THEORY AND PRACTICE

Parallel process in supervision

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ABSTRACT   *This paper addresses the concept of parallel process and its application in clinical supervision. Parallels between therapy and supervision are examined as well as some of the key issues surrounding the use of parallel process as a supervisory intervention. Although there is a need for more investigation to explain and support this concept further, the authors would argue that parallel process interventions in supervision can enhance the supervisory process and the task of teaching and learning for both the supervisee and supervisor. A case example is provided to demonstrate the parallel process in supervision and its potential as a facilitative intervention.*

Introduction

Parallel process, the unconscious replication of the therapeutic relationship in the supervisory situation is familiar to most supervisors. It is an intriguing, often enigmatic or uncanny phenomenon. Throughout the literature its value as a potent and dynamic intervention has received considerable attention, debate and revision. Despite this, some supervisors reject it as a viable factor in supervision either because of its lack of value in learning or because of its close adherence to a psychoanalytic model. Against this background, the best understanding of parallel process is achieved when its contribution is examined from both the supervisor's and supervisee's perspective. The aim of this paper is to introduce the reader to the concept of the parallel process and its application as a supervisory intervention.

Theoretical constructs of parallel process

Parallel process refers to 'the processes at work currently in the relationship between worker and supervisor' (Mattinson, 1975, p. 11). This phenomenon variously referred to as the 'reflection process', 'parallel process', 'mirroring' or 'parallel re-enactment' has its origins in the psychoanalytic concept of transference. Systematic examination of the unconscious factors influencing the supervisor and supervisee has been largely limited to the description and discussion of parallel process. That is, the transference of the

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supervisee and the countertransference of the supervisor within the supervisory situation appear to replicate what is happening in the therapy session. One of the first references to parallel process was made by Searles (1955) who described and labelled it the 'reflection process'. He suggested that the parallel process behaviour of both the supervisor and supervisee rests upon 'transitory unconscious identification occurring as a function of the relationship with the client' (p. 161). That is, the therapist is said to have the experience briefly of being like a client whom s/he does not actually resemble. Contemporary Freudian theorists who elaborated on Searle's concept similarly viewed identification as the essential mechanism in parallel process (Doehrman 1976; Sachs and Shapiro 1976; Gediman and Wolkenfeld, 1980). Another variety of identification theory relies on the somewhat complex idea of projective identification, whereby the client is said to unconsciously put his/her feelings into the supervisee who in turn introduces them into the supervisor (Grindberg, 1979). These early explanations all refer to related yet distinct manifestations of the parallel process, which cross over both the object-relations and interpersonal theories. In addition, they also stress the use of the parallel process as a form of communication and therefore an important focus for supervisory activity.

Early accounts of parallelism mostly consider it having 'a point of origin in the client and then somehow being transmitted upward' (Gediman and Wolkenfeld, 1980, p. 239). As such, the supervisee may display similar behaviour in the supervisory relationship to that of the therapeutic relationship. According to Searles (1955), the supervisee's response to the client occurred because of 'a stirring up of anxiety with regard to the comparable areas of his personality' (p. 172). However Doehrman (1976) criticized this view for only having a single 'domino theory' dynamic. Instead, she placed greater emphasis on the supervisor's contribution to the parallel process, referred to as 'reverse parallelism' and relatively little on the upward reflection. Doehrman's (1976) landmark empirical study investigated parallel process by conducting interviews of dyad pairs (client-therapist, therapist-supervisor) over a period of time. She concluded that behaviours unconsciously duplicate themselves not only within supervision but also in reverse that is from supervision back into the therapeutic relationship. According to Doehrman (1976), these processes are always present in the supervisory relationship and are ignored at our peril.

Other views on parallel process range broadly from the belief that it is an inevitable and essential supervisory process (Caligor, 1981) to the view that it is an illusory concept (Lesser, 1983). More recently, Clarkson (1992) suggests that parallel process should be conceptualized as a way of describing the pattern of the client–therapist relationship that is replicated in the therapist-supervisor field. She also argues that given the complexity of the client-therapist field these different reactions should be viewed in a circular dynamic relationship to one another. Clearly there are some disparities surrounding the concept of parallel process, nonetheless it has had heuristic value and been investigated. For example, Mattinson's extensive work at the Tavistock Institute on the reflective process in supervision was published in 1975 and remains a classic in the field of social work. Martin *et al.*'s (1987) case study method investigated the supervisor–supervisee relationship throughout one semester of supervision. Using measurement concepts from interpersonal theory, Friedlander *et al.* (1989) investigated parallel process in a pair of client-therapist and therapist-supervisor dyads. Although these studies were definite

about the reality of parallel process in supervision, none were conclusive about what causes it to occur.

Throughout the literature several reasons have been offered to explain the cause of parallel process, the majority of which are psychodynamic. Sachs and Shapiro (1976) viewed it as a process of communication when words cannot be used. From this perspective, supervisees are unconsciously telling supervisors what actually happened in their relationship with clients in action rather than words. According to Ekstein and Wallerstein (1972) parallel process could also be viewed as a way of learning. That is, if the supervisee does to the supervisor what the client has done to them, in turn the supervisee can then hopefully learn how to deal with the situation. For Doehrman (1976), the unequal relationship between the two sets of dyads (client/therapist and therapist/supervisor) acts as a possible reason for the parallel process, especially when issues of authority and power emerge. Bromberg (1982) believed that the motivation behind the parallel process is primarily concealment rather than communication. He proposed that supervisees get anxious when working with certain clients and try to conceal this anxiety, which is then revealed by re-enacting the whole process. Similarly, Wolstein (1984) believed that parallel process occurs when the supervisee unconsciously mimics the client's defensiveness in an attempt to cope with supervisory anxiety. While the above explanations help to further our understanding of these remarkable resemblances, however as yet there is still no consensus even within psychodynamic supervision as to how or why parallel process occurs.

For Clarkson (1994), to seek primary causes of the parallel process in such a complex dynamically interactive situation as supervision is futile. She also points out that whatever explanations are offered, they are 'intrinsically arbitrary and never correct or provable' and therefore at best such explanations are only partial and at worst they are circular (p. 202). From this viewpoint, it would seem more beneficial to recognize the co-occurrence of such phenomena and its prevalence in many clinical teaching situations, for example supervision. Also given the absence of causality and directionality, it may be more useful to focus on understanding the nature of the transference–countertransference interactions and more importantly the impact of these reactions on the client, supervisee and supervisor.

Parallels between supervision and therapy

Grey and Fiscalini (1987, p. 131) view parallel process as a 'chain reaction that may occur in any interconnected series of interpersonal situations that are structurally and dynamically similar in significant respects'. Essentially it involves intertwined concerns about authority and dependency whereby the participants need to conceal their attempted solutions to such concerns. In turn, this then leads to an interlocking series of parallel transference–countertransference reactions. Throughout the literature there are many illustrations of character and situational similarities between therapy and supervision (Lower, 1972; Lesser, 1987; Grey and Fiscalini, 1987). The following will address some of the key parallels between the experience of therapy and supervision.

Supervision serves a variety of purposes. From the client's view it ensures a better service by countering the therapist's inexperience and blind spots. For the therapist,

supervision is one of the main means by which learning takes place (McNeill and Worthen, 1989). For the supervisor it brings an opportunity to teach (Carroll, 1996). Also, when supervision is part of a formal training it has the additional function of assessing and evaluating the supervisee. Thus, supervision is a multifaceted activity, which primarily aims to help the supervisee help the client, and whereby the supervisee expects and respects the supervisor's ability to critically evaluate and insure the quality of both the therapeutic and supervisor process. However, certain elements of the supervisory relationship are conducive to the development of anxieties for both participants. For the supervisor, the responsibility to evaluate the supervisee is anxiety provoking for both members of the supervisory dyad. No matter what efforts are made to minimize it, both are aware that the supervisor's judgement may affect the supervisory relationship and indeed in some instances the supervisee's professional career. Also, the supervisor's status and prestige within the training organization may further complicate the anxieties surrounding assessment.

For the supervisee, the supervisory situation itself can also be a source of anxiety. Being supervised can be a threatening experience often involving the therapist to feel under scrutiny and experience the uncomfortable situation of not feeling good enough. Thus similar to the therapeutic situation, change may be both desired and simultaneously feared by the supervisee, and in seeking help the supervisee may therefore defend the ways in which s/he has previously learned. As such, the supervisee may react to the supervisor in a similar way to how the client reacts to the therapist, that is, the responses are laden with transferential reactions, which in turn are bound to influence the process of teaching and learning in supervision. Essential to this experience is the supervisor's ability to assist the supervisee to overcome his/her fears of learning, and to enhance their personal and professional development as a practitioner.

Although the interaction between the supervisor and supervisee may appear to parallel that between the supervisee and client, Lesser (1983) argues that they are not the same since different people are involved in each dyad. Nevertheless, she believes that the supervisor's experience of parallelism is useful because it provides a clue to 'selectivity unattended aspects of the supervisee's personality as unwittingly expressed in the inter-action' (p. 124). Additionally, this experience of parallelism may provide a clue to the unattended aspects of the client's personality. In practice, this then poses the question of whether the supervisor's responsibility is towards the client or the supervisee. For Langs (1979), the solution to this dilemma is unequivocal. He believes that a supervisor's first responsibility is to the client and that any time a supervisor has an influence on a therapeutic situation, the client's needs must take precedence. However in practice this solution has its problems, particularly given that the supervisor has no direct access to the client and can only help the client through the therapist. Furthermore, Lesser (1983, p. 124) points out that 'when the supervisor relates to the supervisee primarily *vis-à-vis* the client', potential anxieties for both participants may be avoided. As such, focusing on the client may therefore serve as a screen behind which both the supervisor and super-visee's individuality is concealed. In such instances, the supervisor may attempt to resolve some of these ubiquitous anxieties by using distancing and intellectualizing as a defence against his/her own anxiety. In doing so however, the opportunity for a shared in-depth inquiry into 'distortions occurring in supervision' either by the supervisor or the

supervisee may be lost (Wolstein, 1972, p. 168). As a result, the supervisor may then not only dissociate aspects of him/herself but also aspects of the supervisee and the client.

Parallel process in practice

To work effectively with parallel process, the supervisor needs to be highly aware of his/her own inner cognitive and affective responses. An essential factor in this development is the supervisor's theoretical orientation and facilitation style. Essentially, the humanistic and psychodynamic approaches focus more on these states than for example the cognitive and behavioural approaches, none the less Feltham and Dryden (1994) argue that it is not beyond the ability of any supervisor to become aware of his/her own responses. They also recommend that supervisors should develop this awareness so as to learn how to differentiate between the supervisee's normal behaviour and their behaviour when certain clients affect it.

   According to Carroll (1996), the best use of parallel process is to help the supervisee to understand what is happening within the therapeutic relationship. Indeed, it can also be a source of help for supervisors as they monitor their own relationships with supervisees. However, like any other intervention, it is only of real value if it is rooted in care and concern for the client, supervisee or both. Furthermore like all supervisory interventions, parallel process can often be over-used and/or used indiscriminately (Feltham and Dryden, 1994). Therefore just as there is a danger in viewing everything that happens in supervision as parallel process, there is also the danger of ignoring it, neither of which is helpful for the supervisee. As a supervisor having an awareness of its possibility and more importantly the ability to use it as a potent supervisory intervention is therefore paramount, particularly if effective learning is to occur.

   Similar to other supervisory interventions, part of the skill in working with the parallel process is to recognize an appropriate opportunity to point out the dynamic relationship between these reactions. This of course cannot be prescribed and like everything else in the supervisory experience is context dependent and grounded in supervisory judgement and skill rather than being a product of chronology. Nonetheless one factor that may influence the supervisor's decision to work with the parallel process is the supervisee's stage of personal and professional development. Although the parallel process involving issues of countertransference may be applicable at any stage of the supervisee's development and learning, educationally it is most effective with advanced supervisees. In practice however, this assumes that advanced supervisees are familiar with or have had prior experience in working with parallel process issues of transference and countertransference. In our experience as supervisors this has not always been the case. Indeed some experienced supervisees reported that they had minimal knowledge and/or experience of working with such issues either within their training and/or supervision. This was more apparent among supervisees coming from a cognitive behavioural and humanistic background. As a result some supervisees found it difficult to comprehend the concept and more importantly learn from it. In hindsight, it is likely that the use of parallel process in such instances may have hindered rather enhanced the supervisees' learning. As for beginners, we agree with Stoltenberg and Delworth's (1987) recommendations that the use of parallel process should be kept simple, concrete

and tentative. In addition, confronting a novice supervisee who lacks insight and self-awareness may only serve to increase the supervisee's anxiety and as a result cause him/her to feel misunderstood or judged. Thus, as a supervisor the skill of working with parallel process not unlike other teaching interventions is to establish the supervisee's prior knowledge and experience and to facilitate their learning accordingly.

Similar to other teaching and learning situations, in supervision each supervisee brings different learning needs, which can often emerge from the supervisory experience itself. As a supervisory intervention, we believe that one of the strengths of using parallel process is that it invites the supervisee to engage in a reflective conversation with the situation. According to Schon (1983), a reflective conversation encompasses the skills of 'reflection-on-action' and the higher order skill of 'reflection-in-action'. In supervision, this means that the supervisor facilitates the supervisee to 'reflect on' the client–therapist relationship and at the same time 'reflect-in' the supervisory relationship. As a result, the supervisee can or at least begins to recognize the chain reaction that has manifested which is structurally and dynamically similar in significant respects. Using the skill of immediacy the following samples illustrate how the supervisor may work with the parallel process:

> While you were describing your client's behaviour I noticed that I felt sad, yet there was nothing in your manner or your client of this feeling. Does this mean anything to you?

> As you described your client's fear of ending therapy, I was aware that your course and subsequently our supervision contract ends quite soon. I wonder if this is significant for you and your work with this client?

Sometimes exploration and understanding of such feedback may prove to be supportive or educative or both for the supervisee. The supervisee may immediately make a conscious connection between what is happening in the therapeutic process and the supervisory experience. However at other times, the feedback may have no immediate or obvious impact on the supervisee. Alternatively, the feedback may be registered unconsciously and as a result find its way back into the counselling relationship by a delayed and greater awareness of what is happening in the therapeutic process. In such instances, this learning can enhance the supervisee's clinical and personal development, however, there may be occasions whereby this 'effective transfer' of learning is not sufficient to break the parallel process (Carroll, 1996).

Parallel process as other transference-countertransference interactions include all participants, and moreover, it extends beyond the analytic or supervisory situation. Therefore working with the parallel process can facilitate the supervisee to examine the interactional field beyond the client–therapist dyad. This in turn can enhance the supervisees' awareness of the contextual issues surrounding their clinical practice and more importantly the role of such issues within the parallel process. Clearly, this learning can only take place within a safe and supportive supervisory environment. As a supervisory intervention we believe that parallel process is what make supervision therapeutic, but not therapy. That is, it is an intervention that facilitates the supervisee to think and deal with the presenting pattern of reactions. Clarkson (1994) suggests that understanding both the shape and nature of the parallel process is not only useful

when it gets in the way of supervision, but it can also be used as a diagnostic aid to understanding what is going on in the client work. The following case example demonstrates how an understanding of the parallel process in supervision can facilitate and enhance the supervisory process and the task of teaching and learning for both the supervisee and supervisor.

Case example

Louise, a trainee-counselling psychologist was working with Mark a 40-year-old successful lawyer who presented with anxiety and depression following the break-up of his marriage. During group supervision, Louise reported that she felt she was making progress with Mark as indicated by his willingness to disclose his feelings of loss. Listening to a tape of Louise's session with Mark, her supervisor observed and commented to Louise that her voice sounded 'hesitant' with Mark. Although Louise asked for clarification, her non-verbal response at the time suggested she was reluctant to accept such feedback. In the subsequent weeks, Louise reported that her work with Mark was progressing very slowly. A week later, Louise's supervisor pointed out that she was discussing Mark in supervision in the same 'hesitant' manner and questioned Louise in an empathetic and information-seeking manner, about her behaviour. Initially, Louise appeared uncomfortable with her supervisor's challenge but began to reflect on her behaviour. Louise concluded that her hesitancy in supervision was motivated by her fear of 'saying something wrong' and being perceived as 'incompetent' by her peers and supervisor. Louise's supervisor suggested that perhaps in the same way, she also feared being perceived as incompetent in her work with Mark at the expense of the therapeutic effectiveness. The ensuing discussion revealed that Louise perceived herself as 'academically threatened' because of Mark's professional status and prior experience of therapy. Louise began to see that her behaviour was counterproductive in her work with Mark because she was reluctant to deal with challenging issues for fear that Mark might perceive her incompetent and discontinue therapy. In the following weeks, Louise subsequently took some risks by being more confident and assertive in her work with Mark. She also reported that this experience had prompted her to address issues surrounding her fears in personal therapy. The case was ended at a mutually agreed date. Mark reported a decrease in his anxiety and depression. Louise felt that this experience in supervision was significant for her because of the impact of the parallels between her behaviour as a clinician and as a supervisee.

Conclusion

Parallel process in its various forms can be the focus for some of the most potent and dynamic types of intervention within the supervisory relationship. However like all supervisory interventions, it can be over-used and/or used indiscriminately. Caution is therefore advised in working with parallel process so that it enhances rather than hinders learning for supervisees. Although a number of theorists seek to explain its causality in supervision, they wrestle with the dilemma of trying to provide a provable explanation of a complex interactive process, each is undermined by their failure to do so

conclusively. Nevertheless, several empirical studies provide support for its use as an effective supervisory intervention. In order to understand fully the concept of parallel process in supervision, it is necessary to consider the broader context of the supervisory dyad. Undoubtedly, some character and situational similarities between therapy and supervision distort the supervisory experience for both the supervisor and supervisee and indeed possibly the client. An understanding of such parallels can therefore enhance both the supervisory process and the task of teaching and learning in supervision. This being the case, supervisors must be willing to recognize the co-occurrence of such phenomena and its ubiquitous prevalence in many teaching and learning situations, such as supervision.

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