**Key Words:** alternate model, dynamics, transference, parallelism, supervision and teaching, psychotherapy

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# The Perils of Supervision & Teaching in the Psychotherapy Setting

Note: To avoid ambiguity and promote clarity in this text, the supervisor is referred to as "she" and the supervisee as "he." These pronouns are used to avoid tiresome and confusing repetition of "he or she" and "his or her."

**Abstract**

This article reviews the basic issues and dynamics involved in a supervisee-supervisor relationship in the psychotherapy setting. Issues discussed include evaluation, confidentiality, litigation prevention, and the nature of the contract. The dynamics in this type of relationship are addressed, including the supervisee's anxiety, the narcissistic dilemma, identification, learning, transference, countertransference, the parallel process, and parallelism, which plays a unique role in the basic dynamics of supervision, especially in the therapeutic setting.

There are probably as many models of supervision as there are theories, and as many operating styles as there are supervisors. One such framework is the academic model of mentor and mentee, which is common in the psychotherapy setting. In this model, the right chemistry brings about a mutually beneficial relationship. The mentor and mentee may form a lifelong friendship, or, if the original mentor is ineffective, a new mentor may be selected. Professional support is built into their association.

This association provides the mentee with a mentor to serve as an academic role model. When a mentor and mentee "click," it is looked upon as a mystical and almost magical connection. Through identification, the mentee takes over the power and certainty of the mentor and gradually advances to the position of making decisions in his or her own right (Best, 1999).

However, some mentees, even in a laissez faire arrangement, cannot tolerate the friendship due to unrecognized feelings of closeness that set off erotic and aggressive impulses. These kinds of interpersonal and emotional concerns of the mentee are usually not apparent among directors of small child-guidance centers where mentoring, although not labeled as such, is a common practice. Like mentoring, consultants and directors often become lifelong friends. Most supervisors of these centers have been consultants selected by the director of the center. The symbolically gifted may find it difficult to stay away from derivative, unconscious material.

In marked contrast and with a completely different framework and circumstances, this article presents, in detail, a general theory of supervision and teaching. The theory is psychoanalytically oriented and is sometimes known as psychodynamics. Parallelism, a special theory related to psychodynamics that can be applied to supervision and teaching, is also discussed.

Of course, theories are not perfect or unadulterated. They usually represent the nuances and refinements of the contributor. A parallel process occurs when the patient's affective problems in psychotherapy and the supervisee's affective interaction with the supervisor mirror each other.

First though, it is important to ask why supervision is even necessary. Supervision addresses the complexities of actual performance and the array of emotions that arise in practice and in a living experience of interaction. During a session with a patient, a supervisor alerts his or her supervisee to situations wherein new tactics can be utilized in areas with which the supervisee has personal difficulty—areas that could interfere with helping the client. This encounter should involve a mutual elaboration and joint discovery. The supervisee and supervisor work through the following symbolic problems of closeness (transference): deficient (egocentric), distorted (sadomasochism), and intense transference (affect displacement). These concepts may be expressed in other ways. In the first category (deficient), we encounter individuals who are preoccupied with the self and therefore fail to consider the presence of others. Individuals who interact with others inappropriately are in the second category of inflicting humiliation (distorted). In the final category (intense transference), intense feelings may be projected onto the therapist, who may represent a significant figure from the client's past. Examples of these broad categories are illustrated later in this article.

**"Supervision addresses the complexities of actual performance and the array of emotions that arise in practice and in a living experience of interaction."**

Additional areas of conflicts involving issues of trust and operating dynamics will also be discussed in this article. When training is completed, the supervisee shows expanded knowledge and increased transference skills, his blind areas and unconscious needs become apparent, and methods for handling difficult situations are available to him. Likewise, the supervisor may become more sensitive to countertransference and may therefore increase her effectiveness and improve her teaching techniques.

The methodology of supervision may vary. "At times, it is a tutorial method of teaching. At times, it is a clinical conference. And at other times, it is a brief didactic lecture" (Arlow, 1963, p. 575). The supervisor is alert, through the supervisee, to the patient's disturbing affects, interpersonal relationships, and the tangled drives and desires within the environment. The supervisee and supervisor will feel sharper, smarter, and more secure, and will have more mutual respect for their singularity.

How do these accomplishments affect the patient? The patient seeks reassurance that his or her problems are manageable and that he or she is equipped to solve them with help. If the patient finds that the supervisee is overwhelmed by anxiety, that patient may feel that anxiety is dangerous and can have an adverse effect on others. The best type of reassurance is the implied strength of the supervisee who is equipped to manage the disturbing affect, even if the patient is unable to do so. The aim of the supervisee in the psychotherapy setting is to help patients clarify what their problems are and to show how the relationship of conflict and anxiety are related to what may be crippling symptoms.

### The Pact

The supervisor instructs the supervisee to take careful notes of each psychotherapy session for purposes of reconstruction, protection, and treatment of the patient. The supervisee should also jot down issues where help is needed. These notes should be presented in advance to the supervisor. The kind of notes, or lack thereof, taken by the supervisee will indi-

cate his level of motivation and clinical responsibility. The supervisor and supervisee come to an agreement regarding the process of a session. As part of an informative meeting, the supervisor may suggest recording a video of a first session with a patient. This can be an excellent teaching exercise.

For example, consider the following questions that could arise from a supervisor watching a video of her supervisee's first psychotherapy session with a patient. In this scenario, imagine that the supervisor observes that the supervisee is drinking coffee in the session but does not offer a cup to the client. What does it mean if the supervisee treats himself to a cup of coffee and ignores the client? What does it mean if the supervisee does consider the subject? What would it mean to the client if he or she was disregarded? What would it mean to the client if the coffee was shared? Does the coffee incident represent a symbolic problem? Does the supervisee have a problem with closeness? Is he using the coffee as a wedge? Perhaps being close to the patient represents taking an aggressive stance to the supervisee. Perhaps a move toward openness causes a feeling of danger for the supervisee and he seeks comfort by retreating to closeness with the self.

Although the supervisor may manage an episode like this one with tact and sensitivity, it could still be viewed as a degrading encounter by the supervisee. The supervisor's observation of the event may seem to the novice to be trivial, but an analysis may unravel the supervisee's instructive personality style. In the mentoring process, this may be seen as a breach of ethics.

### Other Educational Considerations

As part of a training program, the supervisor needs to consider certain issues such as evaluation, confidentiality, and litigation. Evaluation helps boost and maintain professional standards (Frijling-Schreuder, 1981), but can be difficult or unpleasant for both the supervisor and supervisee. It is important that the supervisor and supervisee come to an agreement regarding the process of evaluation, which can also be uncomfortable for both individuals. Many questions and concerns arise regarding the evaluation process. Will the evaluation conflict with the supervisor's attempts to establish a positive relationship with the supervisee? Another concern is whether the evaluation will disturb production and technical progress (Weiss & Fleming, 1975). Should the evaluation be brief and formal (e.g., satisfactory or unsatisfactory)? An adverse report could be damaging to both parties. A negative written report might turn out to be catastrophic for the supervisee, and writing such a report can be a tortured decision for the supervisor. In view of frivolous lawsuits, perhaps reports of performance should again be brief: "Termination satisfactory by mutual consent." However, does this apply to the supervisee's treatment of the countertransference as well as the didactic portions of the supervision?

**"Supervision implies responsibility for the work of the supervisee and the status of the patient. ... Ethics and competency must remain the cornerstones of the healthy and legal supervisory relationship."**

A second consideration for the supervisor is confidentiality, which is not always sacrosanct. Although clinical records are confidential, the courts have attempted to balance the rights of the patient with the rights of others. What about the ethics of concealment (Bok, 1982)? Does the supervisor give feedback to administration or any other source (Caruth, 1985)? On the other hand, is confidentially maintained through "grunts, groans, and sighs" (Dulchin & Segal, 1980)? Supervisors need to weigh confidentiality against the danger of misrepresenting records. This requires discussion with the supervisee and signed consent forms.

The third area of concern, the prevention of litigation, has been partly covered under the discussion of evaluation and confidentiality. Mishaps that occur in the practice of a supervisee could possibly involve the supervisor. Menninger (1989) suggests that malpractice should include not only misdiagnosis in the treatment of physical and emotional injuries, but also incidents of patient violence and suicide. The supervisor or the consultant is held liable for having an active role in any of the foregoing conditions. Other areas of litigation are also possible. Psychoanalytical institutes have been sued for rejecting an applicant and a candidate in progress. Suits against psychology departments chairs are on the rise due to the actions of either an unfit or unstable staff member. In addition, Murray (1999, p. 33) wrote in the November issue of the *Monitor*: "Personnel and student conflicts are typically the focus, the most obscure scuffle can turn litigious. A pat on the head that is interpreted as sexual, a negative reference letter that is considered vindictive."

Supervision implies responsibility for the work of the supervisee and the status of the patient. The need for help emerges in the closeness of the supervisory process, the recognition of boundaries and countertransference, and with the pangs of termination. Ethics and competency must remain the cornerstones of the healthy and legal supervisory relationship (Welch, 2003). Nonetheless, certain legal precautions are necessary. If the supervisor has not yet met the patient, then a meeting should be arranged. This precaution indicates that the supervisor is in "full direction and control and is responsible for the client welfare" (Saccuzzo, 1997, p.7). The supervisor's negligent liability could occur in two ways: "(1) vicarious liability in which the supervisor or employer is held liable for actions of the supervisee regardless of any fault on the part of the supervisor, and (2) direct lia-

bility in which the supervisor is held directly liable for his or her own negligence, such as negligent supervision or hiring" (Saccuzzo, 1997, p. 8).

## The Gambit

The supervisee's emotions will be processed through the following dynamics: self-doubt, narcissism, identification and learning, countertransference, transference, and parallelism. These are explained below.

***Self-doubt.*** One of the goals of supervision is to teach analytic thinking. Supervisees may feel they are stepping into an anticipated foray because they are usually besieged with doubts and insecurity. Were their notes edited carefully? Were feelings of inadequacy exposed? The supervisee may wonder if he can control the subject matter. If only the supervisee talks a great deal, there may be no time for the supervisor to confront him with his weaknesses. Is the object of the meeting to discuss the patient's psychotherapy or to make the supervisee aware of how he managed the patient? It may be difficult for the supervisee to see how deep self-understanding is going to help the patient feel better. Disappointment and betrayal experienced in the past are automatically introduced into the present, a betrayal, perhaps, never truly healed (Kotkov, 1954, 1956, 1957).

Self-doubt can appear in many disguises, such as indecisions related to cognitive processes, mistrust of object relations, or uncertainty of what is real or unreal (paranoid doubt). One may think of an obsessive reaction (Gehl, 1973). Heightened anxiety in the patient and the supervisee could decrease substantially with increased participation (action) by the supervisor with the supervisee. If the obsessive dynamic is prominent, it could point out the need to be perfect. Omniscience is mostly characteristic of persons with lofty ideals. Any evaluation would fall short with these individuals.

***Narcissism.*** The second emotional state of the supervisee is narcissism. This mechanism consists of a number of automatic defenses empowered by the psyche. It is a way of relating to the environment and a safeguard for self-esteem. It affects all humankind regardless of one's status in life.

Waelder (1960) offers the idea that narcissism possesses a double meaning when clinically employed: 1) self-satisfaction and inner security and 2) conversely, the lack of these qualities and the constant need for reassurance. Supervisees may experience both of these forms. Under internal and external pressure, they temporarily experience the decompensating type of narcissism. Fortunately, these feelings may alternate with compensatory or recovery narcissism. Compensatory efforts occur to counteract feelings of deficiency and anticipated failure. Recovery attempts may occur in the unconscious use of rivalry, hostile rebellion, argumentation, and skepticism. The worst scenario occurs when a reluctant supervisee engages in aimless games in a pitiful attempt to conceal his resistance against self-discovery. Another tactic the supervisee may employ is role reversal (e.g., "I'll tell you what is happening") in order to recover from feelings of powerlessness. This strategy is not to be confused with overcompensation. The latter maneuver exceeds a level of objective usefulness, and if continued, may become slowly and progressively pathologic.

Another stratagem the supervisee may employ as part of the recovery narcissistic stance is resorting to the devaluation of others in order to bounce back from a devaluation of the self. "It is as if he were to say to the teacher, I can now do what you do, since I have discovered that I have overestimated you. You are not too good yourself" (Ekstein & Wallenstein, 1958). These defenses are part of the normal adult narcissistic self (Kohut, 1971). In normal narcissism, only part of the regression is in service to the self (Adler, 1993). However, a narcissistic problem can sometimes be disruptive. If this occurs, the supervisee may cautiously say (on guard for negative effect before continuing to interpret further), "I have a feeling that you seem to be acting inappropriately. Perhaps you are unable to tolerate your negative feelings and attribute them to me, or perhaps you are trying to make me feel as helpless as you feel about yourself. It's as if you are connected to me by an umbilical cord and you cannot see yourself as independent." Any confrontation can produce a startling effect. It breaks through the countertransference and may elicit illusions and misperceptions.

Indeed, defense by devaluation permeates the lives of all human beings. Witness the scorn that some vocational practitioners have for one another or the disdain that some individuals have for another race, another religion, or another country. We even underestimate the strength of a threatening incident and minimize the magnitude of a natural catastrophe.

***Identification and learning.*** The concept of identification has changed drastically from a mechanism of psychopathology to a pervasive aspect of human development and emotional experience (Kotkov, 1998). Out of the complex network of theories of identification, I limit my identification to those in which one person is enriched by taking in the special talents of another person. Freud (1921) argued that identification is "the earliest experience of a tie to another person … a little boy takes a special interest in his father, wants to grow (up) like him, takes his father on as an ideal." Apropos, I present an example from my own life experience. My young son was home from the hospital recovering from a major operation. My wife complained to me that he wouldn't stay in bed. I went to his room and said in a raised voice, "I don't want you to be sick again. If you get up just to run around, I'll punish you." Upon hearing this, my son went to bed crying. Later, my wife heard him say to himself, "Now you be a good boy and stay in bed. If you don't, I'll sock you." He had identified with me at that moment as the prohibitive agent. His incentive to identify with me was at least threefold: 1) to feel secure in being loved, 2) to feel free from the fear of punishment, and 3) to develop self-discipline. He holds on to self-respect and retains some sense of omnipotence in the exercise of self-prohibition.

The identification process is closely related to learning. How does identification become a part of the learning experience? Greenson (1978) postulated that identification with a clinical figure was a form of imitation and identification transference. He deemed it necessary for a "working alliance." The clinical figure is idealized and "becomes one with him." Individuals range, according to the amount of identification, from faint to intense.

Supervisees carry with them certain personality traits. In an early publication, I presented a list of such traits (1965). One set of supervisees may be the passive-receptive students who may not benefit from the learning situation because they indulge in magical thinking of laborless achievement. Conversely, the supervisee nursing a high degree of perfection faces each new learning task with insufficient performance. Meissner (1973) draws a distinction between identification and learning. Learning is directed to cognitive change and reorganization, whereas identification is directed to the inner reality of the self. Volkmer and Bernardi (1996) classify the supervisee's experience as cognitive-affective. The supervisee's identification however, is an illusion of omnipotence and a distortion of reality. The supervisee adopts fantasies of omnipotence and arrogance.

***Countertransference and transference.*** The next emotional dynamic, countertransference, occurs in all human relationships in a varying mixture with reality, from faint to strong and from innocuous to provocative. It can occur outside of a professional situation where a layperson attacks a vulnerable victim and leaves the latter outraged and tortured. "Everyone's life is full of transference. The analyst, like the patient, is striving for personal satisfaction from the analytic relationship [and may] make use of the patient for some piece of 'acting out' determined by the analyst's past" (Fenichel, 1941). However, if countertransference is acted out in the supervisory session, it may interfere with training and disturb the treatment of the patient. It can be a source of friction between the supervisee and the supervisor. Should the countertransference go unrecognized, the supervisor may add to the difficulty by unconsciously collaborating with the supervisee. For example, if the supervisee withdraws (and is silent), the supervisor may also withdraw.

**"The supervisee may duplicate the problem of the patient. The countertransference reaction occurs in the supervisee's anxiety. The supervisor helps the supervisee to tolerate anxiety when he is faced with the unknown and is in an unconscious identification with the patient's conflicts."**

Silence has several interpretations. It may represent the need for time to express acceptable thoughts. Silence may also be a protection against the discovery of weakness. At other times, silence is a defense against hostile fantasies, particularly those directed against figures of authority. There may also be a fear of being thrust into the role of the babbler. The supervisor could say that she knows how difficult it is to talk. The supervisor knows the supervisee is not holding back deliberately. Talk is necessary for the clarification of problems.

The supervisor's countertransference may be intensified by her own life stresses and personal difficulties. The interpretation of a supervisee's countertransference may be contraindicated. It will depend on orientation and analytic sophistication. With some individuals, it may need to be a didactic experience. The supervisor "shifts to the role of the teacher who would explain and correct as part of the learning experience" (Ekstein & Wallenstein, 1958).

The following example demonstrates the complexity and importance of countertransference. During the course of psychotherapy, a young female client brings up a relationship problem. She recounts telling her live-in boyfriend that she would be out to lunch with a long-standing male friend. Her boyfriend was hesitant. He was then greatly disturbed when she returned. She felt she was in the right, as she advised her boyfriend well in advance of her plans. She turned to the supervisee for his judgment. His neophyte skills make the situation difficult for him. If the supervisee doesn't agree with the client, it will place him in an adversarial role. If the supervisee does agree, he would be giving the client his approval.

Now the issue becomes the supervisee's problem and the woman's query becomes of secondary importance. The supervisee realizes that neither position will lead the woman any closer to self-understanding.

The woman's feeling of inadequacy brought about a similar feeling in the supervisee. Just as she made a plea for help to the supervisee, the supervisee makes a plea for help to his supervisor. The supervisee learns that psychotherapy recognizes a third response in addition to simple "right" or "wrong," i.e., an emotional problem. The supervisee decides to let the client work it out by telling her, "Tell me more."

What kind of relationship did the couple have? There appears to be an acting out of a sadomasochistic problem, which is confirmed when the boyfriend steps into the scene. If she can see another man, he can see another woman. "You hurt me, now it's my turn to hurt you." This mechanism was unconsciously employed even in moments of intimacy.

The supervisee may duplicate the problem of the patient. The countertransference reaction occurs in the supervisee's anxiety. The supervisor helps the supervisee to tolerate anxiety when he is faced with the unknown and is in an uncon-

scious identification with the patient's conflicts. The supervisor encourages the supervisee to carry out more self-monitoring and self-supervision. The supervisor is cognizant that she must take her own advice. Just as the patient learns that work with emotions takes precedent in psychotherapy, the supervisee learns that work with emotions takes precedent in consultations with the supervisor. Volmer & Bernardi (1996) prompt the patient to conduct self-debate on issues that emerge in psychotherapy. Often in self-debate, patients discover and tolerate many feelings that were not previously permitted to crystallize consciously.

***Transference and parallelism***. Caligor (1981) credits Ekstein & Wallenstein (1958) as the first to focus on the supervisor-therapist relationship in the learning process. Learning problems expose the unique emotional relationship between therapist and patient. The role of the supervisor's anxiety has come into prominence in a parallel process. Caligor (1981) defines the parallel process as follows. "The therapist's problem in supervision and the patient's problem in psychotherapy are related to each other. The parallel process is always there. When unrecognized, there is always the danger that transference will be understood solely in terms of transference and countertransference" (p. 1-27).

The dual parallel process was boosted to a triad with more emphasis on the supervisor's defense against anxiety and the parallel process promoted to parallelism. Lessor (1983) said, "Parallelism occurs when the supervisor unconsciously identifies with the supervisee's unconscious and parallels the supervisee's unconscious identification with the patient's defense against anxiety" (p. 120-129).

A number of outstanding scholars championed parallelism: Arlow (1963), Doehrman (1976), Bromberg (1982), Baudry (1993), and Skolnikoff (1997). These referenced authors detailed case presentations of the supervisory process. The current practice is to use a "parallel process," perhaps for simplification or the lack of a qualified observer. The supervisor's own defense against anxiety in her interaction with the supervisee in suit is rarely witnessed except in research. Therefore, the tendency is to stay with the concept of parallel process. Among the recent contributors who cite the parallel process are Arbor and Pegeron (1997), Abel-Horowitz (1998), Armstrong (2000), and Falender & Shafranske (2004).

In the following case presentation, the supervisee submits the following shortened dialogue of a patient with a strong transference. The subject is a bright female patient in psychodynamic psychotherapy.

*I don't know if I can say this. The other day I thought of my father. I had the feeling it was wrong to love him. I felt that way at one time. I don't feel it now. He never let me be close to him. He kept away. I thought he wouldn't have done that if it was alright to be close. I thought the fear I had about you may be connected to the fear I might have felt in relation to my father… I had a dream about a professor at my school. I felt he was quite a critic. His leaving disturbed me. He might never come back. I cried very hard. I remember being actually aware that he wasn't a real father, like I could love him in a different way. If the person in my dream was my real father, I felt he did go away from me… I was afraid of you having to leave me in the real sense of my having to leave you … I was caught up in my concern over the transference, that I have to break away from it … I am bothered by a feeling that I relate to you like I ought to relate to my boyfriend and I have to determine why. I think this is the way it is supposed to be when you really care about someone. Then I think, do I really build this up to be this way? It shatters me when I doubt how real the feelings are. It's easier to see the transference than determine the real… I want to stop now.*

Stromberg & Dellinger (1993), malpractice lawyers, describe transference as "feelings of closeness; intimacy and sexual attraction to the therapist. By reacting differently than the patient's significant other reacted to these feelings, the therapist allows the patient to experience a different style of relationship. Therapeutic changes can occur." The positive transference of the patient to her therapist, the supervisee, is as a lover. The negative transference is a displaced, feared father figure. In the latter fantasy, the supervisee, like the patient's father, was oblivious to her need for closeness. Accordingly, there is an unacknowledged anger on the part of the patient. The supervisee experienced heightened countertransference feelings for the patient. He felt pulled in and entrapped by the patient. His anger component was unrecognized. Additionally, he was afraid to report his unacceptable strong feelings for the patient to the supervisor. The supervisor, in turn, was waiting for a cue from the supervisee that a possible counterference occurred. Since this did not happen, the supervisor, like the supervisee, hesitated to introduce the subject. Therefore, a repressed floating anger was unattended.

The unconscious collaboration of a protected defense against affect by both supervisee and supervisor resulted in the phenomenon of parallelism. With self-observation the supervisor, supervisee, and patient gradually experience improved reality testing with a timely meshing of gears between past and present, terror and object involvement, estrangement and love, self-deceit and truth. There is a gain of sufficient strength and desire to survive and to honor the right to live (Kotkov, 1981).

## Summary and Conclusions

The message of this article is that the more a supervisee understands his beliefs and feelings, the needs of the patient, and his relation to the supervisor, the less likely it will be that one of the members of the triad (the patient, the supervisee, or the supervisor) will experience a mishap that will affect the other members of the triad, with the damage extending into the legal system.

Supervision is a very complex subject. It incorporates psychotherapy, transference psychopathology, the law, ethics,

and professional standards. In the best of situations, a discerning self-understanding by the participants will result and vitality will be imparted to crucial experiences that may have been overly fantasized as gigantic and brutalized.

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