

IAN Counsellors in Group Supervision

*Aleksandar Vuco,
Tamara Štajner-Popovic*

(Translated by Anika Krstic)

Abstract

Psychoanalytical supervision is a type of expert training; training in which cognitive and affective aspects of learning are intertwined to contribute to the creation of therapist's identity. Besides acquiring theoretical and practical knowledge, the process of psychoanalytical supervision also contains identifications, projections and projective identification between the supervisor, the supervised and the patient. Therefore it could be said that supervision is a wild analysis of psychoanalysis. Approach of the supervisor to the supervision process has been two-fold. The first part related to establishing the dynamic diagnosis, training in analysis of patient's biography, with predicting what might go wrong in the future therapy. The other part related to the sharpening of the "clinical instrument" of the counsellor, primarily in terms of recognising their feelings with regard to clients. From the outset we also tried to analyse the phenomenon of spilling over the emotions from therapy into the supervision group. This supervision group was distinguished from others by the phenomenon of the "wounded therapist", which has spread over to the supervisors. Group atmosphere that made it possible to discuss one's own feeling has allowed the feeling of hopelessness to be contained and therefore all participants could work through their emotions with the help of the group.

SUPERVISION AS AN EDUCATIONAL PROCESS: THEORETICAL BASIS

Supervision as a process in education of therapists, although originating from psychoanalysis, is today present in the curriculum of most therapy schools. Since the members of our supervision group were not psychoanalysts, we have adapted and broadened the classical psychoanalytical supervision - together with the presentation of clinical material and a theoretic curriculum, with the view of motivating some of the group members to engage in one of the possible psychotherapeutic education modules available in the country. What we had in mind is that supervision helps the candidate to acquire professional identity, which is in our case the identity of psychotherapist.

Our key method of work was based on psychoanalytical theories of supervision. It is considered that psychoanalytical supervision represents the psychoanalysis of psychoanalysis. However, although it appears to be closer to reality because it's a process that seems to rely mainly on cognition, supervision is essentially more exposed to distortions provoked by the unconscious than the analysis itself. In reality, notes from the session are modified versions of a complex exchange interpreted by the participant through the mirror of his or her subjectivity. Namely, the material obtained in supervision is incomplete and tainted by the nature of the manner in which it is presented. These already edited versions are then enriched by the supervisor's observations about the candidate's way of work, accompanying affects or their absence, behaviour, viewpoints, posture, omissions, associations related to the material and comments on the patient's affects and non-verbal behaviour. Additional input consists of the supervisor's associations and reactions to the overall picture, including his affects and changes in focus of his floating attention. Nevertheless, despite these numerous mistakes and tainting, most students succeed in learning a lot during their supervisions.

Therefore we might say that supervision is in a certain way a wild analysis of psychoanalysis.

Supervision is a kind of professional training and therefore conclusions about its results are unavoidably impressionistic. As a cognitive-affective process that involves both teaching and learning supervision can assist in creating the psychotherapist's identity. Besides the transfer of knowledge, technical procedures and continual development of capacities to transform theoretical knowledge into concrete interventions in psychotherapeutic process, the process of supervision contains identifications, projections and projective identifications between the supervisor, the supervised and the patient.

Bion considered learning from experience as the only process capable of ensuring development. Learning from experience is in fact a result of emotional experience capable of bringing about change. If supervision is successful, the supervised projects knowledge that leads to change, growth and development of his/her personality. Learning from experience during supervision is a process that occurs in both the student and the teacher. In the process of supervision both participants become observers of their own functions, and

the self-observing function here plays a specific role. For the student it is a mediating agent between the empathic and cognitive understanding whereas for the supervisor the self-observing function is a guide to understand the student.

The experience of teaching and learning is also characteristic of the analytical process. It can be identified through a special form of interactions between the patient, the supervised and the supervisor. In this process the impressionist role of empathic understanding between all three participants is obvious. The supervised and the supervisor follow certain themes, explore defences and dynamic effects of certain interventions. Attention of the supervisor and the supervised is focused on the patient, with minimal care for mutual relations. What prevails is the mutual need of the supervisor and the supervised to learn as much as possible about the patient and to share possible solutions to the problem with which they are realistically faced. Supervisor is the recipient of the empathic understanding of the patient that the supervised has. In return, his reaction induces an empathic response in the supervised thereby also leading to significant changes in the patient.

In contrast to this category, learning based on the mechanism of projective identification relies on the omnipotent fantasy of the supervised that he/she has access to qualities and skills of the other person, in this case the supervisor, and on the feeling that he/she possesses all of the supervisor's knowledge.

Since both projection and projective identification limit the experience that the supervised has of the supervisor, they also lead to a distorted identification. As a consequence of such distortion, the imitative pseudo-therapeutic attitudes are likely to dominate over the realistic ones in the candidates' behaviour.

There is also a third possibility of learning based on projective identification of the idealised internal object. In this case, the posture of the candidate is characterised by a fantasy of omniscience and arrogance.

As stated earlier, role of the supervisor is not only in transferring knowledge about technical procedures and theory, but it also includes elements transferred through emotional experience that originates between the supervisor and the candidate. This experience is largely influenced by the character of the supervisor, which determines his/her style of supervision. The other important factor is the theoretical referential framework of the supervisor, as well as the way in which he interprets this theoretical framework.

Supervision styles refer to the span that goes from authoritative and forbidding to those that strive towards the least possible influence of the supervisor. In short, the chosen style of supervision aims at enabling the establishment of a relationship between the supervised and the supervisor conducive to developing a learning (so called - educational) alliance.

The influence of theoretical framework on understanding the material determines how the supervisor shall direct the attention of the supervised to understanding the patient and his/her countertransference manifestations. Primary aim of the supervisor is to try and understand the functioning of the patient's mental apparatus, as well as to transfer this

understanding to the supervised. Supervisor strives through discussion to enable clarification of his understanding of elements contained in the clinical material, not only from the theoretical angle, but also through underlining the differences between his own approach and approaches obtained during the education.

The supervisor demonstrates how his mind works in the analytical role, trying to assist the candidate to develop his/her own model of understanding the unconscious fantasies. The supervisor illustrates ways in which these fantasies are renewed in the transfer, stressing their role in communication between patient and therapist.

By revealing his own style the supervisor helps the development of creativity in the individual psychotherapeutic style of the supervised.

Together with understanding the patient who is the focus of supervision, the countertransference reactions of the candidate are observed simultaneously. There are usually two types of countertransference reactions described. First ones are characterised by a demonstration of low tolerance for the patient, the supervised complains that he/she does not know what to do with the patient, most often because of own lack of knowledge and experience. The second type is the consequence of unconscious identifications with the patient, which leads to creation of a blind spot.

Intolerance to the lack of knowledge is frequently used as defence against anxiety and the feeling of worthlessness, against the fear of losing the patient as well as supervisor's love. These difficulties, which arise from facing the unknown and the frustrations from reality, can be partly reduced by quality with supervisor's help in increasing the candidate's capabilities for tolerating anxieties.

Therefore we can say that our understanding of the supervisor's role, his difficulties and problems as well as his assistance to the supervised resemble in some aspects the role of the analyst towards the person analysed. When describing the analytical process, Bion said that containment and lack of knowledge, feeling of underestimation and omnipotence among other feelings are the essential functions enabling the creation of a relationship that fosters growth. By giving knowledge or the new meaning that aids a psychic change in the patient as well as in the candidate, the supervisor establishes an analytical model for identification. We could say that identification with the supervisor is the result of a gratifying emotional experience where the candidate feels accepted, understood and safe on one hand, and the frustrating experience of separation that is a part of reality on the other. Thereby the identification with the supervisor could be considered a successful mourning. The supervised gradually identifies with functions of the supervisor, acquiring the capacity for self-supervision until he/she finally feels that neither the patient nor he /she need the supervision any longer.

EDUCATION PLAN FOR THE SUPERVISION GROUP

About three years ago we were asked by IAN to organise supervision for their counsellors. The word 'counsellor' usually brings to mind an image of a grey-bearded man with spectacles, a walking cane and somewhat weak knees. In our case, counsellors were (and still are) young men and women in their late twenties. As in every other profession dealing with psychosocial assistance, there were six times more women than men. During supervision the last man from the group disappeared almost a year ago.

There were two things common for the entire group: youth and the fact that they have all graduated in psychology. Their previous education was diverse, ranging from those who had undergone and completed education in group analysis to those who have had almost no such education whatsoever. Besides, their experience was more like inexperience. They have managed to compensate this inexperience by hard work and their capacity to adapt to the situation carrying typical problems linked to inexperience, namely the application of ready-made models they learnt at the university, which were usually inappropriate for the specific situations.

At the beginning, the group had twenty members and we therefore divided it into two, so that each supervisor had about ten candidates. There have been no problems either with timely arrivals, regular attendance or with those who did not muster courage to be among the first to present their work.

As a supervisor I have the impression that it has not been easy for us to get used to this kind of work, which was in many ways different from the education of candidates who are psychoanalysts. Within the psychoanalytical education we had the "Holy Trinity" of education: training analysis, theory and individual supervision. This method makes it easier to follow the work of candidates, adapt the programme to their needs and have very clear theoretical boundaries in supervision, which greatly facilitate the work of the supervisor. Here we have encountered certain procedures that largely differ from those in psychoanalysis or psychoanalytical psychotherapy. At the beginning the problem was the envisaged number of sessions per week, which was - according to psychoanalytical standards - the infinitesimal eight sessions. This number seemed to have been dictated by the project donor, based on results of some research showing that short therapies are the most effective. Later we found out that this research had been very poorly conducted in terms of methodology.

We were of the opinion that the number of sessions for each client cannot be set or limited beforehand. We also knew from experience that for the development of the process and in order to retain the client in therapy it is necessary to have therapy at least once a week, preferably even several times, while respecting regular time of coming and leaving, as well as the clearly fixed duration of the session itself (the setting). There we could notice the difference between our candidates and ourselves from the times when we were beginning. Regardless of their inexperience, they already had a developed culture of respect for the setting - something for which our generation had to struggle quite ardently.

Problems that appeared at the beginning related - as usual - to the problem of selection of patients. Given that during past ten years state institutions have lost a huge number of experienced and trained psychotherapists, the clients who could not afford therapy in one of the private counselling services had a difficult time obtaining psychotherapeutic assistance within regular institutions. Therefore IAN's counselling service that offered free of charge assistance together with well organised work has attracted a significant number of clients, a part of which was not exactly right for the psychotherapeutic treatment that we were offering. Our students had shown the usual beginners inclination to choose clients who can be described as interesting and capable of intrapsychic thinking, but who were in fact recognised by a more experienced eye as borderline personality disorders in all nuances of diversity of this diagnostic category.

Therefore the first part of our work related to clarifying the indications for reception into therapy. Generally it can be divided into two parts. The first dealt with establishing a dynamic diagnosis and training in analysis of client's biography with focusing on factors that could make it "complicated". The second part focused more on sharpening the "clinical" instrument of the counsellor, primarily on recognising their own feelings regarding the client.

We also considered it important to analyse from the beginning the possibility of presence of the so-called parallel process, a phenomenon of overspill of emotions from sessions into supervision. As a recognised frequent phenomenon the parallel process is a valuable instrument both in diagnostics and in therapy of the client. We both had the impression that the supervised individuals were very interested, open and capable to use their feelings for the patient in order to find out more about their patients as well as about themselves.

After a few months of group supervision it became obvious that a theoretical course would be necessary. We tried to make the theoretical curriculum as pragmatic as possible, as well as related to their immediate practice. This was a logical way forward, but at the same time in some disproportion with the established ways of education and training in our environment.

We began holding a seminar in basic notions of the dynamic counselling technique, once a month. The seminar went on in a middle group (two combined supervision groups) in the presence of both supervisors. For each meeting specific literature was set, there were no lectures, but rather discussions about the given texts. We had the impression that the supervised appreciated this method of work very much, maybe because it left plenty of space for not reading their homework and yet being able to observe wisely. Anyway, those were very difficult years and the presence of young people willing to learn under such circumstances meant a lot to us. In short, we both gained the impression that this kind of learning without too much authoritarian pressure and oral examinations was highly useful.

THE WOUNDED THERAPIST

In literature about trauma there is a phenomenon of secondary traumatisation (vicarious traumatisation) that talks about difficulties, especially those linked to countertransference, experienced by staff working with traumatised patients. Particularly underlined is the high risk level of the burn out syndrome. It also explains about the wounded healer, therapist who has himself experienced trauma. It would probably make sense to broaden this notion to those therapists who work long hours under stressful conditions. In this sense "the wounded therapist" is a concept that facilitates our understanding of the phenomenon that the supervised and supervisors of our group have been going through. Both in supervision and in the therapeutic process this phenomenon accentuates the issue of boundaries between the supervisor, the supervised and the patient, various defence mechanisms, modes of dealing with stress and trauma. Dutch historian Husinga, while writing in a different context about the need for adaptive thinking about rules, gives an illustration through the image of a father entering the room in which his son is playing. The boy has made a train of colourful candies, with a chocolate as the locomotive. The boy pleads with his father not to eat the chocolate, because "if you eat the chocolate, the candies will know that it is not the locomotive".

The theme of the wounded therapist, dyad and triad boundaries is obviously primarily a story about rules and traps of countertransference feelings. The wounded therapist-supervised-supervisor can be exposed to the same external danger as his/her patient, and this danger can, but does not necessarily have to, have the same or different meaning in the inner world. The supervised therapists, through a parallel process, bring forth their feelings of being overwhelmed and not understanding the material, thereby spilling over their emotions onto the group. In one of group supervisions the presented material contained an account of a dream in which a 23-year old patient intends to board a plane. However, the airport is closed although the planes are flying off. The earth is trembling, he feels a strong earthquake. In the session itself the therapist had ignored the dream, in group supervision an identical inclination was evident. After long reading of the dream before the group, the presenter suggested that in some unclear distant way the dream is somehow connected to the air raids and bombing. A lively conversation ensued. Unlike his colleagues working in stable societies, the wounded therapist is more exposed to reliving past traumatic experiences, feelings of helplessness, challenges of basic trust in human nature, identification with the guilt and anger of the victim. These phenomena understandably have certain implications for the supervisory work with this population of therapists. Some of them begin to look for contained trauma in every patient and become "traumatropic". Some of them have the feeling of disgust and repulsion trying to minimise and rationalise. The risks of loyalty countertransference are high in themes revolving around ethical neutrality, identification with the patient, accompanied with mutual idealisation and seduction. Often present are difficulties of processing the aggression, with denying and repressing negative feelings. The wounded therapist initiates the issue of relation between therapy and society, confidential and public, differences of therapeutic and ethical neutrality. What Seagal had said about psychoanalysts could be generalised and

applied to therapists as well: "We psychoanalysts who believe in the power of words and in the therapeutic effect of verbalising the truth, should not remain mute ... The opposition does not come only from others, but also has its roots inside us."

SECONDARY TRAUMATISATION IN OUR GROUP

Earlier we have mentioned how the overall decreasing standard of psychiatric care in the country has influenced the fact that IAN counselling service began to receive a rising number of clients with psychological problems, who we were unable to cover. The breakdown of psychiatric care has also had other effects on our counselling service. Namely, although it had been envisaged that the counselling office would work only with refugees, a part of clients who came and are still coming were from the local population in Serbia, chronically traumatised by the situation in which they have been living for a long time. Thereby the echoes of wars in former Yugoslavia were reverberated through the group each in its own way.

Our group was strongly affected by the group of refugees with a number of problems typical for this population (separation, violent change of environment, violence they were frequently exposed to, various forms of resistance from the local population most frequently manifested through indifference). The dominant feelings in the refugee group were the spoken or unspoken feelings of hopelessness and despair that were easily transferred to the supervision group. Needless to say that the feeling of hopelessness was highly present in the group itself. The clients have placed their feeling of hopelessness mostly in the frame of unemployment and poor financial status. Members of the group belonged mainly to the part of population that was reasonably well paid for the local circumstances, but with uncertain perspectives depending on whether the projects are approved and funded or not. It became evident that insecurity of our clients was receptively transferred to those who were working with them and afterwards on the supervisors. Both supervisors have been doing this kind of work over twenty years, during which they lived through historic events that they rather would have avoided. In the scope of their job they work with people who are not happy in their lives. However, the clientele that came to IAN bore a stigma of the overall catastrophe that has scared their lives. Both the counsellors/supervised and the supervisors experienced feelings of helplessness before the misfortune that befell these people regardless of whether they belonged to the refugee group or local population, feeling that they have nothing valuable to offer in order to alleviate psychic pain, together with expert knowledge about why they've been feeling this way themselves. We began to get the impression that these mixed feelings of helplessness and power were in fact a reflection of similar feelings that ran through large groups of these unfortunate people from this region, feelings that simultaneously tormented them and made them engage in situations and actions that would bring even more misery into their lives.

Several times questions were clearly heard about what we had to offer to these people after all the misfortunes and death.

As time went by, group members and the group itself became more capable of facing their own traumas linked to the events that have influenced the lives of our clients.

Over time we have become more effective (and less traumatised). The realisation that others feel the same, that they can feel angry or helpless had an appeasing effect on people's own feelings. In such situations group members began to associate related to themes linked to common difficult times, as well as to tell others about their own traumas and fears from present and future, through anecdotes. Simply, such a group atmosphere was created that the ideas and associations did not encounter reproach, but more or less understanding, laughter and teasing. This friendly atmosphere was a medium through which we experienced our own traumas and where we became aware that if we who are relatively safe tend to sometimes despair, then the desperation had been provoked not only by external events, but also by our own feeling of hopelessness.

Such dynamics of the supervision group that shares traumas with their clients resembles the definition of supervision as a wild analysis of analysis. Overcoming common traumas through empathy expressed through anecdotes, acting out, various forms of manic defences in the "don't worry be happy" style that occasionally possessed the group, seemed to have gradually contained the common trauma, thus enabling the group to stop feeling helpless before its own suffering and the suffering of their clients. Presentation of clients' cases as well as the discussion about them slowly changed in terms of allowing us to think more of the psychic pain of our clients and not be pushed into despair by our own pain. The discussion about clients began to look at the dynamics of their disorders, the client's unconscious, his/her defences and resistance. Group members became increasingly capable of describing the client in a way that made it easy to imagine this person and get into his/her shoes. This learning process in group supervision is of course common for all supervision groups. However, the improvement of our work was not caused only by our common knowledge, but much more by the fact that we have managed to contain our common trauma and share it among ourselves.

At some meetings, boundaries between the supervised and the supervisor occasionally disappeared. There was a tendency, especially in theoretical seminars, to politicise discussions on given topics and then make them even personally political. There were moments when the supervision group was shaken and threatened with losing its identity (and purpose) and becoming a therapy group.

ALMOST THREE YEARS LATER

Over time, the composition of the group has changed depending on how much IAN as an institution was involved in providing psychological assistance. Some of the group members were unable to handle all the difficulties of working with clients and they became engaged in other duties. Others have changed jobs and left IAN. Almost three years later about three fifths of the initial number of students remained.

The quality of presentations has improved significantly over time. The improvement was mostly reflected in the contents of the presentations of therapy sessions and not in the presentation form, since the group members had mastered it very quickly in the beginning. The supervised became a lot more receptive to the psychological, they accepted the possibility to use the identification with supervisor's way of thinking to improve their own therapeutic potential and not feel less worthy in the process. During the past year we have noticed that the presenters find it easier to combine their own ideas with the supervisor's and the ideas of other group members. There were more and more reports from the presenters that they have applied some of the ideas from previous supervision sessions, mentioning the supervisor or one of the group members.

A number of group members began to turn more to the psychotherapeutic profession by engaging in various psychotherapeutic training schemes. Some of the group members began their education in psychoanalysis, which has meant a lot to us. Generally, for us it has been and still is a pleasure to observe the development of group members and see each of them growing into an individual from the group matrix, as well as to see this group matrix change over time.

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