

## Psychotherapy supervision as viewed from psychodynamic standpoint

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### Summary

In spite of a wide recommendation of supervision in training and continuous education in mental health, professional literature on the problem is relatively scarce. Majority of publications listed in the data bases concern rather clinical supervision than specific psychotherapy supervision.

Supervision has originated within psychoanalysis, as continuation of training analysis, to develop later in a specific form of education.

Research on supervision performed in the 90's led to conclusions that none of the various models of supervising proved to be more effective. It was also claimed that in spite of a variety of the theoretical background, techniques used by supervisors are similar.

Milne's concept of – specific and operationalised definition of supervision as a form of education and training requiring organised, intensive, case concerned relation in which experienced practitioner supports, directs and leads the work of colleagues – is discussed.

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psychotherapy / supervision / psychodynamics

### PSYCHOTHERAPY SUPERVISION AS VIEWED FROM PSYCHODYNAMIC STANDPOINT

In spite of wide recommendation of supervision in training and continuous education in mental health professions literature on the problem is relatively scarce. Even semantic analysis of phrases “psychotherapy supervision” and “psychodynamic standpoint” seems to be difficult to carry on, as accessible data bases reveal limited number of publications concerning psy-

chotherapy supervision in the psychodynamic approach. Data bases review suggests also, that psychodynamic approach in psychotherapy has been losing a dominant position in the last decades. Systems theory as well as learning theory has been replacing psychodynamic theories. But still, the search reveals that supervision is declared to be useful in clinical training both post-graduate and continuous. It also appears, that clinical supervision and psychotherapy supervision are widely recommended and used, but description of supervision and its technology is extremely difficult.

To express these difficulties Berant, Saroff, Reichler-Atir and Zim [1] used T.H. Ogden paraphrase of T.S. Elliot. Ogden's paraphrase says: “to explain how one works...how one conceives of what one is doing in the consulting room and what one aspires to in one's work is a lifelong task”. T.S. Elliot's original sentence on creative

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writing goes: "We cannot say at what point technique begins or where it ends".

If the task of explanation how psychodynamically oriented supervision of psychotherapy works "aspires to in one's work is a lifelong task" one can only try to touch some of its elements. Those perceived and felt as the most important.

Thus, it should be accepted, that the task of conclusive description of supervision from psychodynamic point of view is impossible. Nevertheless, it does not mean that efforts should be postponed.

### WHAT DOES IT MEAN "FROM PSYCHODYNAMIC POINT OF VIEW"?

The term "psychodynamic" envelops great number of theoretical conceptualisations sharing reference to Sigmund Freud's psychoanalysis. There are significant differences between theories declaring themselves or perceived as psychodynamic. Some of the differences have been vigorously discussed with no agreement achieved. It seems, that the list of them, including cornerstones such as: the role of drives, ego defence mechanisms, genesis of emotional relations, hierarchy of early childhood traumatic events, ect., is rather long. So what is common? What makes it possible still to call a spectrum of theories and approaches the same name?

One of the most important elements is a conviction, that human activity is rooted significantly in motivations which are not conscious. Even if psychodynamic schools have varying concepts on the nature of unconsciousness. The other one is the importance of early childhood development and presumption of the formative role of early childhood experiences.

Another one is understanding therapies founded on psychodynamic approach as a process. The **therapeutic process is understood to be realised** in two levels: the real one covering present interactions between the psychotherapist and her/his patient, and the symbollic one – covering emotions generated outside the therapy situation, usually brought into it from early childhood of both protagonists.

These two: the importance of unconsciousness for mental life, and the processual character of

psychotherapy carried on in real and symbolic levels are crucial for this essay.

### WHAT DOES IT MEAN "SUPERVISION"?

Supervision of psychotherapy appears maybe only in Polish language, even more difficult to define. Its meaning is multivocal. Incorporated into Polish from English, it has got new meanings. Or, more correctly, contained ideas unnamed earlier. In consequence the **meaning borders** of psychotherapy supervision became even more blurred in comparison with other professional languages.

### CLINICAL SUPERVISION AND PSYCHOTHERAPY SUPERVISION

In the fifties Michael Balint [2] introduced a method of training for general practitioners. The method, known as Balint's Seminars, aimed to enhance GPs' awareness and sensibility to emotional aspects of therapeutic relation as well as to empower them with therapeutic competencies better known now as non-specific factors in psychotherapy.

Balint's method is designed as a group of professionals, who bring to the sessions material from their everyday clinical practice. The group discussion is focused on emotional relations between physician and her/his patient. This way, Balint's Seminars are a kind of training in an indispensable part of treatment in general practice, the psychotherapeutic one. But, is Balint's method a clinical supervision? Balint had not developed seminars to control correctness of diagnostic procedures or therapeutic schedules as clinical supervision is. The last one is expected to deal with these dimensions and assess decisions and actions of the supervisee along accepted patterns of clinical practice. As a training method the Seminars aim to promote individual development of any clinician – psychotherapist or not.

Another root of psychotherapy supervision can be seen in training analysis obligatory in education of psychoanalysts. Probably the best known case of such supervision is that performed by Sigmund Freud with his student-pa-

tient who was the father of "Little Hans" suffering phobias, and analysed by his own father. However, it is almost impossible to assess whether Freud's relation with the "Little Hans" father was father's analysis or supervision of his son's analysis? Probably both in a way unbelievable nowadays.

Training analysis or training psychotherapy as significant part of the way of becoming practicing psychotherapist is based in reasonable presumptions. For me the most convincing is Antoni Kępiński's argumentation on psychoanalysis, which is fully valid also in regard to all psychodynamic approaches. Kępiński perceived the theory of psychoanalysis (but the same refers to all psychodynamic theories) as elegantly congruent and offering its (theirs) adepts charming feeling of understanding the other people. In his opinion it could be deceiving understanding without true cognition of the other. Congruent theory allows the therapist for reduction of her/his fear of unknown, for giving names and locations to everything which is new and unclear in her/his patient. The process goes on – in a way – above the patient, in the therapist's imagination, according to the charms of congruent theory. Self experience of training analysis (or therapy) is, according to Kępiński, the only way enabling the use of the theory with necessary emotional understanding. [3]

But, training analysis making an adept fit for practicing psychoanalysis in therapy has been a controversial issue. The doubts were rooted in epistemological problem of truth. And, of course, in dispute as old as psychoanalysis itself: is analysis terminable or interminable [4]. Even mature analysts use to turn for consultations and help to their training analysts in difficult situations, including those connected with their therapies.

Origins of supervision of psychotherapy should be looked for in Sigmund Freud circle meetings in Vienna. It was there that presentations of ongoing analysis processes were presented and discussed. But in the Vienna circle everybody was one another's analyst and analysand. I was not successful in finding how it happened, that the relation between psychotherapists, separate from training therapy, was introduced and how it got the name "supervision". Nor could I find how it happened that supervision has been

found as useful in all areas of mental health professionals work.

## SUPERVISION IN VARIOUS CLINICAL DISCIPLINES

Debates on supervision by the end of the last century carry some resemblance to the discussion on specificity of psychotherapy couple of decades earlier. Literature reviewed by Morgan and Sprenkle [5] reflects researchers' efforts to develop supervision methods suitable and profitable in particular clinical disciplines, and able to prove their efficacy. Empirical studies in mid-nineties allowed for conclusion that no specific methods and forms of supervision had been agreed for any of specific clinical areas [5].

Reviews of the projects assessing effects of supervision revealed also, that none of the supervision models was able to prove being better than others [5]. Nevertheless, upon studies realised in the 80's an opinion was formulated claiming striking similarities in techniques used by supervisors of different theoretical orientations [5]. Goodyear and Bradley study compared supervision based on several theoretical backgrounds, namely: rational-emotional, behavioural, client-centred, developmental, and analytical.

In 2007 Milne [6] published results of his work on operationalised definition of supervision. Milne analysed 24 publications of empirical studies on clinical supervision. He found that the majority of researchers designed their projects using definition formulated by Bernard and Goodyear in 1992. According to Milne this definition is not satisfactory because it does not fulfil methodological criteria. It lacks precision, specification, operationalisation and corroboration. His own formulation presents clinical supervision as a form of training and education requiring organised, intensive, case concerned relation in which an experienced practitioner supports and directs and leads work of her/his colleagues.

Supervision defined as above requires such organisational solutions which enable more experienced (or at least equally experienced) clinician regular and intensive sessions with less experienced ones. The basis of supervision is the relation between supervisor and supervisand. Confidence, cooperation, alliance based teach-

ing, participation in decision making, warmth and empathy – understood as “therapeutic interpersonal qualities” should characterise supervisor – supervisand relation. Education and training organised and realised its way aim to improve clinician’s competencies, especially in problem solving.

Supervision should be case concerned. It means that supervisand brings material, and supervisor contributes with professional and organisational divagations. Supervisor should also support and direct her/his colleagues work using professional methods, external monitoring, feed-back information, assessment and references to empirical and theoretical knowledge. Such supervision fulfils expectations. These are defined by Milne as quality control, competency maintaining and improvement, enhancement of skill abilities of the supervise, and this way helpful in effective work.

However Milne’s study concerns clinical supervision, it reflects crucial problems of psychotherapy supervision. I do not hesitate to join him and emphasise, that this is what is expected from supervision of psychotherapy. Besides pointing for the main goal of supervision, namely enhancement of supervisand competencies and in consequence effectiveness of psychotherapy, Milne concludes that the most important factor of good supervision is what he calls “relation”. Actually the “relation” is described as set of factors he describes as “therapeutic interpersonal qualities”. These were identified earlier by Jerome Frank [7] as “non-specific factors” in psychotherapy.

As mentioned above, psychodynamic tradition emphasises the relational dimension of the supervision process. Psychodynamic theories, above all differences, share an understanding of the nature of these interpersonal qualities.

Supervision just as psychotherapy, is a process. Relation between supervisor and supervisee dynamically changes in time. Contents of the consecutive supervision sessions are connected with each other. This sequence enables caring for the therapy quality, supervised therapist’s competencies and abilities.

Since the fifties psychodynamic oriented psychotherapists have been using a concept of parallel process [8, 9]. The idea of parallel process has been criticised as well as supported. In spite of controversies, it is being found useful by

teachers of helping professions and by supervisors. Parallel process describes the phenomenon of appearance in supervision relation emotions of the same kind which permeate therapeutic relation between the supervised therapist and her/his patient. So, the supervisor can experience emotions analogous to those which are experienced by the therapist in relation with the patient whose therapy she/he brings to supervision. Thus, the supervisor has an opportunity to reflect these emotions and to discuss them in the supervision process. Personal style of the supervisor influences methods of using the knowledge on reflected emotions in solving supervision problems. Supervisor’s reflection should aim at a differentiation between actual emotions and those evoked by her/his supervision countertransference emotions. In another words – on the supervisor’s skills in reflection and awareness her/his countertransference emotions. Psychodynamic approach relies on presumption that experience of emotions and their discussion form the crucial part of working-through. In psychotherapy – this is essential for recovery. In supervision – contributes to improvement of the supervised therapist’s competencies.

There is one characteristic common for psychotherapies developed and introduced to clinical practice through last decades. They seem to follow patterns of therapeutic interventions elaborated according to the demand of standards. This is not specific for mental health care. Maybe even treatment of mental and behavioural disorders follows solutions already introduced in somatic medicine. Aiming fulfilling a demand of ability to achieve the same results by every therapist trained in one of the contemporary psychotherapies (eg. CBT). To achieve this task therapies have been described step by step and rules of using specific techniques are usually gathered in a manual. Psychodynamic psychotherapies rather do not refer to such manuals. In consequence psychodynamic supervision is not forced to concentrate on congruence between the therapy course and manual. And usually does not. Supervisor is more free in building the relation between herself/himself and supervisee. However, interventions unjustified by the therapy principles are more difficult to be identified.

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