom. Reflections on Supervision Practice. London: Kanrac Books Ltd; 2009.

14. Brear P, Dorrian J, Luscari G. Preparing our future professionals: gatekeeping and implications for research. Counselling and Psychotherapy Research. 2008; 8(2):93-101.

15. Stevens DT, Goodyear RK, Robertson P. Supervisor Development: A Exploratory Study in Changes in Stance and Emphasis. The Clinical Supervisor. 1998; vol 16 (2): 73-88.

16. Waskett C. The SF journey-solution focused supervision is like being a taxi driver. Therapy Today. 2006; 17(2):40-42.

17. Greenson RR. The Technique and Practice of Psychoanalysis. London: Hogarth; 1981.

18. Gilbert MC, Evans K. Psychotherapy Supervision; an Integrative Relational Approach to Psychotherapy Supervision. Buckingham:Open University Press; 2000.

19. Khele S, Symons C, Wheeler S. An analysis of complaints to the British Association for Counselling and Psychotherapy,1996-2006. Counselling and Psychotherapy Research. 2008; 8(2):124-132.

20. Wheeler S, King D. Do counselling supervisors want or need to have their supervision supervised? An exploratory study. British Journal of Guidance&Counselling. 2000; Vol.28, No.2:279-290.

21. Armstrong J, Gordon M, Hobbs K. Who Supervises the Supervisors? A Groupwork Model for Supervision in Health Care Settings. Australian Social Work. 1991; vol 44 (1):37-43.

22. LangsR. Doing Supervision and Being Supervised. London: Karnac Books Ltd.; 1994.

23. Langs R. The framework of supervision in psychoanalytic psychotherapy. U: Martindale B, Mörner M, Rodriguez MEC, Vidit J-P ur. Supervision and its Vicissitudes. London: Karnac Books LTd.; 1997.

24. King D. Clinical responsibility of supervisors: a qualitative study. Birmingham:University of Birmingham;1997.

25. Harmer S. Informality, power and relationship in postgraduate supervision: supervising PhD candidates over coffee. Higher Education Research&Development 2012 Dec; Vol.31, No.6:827-839.

26. Carroll M. Counselling Supervision: Theory, Skills and Practice. London: Cassells; 1996.

27. Mender G. Supervision of supervision: specialism or new profession? Psychodynamic Counselling. 1997; 3(3): 291-301.

28. Caligor L. Parallel and reciprocal processes in psychoanalytic supervision. Contemporary Psychoanalyis. 1981; 17:1-27.

29. Lesser RM. Supervision, illusions, anxieties and questions. Contemporary Psychoanalyis. 1983; 18:1-19.

30. Sach DM, Shapiro SH. On parallel processes in therapy and teaching. Psychoanalyisis Quarterly. 1976; 43:394-415.

31. Eckstain R, Wallerstein R. The teaching and learning of psychotherapy. New York: International University Press; 1972.

32. Doehrman MJ. Parallel processes in supervision and psychotherapy. Bulletin of the Menninger Clinic. 1976;40:9-104.

33. Bromberg PM. The supervisory process and parallel process in psychoanalysis. Contemporary Psychoanalyis. 1982; 18:92-111.

34. Searles HF. The informational value of supervisor's emotional experience. Psychiatry. 1955;18:135-146.

35. Smith M, Plant R. Group supervision: moving in a new range of experience. The Psychotherapist. 2012;50:14-15.

36. Zinkin L. Supervision: the impossible profession. U: Kugler P, ur. Jungian perspectives on clinical supervision. Amazon.1995.

37. Morrissey J, Tribe R. Parallel process in supervision. Counselling Psychology Quarterly. 2001; 2:103-110.

38. Habar R, Marshall D, Cowan K, Vanlandingham A, Gerson M, Fitch JC. „Live" Supervision of Supervision: „Perpendicular" Interventions in Parallel Processes. The Clinical Supervisor. 2009;28:72-90.

39. Foulkes SH. Therapeutic Group Analysis. London: Georg Allen and Uvin; 1964.

40. Pines M. Circular Reflections. London: Jessica Kingslay; 1998.

41. Urlić I, Brunori L. Supervision. Special section. Editorial introduction. Group Analysis. 2007; 40(2):163-166.

42. Carrol M. Supervision: Critical reflection for transformational learning, Part 1. The Clinical Supervisor.2009;28(2):210-220.

43. Mack JE. Self-Esteem and its Development: An Overview. U: Mack JE, Ablon L, ur.The Development and Sustaining of Self-Esteem in Childhood. New York: International Univ. Press; 1983.

44. Yerushalmi H. The Roles of Group Supervision of Supervision. Psychoanalytcal Psychology.1999; (16): 426-47.

45. Murphy K. Keynote address at the British Association for Supervision Practice and Research. London; 2009.

46. Matte Blanco I. The Unconscious as Infinite Sets. London: Duckworth; 1975.

47. Kutter P. Direct and Indirect ("Reversed") Mirror Phenomena in Group Supervision. Group Analysis. 1993; vol 26, no 4: 177-181.

48. Enke, J. Breaking the Box: Supervision- A Challenge to Free Ourselves. U: Shohet R, ur. Passionate Supervision. London&Philadelphia: Jessica Kingsley Pub.; 2008.

49. Martin E. The unconscious in supervision. U: Martin E, Driver Ch, ur. Supervision and the analytic attitude. Whurr; 2005.

50. Shohet R. Fear and Love In and Beyond Supervision. U: Shohet R, ur. Passionate Supervision. London&Philadelphia: Jessica Kingsley Pub.; 2008.

51. Wilmont J. The Supervisory Relationship: A Lifelong Calling. u: Shohet R, ur. *Passionate Supervision*. London&Philadelphia: Jessica Kingsley Pub.; 2008.

52. Bernard JM, Goodyear RK. Fundamentals of Clinical Supervision. New York: Pearson; 2004.

53. Henderson P. and Bailey C. The internal supervisor: developing the witness within. U: Henderson, P. (ur). Supervisor Training. Issues and Approaches. London: Karnac Books Ltd.;2009.

54. Berman A, Berger M. Matrix and Reverie in Supervision Groups. Group Analysis. 2007; 40(2):236-250.

55. Searls HF. The informational value of the supervisor's emotional experiences. U: Collected Papers on Schizophrenia and Related Subjects. London: Maresfield Library; 1986.