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Parallel Process in Psychotherapy Supervision and its Relationship to Empathy

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PARALLEL PROCESS IN PSYCHOTHERAPY SUPERVISION AND ITS RELATIONSHIP TO EMPATHY

by

Gary E. Beyer

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PARALLEL PROCESS IN PSYCHOTHERAPY SUPERVISION AND ITS RELATIONSHIP TO EMPATHY

Gary E. Beyer, Ed.D.

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How clinical supervisors manage empathy and empathy failure and its relationship to parallel process was explored by interviewing highly experienced doctoral level supervisors. Supervisor responses regarding their experiences in supervision with empathy and parallel process phenomena was examined in this study. This approach was grounded in psychodynamic theory regarding constructs of identification (countertransference, projective identification, introjective identification, parallel process and empathy).

A qualitative research design using the constant comparative method was employed. The sample of supervisors consisted of 10 male and 5 female, Caucasian psychologists, ranging in age from 40 to 70 years. Supervisors had a mean of 19 years of clinical supervision experience and identified psychodynamic theory as their primary theoretical orientation. Supervisor responses to the semi-structured interviews were analyzed using open and axial coding techniques.

Findings from the study primarily supported Searles' (1952) and Hora's (1957) view that parallel process can originate in therapy and can be reflected in supervision. Support was also found for Doehrman's (1976) view that parallel process can originate in supervision and can be reflected in therapy. Findings supported the proposed
theoretical construction that unrecognized parallel process phenomena can be explained by empathy failure which results in countertransference or defensive collusion in therapy and/or supervision. The findings also suggest that female supervisors have greater capacities for empathic relating within the supervision relationship. Consequently, female supervisors were somewhat more effective in detecting certain forms of countertransference and parallel process.

Situations which lead to the development of empathic failures (unrecognized parallel process) were identified. Recommendations for supervisors were offered which detailed methods of preventing and/or reducing the negative effects of parallel process.
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Gary E. Beyer
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CHAPTER I

INTRODUCTION

Clinical supervision is a central element and training activity in the field of psychotherapy. Supervision processes have been reported in the literature since the middle 1950s and are a relatively new addition to the field. Literature regarding the process of supervision first occurred in the 1950s in the writings of Searles (1955) and Hora (1957). These early contributors introduced and focused upon the dynamic of parallel process as a cornerstone of supervision.

The teaching of supervision is an even more recent addition to the literature (Stoltenberg, 1981; Stoltenberg & Delworth, 1987). The importance of supervision instruction and the recency of its evolution is underscored by the American Psychological Association (1980), which specified supervised practicum and internships must be a part of all programs in professional psychology. Models of supervision and research on training, however are all but absent in the literature according to Leddick and Bernard (1980).

Supervision research first appeared in the literature two decades following the introduction of parallel process proposed by Searles (1955) and Hora (1957). The first supervision research studies were qualitative designs by Doehrman (1976) and Meuller and Kell (1972). These studies have provided much of what we now know about interpersonal supervision dynamics, specifically parallel process phenomenon. Two
decades after the seminal process research was conducted, two additional studies can be found in the literature. These studies were quantitative designs by Friedlander, Siegel and Brenock (1989) and Alpher (1991). Supervision research appears to be gaining renewed attention; however, significant questions remain regarding the intersubjective nature of supervision. As Loganbill, Hardy, and Delworth (1989) noted many articles and books have been written about supervision, however little is known regarding training and practice.

Statement of the Problem

The prevailing supervision research regarding the supervisor/supervisee relationship has focused primarily upon functions attributed to the supervisee and has not explored the supervision relationship from the perspective of supervisors. Furthermore, existing research has tended to focus upon supervisee/client conflict reflected in supervision, or supervisor/supervisee conflict reflected in therapy. Research to date has not explored parallel process from an object relations perspective, in particular taking into account dynamics of identification (i.e., parallel process and empathy). It is clear that parallel process phenomena occupy a fundamental position in supervision and psychotherapy relationships (Alanso, 1985; Doehrman, 1976; Eckstien & Wallerstein, 1972; Hamilton, 1992; Meuller & Kell, 1972; Searles, 1955; Stoltenberg & Delworth, 1987; Wokenfeld, 1980). The centrality of empathy in psychotherapy and supervision was addressed by Mordecai (1991) who stated:
In psychotherapeutic encounters as well as in clinical supervision, empathic failures occur regularly. When these failures go unnoticed, they can cause considerable disruption to therapy. An important task of therapy is to attend to injuries that are occasioned by empathic failures. This means that therapists and supervisors must enhance their skills in working through empathic failures in therapy. (p. 251)

**Parallel Process**

Parallel process has largely been written about within the analytic community. Parallel process has generally been accepted to be a common dynamic in systemically related groups. It is a potent source of information for psychologists who provide clinical supervision (Alanso, 1985; Meuller & Kell, 1972; Stoltenberg & Delworth, 1987). The preponderance of parallel process research was conducted in the 1970s by Doehrman (1976) and Meuller and Kell, (1972). Renewed attention is now evident among supervision researchers (Longanbill, 1982; Stoltenberg & Delworth, 1987). Surprisingly, parallel process has been the focus of little formal research during the past two decades. Consequently, much remains to be learned about the phenomena. As Jarmon (1991) stated:

> our current understanding of the phenomena remains limited. Yet there is growing recognition that parallel process is omnipresent in supervision and that they may be the supervisor's primary source of data about the patient's and therapist's unconscious process and the ongoing relationship between the two. (p. 196)

Evidence of parallel process was first introduced into the literature by Searles in 1955. Searles described a process in which supervisees over-identified with their client's conflict which then became mirrored in the supervisee/supervisor relationship. Hora
(1957) clarified Searle's perspective in her description of parallel process. She suggested that the supervisee unconsciously identifies with the client and involuntarily acts in a way which attempts to elicit in the supervisor those very emotions which the supervisee experienced while working with the client but was unable to convey verbally. Parallel process has also been described as a reflection process by Gediman and Wolkenfeld (1980), Caligor, Bomberg and Meltzer (1984), and Sachs and Shapiro (1976). Alanso (1985), Doehrman (1976), and Meuller and Kell (1972) held a broader view, suggesting that unprocessed identifications may occur and be reflected in either the therapy or supervisory relationship.

**Empathy**

Empathy also involves psychological identification between participating individuals and has been considered by many to be a general human competence (Agnosta, 1984; Book, 1988; Greenson, 1960; Hamilton, 1988; Kohut, 1977).

Empathy was initially conceptualized as a type of receptivity in which psychotherapists may form an approximate understanding of the internal experience of another individual. This classic view of empathic receptivity is comprised of two components. The first component is represented by an emotional knowing (Greenson, 1960) in which a therapist may understand the immediate psychological state of another. Fliess (1942) noted that this emotional knowing is achieved by a blurring of the professional ego of the therapist with that of the client resulting in a trial identification. Racker (1957) broadened the view of emotional knowing. Racker suggested that trial
identifications may be “concordant identification” or “complementary identifications” (p. 316). According to Racker, concordant identifications are those in which a clinician's identifications closely represent a matching of the client's experience of self. Complementary identifications are those in which the identifications of a clinician represent a close matching of the client’s object representations.

The second component in the classic view of empathy involves oscillation of ego function within the clinician. Ego oscillation is described as a cyclical, ongoing, back and forth, shifting from feeling with the client to thinking about the client. For example, therapists may form trial identifications (feeling with their client). Trial identifications are followed with observing functions (thinking about the client). The observing function allows therapists to develop a working model of their client’s presentation, followed in turn by trial identifications, followed by observing functions.

In recent years, the object relations and self psychology schools have broadened the classic view of empathy as a receptive process to include an interpersonal process. Tansey and Burke (1989) proposed that empathy involves both receptive and interpersonal processing functions. Interpersonal functioning involves a series of steps taken by a therapist which may lead to an empathic outcome with their client. Ogden (1982) referred to the work of processing identifications as “containment” (p. 54). He concluded that insufficient containment (defensive collusion between client and therapist) may result in empathy failure. A highly simplified version of Tansey and Burke's view regarding the attainment of an empathic outcome is as follows: (a) a therapist internally processes and understands his/her identifications with his/her client, and (b) the therapist
then conveys the meanings of these identifications to the client in a way which may be beneficial therapeutically.

Within the intersubjective school of self psychology, empathy is said to make possible the experience of affecting and being affected by another person. Like Tansey and Burke (1989), these authors embraced the classic and relational aspects of empathy. Agnosta (1984) stated:

*Mutual interrelation between empathic receptivity and interpretation constitutes a kind of “hermetic circle” in which both components are needed to constitute interhuman knowledge in the full sense. Empathy most authentically becomes a mode of understanding as it is transformed into and communicated as an interpretation.* (p. 51)

Kohut (1984) suggested that the fundamental work of therapy rests in the clinician's internal experience of empathy with their client. Kohut viewed countertransference as a form of resistance employed by clinicians to avoid being used as a selfobject by their clients, thereby prohibiting empathic relating. Forms of resistance may be varied from individual to individual and are consistent with each individual's capacity for empathy. Common examples of resistance to selfobject engagement include therapist withdrawal due to the aversion of being over-idealized or the stress of empathizing with a highly disturbed client.

**Definition of Empathy and Parallel Process**

In this study parallel process constructs, as well as theoretical formulations of empathy, were grounded in object relations models of theory.
Empathy

For the purpose of this work, empathy was viewed in terms of its expanded perspective which integrates both classic and interpersonal dimensions. Briefly stated, empathy is a process which calls upon supervisees or supervisors to: (a) remain open to their client’s or supervisee’s internal experience thereby allowing the formation of trial identifications; (b) contain (internally process, hold, and understand) their interpsychic/intrapsychic identifications for the purpose of formulating working models regarding the psychological meanings of their clients; and (c) modify and communicate these meanings in a way which may promote an improved sense of understanding for their client. Conversely, in those instances in which a clinician or supervisor is unable to contain her/his identifications and/or is unable to communicate empathically, defensive collusion may evolve in the form of countertransference phenomenon.

Parallel Process

In this study, the negative effects of parallel process which result in defensive collusion were viewed as a function of empathy failure. Parallel process may originate within the supervisee/client relationship, the supervisee/supervisor relationship or in any relationship in which the client, supervisee or supervisor is a member in common. Empathy failure which originates in the treatment relationship may be reflected in subsequent supervision sessions in the form of supervisee countertransference. Empathy failure originating in the supervision relationship may be reflected in subsequent treatment
sessions in the form of countertransference. Empathy failure originating in the treatment relationship which is reflected but not contained in supervision may result in systemic defensive collusion between all parties.

Simply stated, the client, supervisee, or supervisor may harbor unresolved identifications with any person of significance in their respective psychological and/or relational worlds. These uncontained identifications (countertransference reactions) provide the substance and impetus for treatment and/or supervision parallel process.

For the purpose of this study parallel process exploration was limited to individual psychotherapy and supervision. Parallel process, however, may be evident in all forms and modalities of psychotherapy. It is a central and organizing dynamic in group and family therapy and their related supervision processes. Arguably, parallel process is an operative cultural dynamic at the macro level of human interaction (Hamilton, 1989; Jean Baker Miller, 1976).

Purpose of the Study

Limited attention is evident in the present body of research which describes how practicing supervisors manage parallel process and dynamics of empathy. McNeil and Worthen (1989) and Mordecai (1991) echoed the importance of parallel process phenomenon, while observing how little research had been devoted to these issues.

This research explored parallel process in psychotherapy supervision under the umbrella of identification dynamics which form a conceptual bridge between parallel process and empathy. The study used a qualitative design including naturalistic, heuristic
and ethnographic principles. An exploration of this kind was intended to add to our theoretical and practical understanding of how supervisors manage empathy and parallel process. Polkinghorne (1991) suggested that a primary strength of qualitative research is one of conceptual utility. The investigator's purpose in this study was to question, affirm and contribute to the existing conceptual foundation of parallel process and empathy dynamics in clinical supervision.

Assumptions

As in all research endeavors, assumptions have been made regarding conditions which may effect the research outcome. The research protocol involved the self report of supervisors regarding their professional experience. Consequently, it was assumed that each supervisor offered frank and open responses to the research protocol. Second, the researcher assumed that subjects in the sample would be familiar with dynamics of identification including parallel process, transference, countertransference, and empathy. Third, it was assumed that the research questions which provided the base of data effectively captured the theoretical base upon which it was constructed. Fourth, the investigator assumed that during the elapsed time between the first interview to the last interview no particular event of significance had occurred which substantially effected the research outcome. Fifth, the researcher assumed that subjects in the study did not interact with each other regarding the nature of the research protocol or the interview process.
Limitations

Limitations of the study are predominantly associated with those assumptions inherent in qualitative research paradigms. Qualitative research strategies, including purposeful sampling and semi-structured interview, limit generalization of data to other populations. Also, the concepts of parallel process and dynamics of identification are psychodynamic meta-psychology constructs, which hold various meanings among individual psychotherapists and divergent schools of thought.

The theoretical foundation of this research rested on the assumption that interactive dyads are sensitive to the intrusion of systemically related dynamics. Supervision and psychotherapy relationships are vulnerable to the impingements of systemic dynamics including ongoing research (Doehrman, 1976). Specifically, ongoing research methodology can emerge as unwelcome artifacts within those supervision and psychotherapy relationships to be studied. Consequently, the focus of this study was limited to naturalistic, semi-structured interviews with practicing supervisors. This was a necessary limitation, although a significant loss to the richness of information available if more direct, simultaneous observation of both dyads were possible.

Limitations in this qualitative research paradigm may also represent a source of clarity for the reader. Inherently, these limitations provide a frame of reference from which other readers may agree, disagree and/or form other research questions. Generalizable measures have been purposefully abdicated in favor of the potential richness
of understanding made possible by heuristic, ethnographic, and utilitarian characteristics inherent in this naturalistic research paradigm.

Research Questions

The purpose of this chapter was to present a brief overview of parallel process and empathy constructs in an effort to contextualize the nature of the research questions. In Chapter II a more comprehensive exploration of this relationship will be presented. This study was designed around two research questions which are: (1) How do supervisors manage empathy in psychotherapy supervision, and (2) Conversely, how do supervisors manage empathy failure in psychotherapy supervision?

Summary

Supervision theory and research are relatively recent contributions to the existing literature. The literature provides little attention to models of supervision and training. The literature is very limited regarding parallel process in clinical supervision, even though it is considered to be a central dynamic in supervision. No research can be found which integrates parallel process and empathy. In Chapter I, an overview of the relationship linking dynamics of identification and parallel process was presented. A more thorough discussion of this view is offered in Chapter II.
CHAPTER II

REVIEW OF SELECTED LITERATURE

The full spectrum of clinical supervision lies on a continuum from cognitive/didactic to emotional/growth experiences. Clearly, the most utilized form of supervision occupies the middle ground within this range. Supervision is neither the teaching of purely didactic material nor is it psychotherapy. The focus of supervision rests with the interpersonal processes and empathic connectedness of the two parties involved (Alanso, 1985; Carifo & Hess, 1987; Eckstein & Wallerstein, 1958; Meuller & Kell, 1972; Stoltenberg & Delworth, 1987).

Theories of Parallel Process

Within the clinical literature parallel process phenomena have been described from a variety of perspectives. While there has been variance regarding points of emphasis, the role of unconscious identification provides a common conceptual thread within each formulation (Arlow, 1963; Doehrman, 1976; Gediman & Wokenfeld, 1980; Hora, 1957; Sachs & Shaprio, 1976; Searles, 1955).

The first appearance in the supervision literature regarding unconscious identification between therapist and client has been attributed to Searles (1955). Searles did not use the term parallel process. However, he did conceptualize this dynamic as a
reflection process in which the nature of the supervisee/patient treatment relationship may become mirrored in the supervisory relationship. Searles was the first to underscore the importance of the supervisor’s emotional reactions to the supervisee for understanding the supervisee/client relationship. Hora (1957) expanded on Searle’s perspective by describing parallel process as unconscious identification between supervisee and client. Hora explained that the supervisee may reenact treatment conflict in supervision, and attempt to elicit from the supervisor those emotions he/she experienced but is not able to articulate.

Eckstein and Wallerstein (1958) were the first to advance a comprehensive view of the interactive effects between supervisor/therapist and therapist/client. Eckstein and Wallerstein avoided the term countertransference in supervision. These authors referred to conflict in supervision as the supervisee’s “problems about learning” (p. 140). Eckstein and Wallerstein suggested that the nature of these conflicts may stand as a metaphor for conflict between therapist and client which they referred to as “learning problems” (p. 140).

Langs (1978) held the view that parallel process phenomena were due to conflict which originates within the supervisee. He suggested that these difficulties eventually result in technical errors in the supervisee’s treatment of his/her client. Consequently, these technical errors become unconscious communications to the client. Subsequently, the supervisee’s errors and the client’s response to these errors eventually dominate the treatment process.
Caligor, Bromberg and Meltzer (1984) viewed parallel process phenomena from a Sullivanian participant/observer framework. Their view was that parallel process results from a temporal lag between the receptive and observing phase of the supervisee's empathic endeavors. When temporal lags occur they confound the supervisee's ability to process the client's unconscious communications. Gediman and Wolkenfeld (1980) adhered to views similar to the temporal lag perspective. These authors suggested that in psychotherapy ego functioning oscillates between regressive and integrative functions. Supervisees temporarily suspend ego functioning to empathically relate with their clients. At these times supervisees can become stuck in the regressive phase of the empathy process and are then unable to reestablish an integrative, observing stance with their clients. Gediman and Wolkenfeld suggested that as a consequence supervisees unknowingly replicate the nature of supervisee/client conflict in their supervision relationships.

Sachs and Shapiro (1976) emphasized that parallel process phenomena usually occur early in the supervisory relationship. These authors suggested that in the engagement period of treatment and supervision both client and supervisee are especially vulnerable to a heightened sense of personal exposure and associated defensiveness. Sachs and Shapiro suggested that this heightened sense of vulnerability invites the defensive collusion found in parallel process.

Grey and Fiscalini (1987) suggested that parallel process involves a sequence of authority/dependency issues which lead to an interlocking series of transference-countertransference conflicts. Like Doehrman (1976), Grey and Fiscalini
emphasized that character similarities of participants and the likeness of structural dynamics found in psychoanalytic psychotherapy and supervision engender parallel process phenomena. These authors added that everyday authority/dependency life situations may also provide the impetus for parallel process phenomena.

Models of Supervision

The cognitive-developmental, self psychology and object relations schools adhere to varying theoretical perspectives regarding supervision. These schools however, commonly hold that the supervisor's containing function is essential in helping supervisees manage their countertransference reactions.

Cognitive Developmental Model

Stoltenberg and Delworth (1988) have a highly developed and integrated developmental model of supervision which is based upon cognitive stage development. Development is measured by comparing a supervisee's overriding structures (dependence through autonomy) within eight domains (e.g., intervention skills, client conceptualization). Stoltenberg and Delworth defined supervision as an intensive interpersonally focused process. As a function of this process, supervisors are called upon to provide a learning context which is sufficiently empathic to allow for confrontations which may be necessary to promote further supervisee integration.

The cognitive/developmental supervision model has recommended that supervisors need to be patient with Level 1 supervisees, to be flexible with Level 2
supervisees, and to utilize wisdom with Level 3 supervisees. According to Stoltenberg and Delworth, supervisor wisdom is essential to accurately assess supervisee development, to provide support, to confront and explore, and to stimulate additional developmental integration. Stoltenberg and Delworth found qualitative differences regarding parallel process dynamics among supervisees within differing developmental levels. These authors noted that Level 3 supervisees experience parallel process more frequently, more discreetly, and are more effective in working with parallel process dynamics, when compared to supervisees who are less developed professionally.

**Self Psychology Model**

Allphin (1984) emphasized the importance of the supervisor's containing functions and the important contribution of positive projective identification in the supervisory process. She suggested that supervisors provide a containing function for their supervisees by providing a context in which the supervisee may process and better understand the supervisee's subjective reactions. Containing, according to Allphin involves the process of calmly holding affects for which supervisees are not comfortable and reflecting upon the meanings of the supervisee's conflict. Accordingly, supervisees can identify with the supervisor's containing abilities. Allphin proposed that supervisees form a positive projective identification with the supervisor's containing capacity, enabling the supervisee to reflect on and better understand the communications of the supervisee's client. Allphin noted that for her, parallel process cues were often associated with visceral cues experienced in the supervision relationship. Often these experiences took the form
of tension and confusion. Accordingly, the supervisee’s ongoing positive projective identification with his/her supervisor may result in a more enduring, positive identification with the professional self of the supervisor.

**Object Relations Model**

Alanso (1985) wrote extensively about the mutual interaction of supervisor and supervisee. She suggested that supervisees frequently have trouble using supervision due to “dumb spots” (p. 84) (insufficient information) and “blind spots” (p. 84) (similarity of psychological conflict between client and supervisee).

Alanso suggested that the primary way supervisors are helpful to their supervisees lies in their effectiveness in containing parallel process phenomena. Alanso assumed that supervisees will select for presentation those portions of the therapy hour “in which supervisees have unconsciously merged with their patients” (p. 122).

Alanso added that deadlocks in the treatment relationship often reflect collusion which has occurred between supervisee and patient. Each contributes a share of anxiety which effectively sustains impasse. Alanso felt that the first step to resolving supervisee/client impasse is to analyze the supervisee's role in treatment-activated collusion. She noted that an exception to this principle can be found in instances when treatment impasse can be traced to collusion which had developed within the supervision sessions themselves.
Alanso held that supervisors and supervisees may contribute to supervisor/supervisee impasse. According to Alanso, supervisor contributions to parallel process may include:

(a) the need to be in control; (b) the need to rescue; (c) the need to work through past supervisory conflicts with one's own supervisors; (d) the need to be loved; (e) the need to be admired; (f) the need to compete; and (g) personal stress which may filter into the supervisory relationship.

(p. 67)

Alanso has also highlighted systemic properties of parallel process phenomena. She viewed the relationships between client, therapist, supervisor and institution in terms of a dynamically linked and interactive system. Consequently, Alanso suggested that supervision may become compromised when boundaries between supervisor and administration are insufficiently maintained.

Psychodynamic Theories of Identification

The following discussion of dynamics of identification is offered to provide a foundation of the essential theoretical constructs which link parallel process with empathy.

Countertransference

Countertransference has received wide written attention in the literature. As a construct, countertransference has been viewed from divergent perspectives and has evolved from its classical roots to more recent object relational perspectives.
Reich (1951) advanced the classical Freudian formulation of countertransference. Within this school, countertransference is limited only to those unconscious needs and neurotic conflicts triggered by the client. Consequently, the classical view of countertransference is that it is an unwelcome intrusion for the analysist and represents a barrier to effective psychotherapy outcomes.

The totalist school (Giovacchini, 1975; Kernberg, 1975; Ogden, 1982; Tansey & Burke, 1989) suggested that countertransference includes all the therapist's feelings and attitudes toward the client including objective as well as neurotically based reactions. This view of countertransference is not universally accepted. Gelso and Carter (1985) suggested that totalist constructs of countertransference are too broad to be useful. These authors suggested that the therapeutic relationship is composed of tripartite elements, including the real relationship, the transference relationship and the working alliance. Irrespective of the breadth of their definition, Gelso and Carter recognized the inherent difficulty in formulating objective distinctions regarding the nature of the treatment relationship. “More often than may be recognized, theoretically based behaviors... have as much to do with the participants feelings and attitudes toward one another as they do with the ‘objective’ application of treatment procedures” (p. 159).

Blank and Blank (1968) forwarded an integration of the classical and totalist schools. These authors suggested that countertransference reactions may include transference conflicts which may be detrimental to treatment. Blank and Blank also suggested that countertransference reactions may provide information regarding the client's psychological makeup, and can be useful in promoting the work of therapy.
Cashdan (1988) viewed countertransference as a natural response to a client's projective identification. He suggested that a therapist's emotional reactions must be monitored in order to understand the nature of the client's projective identifications and the "metacommunication that lies behind it" (p. 97).

Each school of psychology emphasized varying aspects of countertransference phenomena. With the exception of the classic Freudian view, each school of thought commonly holds that therapists need to bring countertransference reactions into awareness, to understand the meaning of these reactions and to use them for the advancement of therapeutic work. For the purpose of this study, countertransference was viewed as a natural, role-responsive reaction to a supervisee's or supervisor's transference and style of relating. Elicited countertransference reactions may take the form of complementary and/or concordant countertransference responses.

The importance of countertransference and the importance of empathic therapist provisions needed to deal with these issues were highlighted by Van Wagoner, Gelso, Hayes and Diemer (1991):

Excellent male and female therapists, when compared to therapists in general, were viewed as having more insight into their feelings and the basis for these feelings; as having a greater capacity for empathy in the sense of being able to partake of the client's emotional experience, as well as having an intellectual understanding of client's emotions. (p. 418)

Tansey and Burke (1989) offered the following theoretical formulation regarding the attainment of empathic relatedness. Therapeutic empathy can be achieved in those situations in which the projective identifications of the client and corresponding
introjective identifications of the clinician are understood and communicated to a client in a way which promotes emotional understanding.

**Projective Identification**

Projective identification represents a significant component of the transference relationship. According to Gelso and Carter (1985):

Transference is a repetition of past conflicts (usually but not always beginning in early childhood) with significant others such that feelings, behaviors and attitudes belonging rightfully in those early relationships are displaced; in therapy, the displacement is onto the therapist. (p.170)

Langs (1994) identified a similar aspect of transference which he called “the transference interaction” (p. 76). Langs suggested that the transference interaction is the most pervasive of all transference communications. Transference interaction includes all the client's projective identifications, introjective identifications, and all client attempts to maneuver the clinician to behave non-therapeutically.

Klein (1946) first described the object relational component of transference and was the first to introduce the concept of projective identification. Klein viewed projective identification as an intrapsychic (one body) process. She postulated that infants could defend against aggressive, bad feelings in fantasy by projecting them onto the mother where they could be modified and reintrojected in tolerable form.

Kernberg (1987) added that projective identification has both intrapsychic and interpsychic functions. He proposed that projective identification includes: (a) projection of unwanted intrapsychic aspects of self onto an other, (b) identification with what is
projected, (c) attempts to control the other and avoid the unwanted projected aspect of self, and (d) unconscious pressuring the other to comply with what is projected. Kernberg believed that projective identification is a primitive defense mechanism, which is always associated with severe forms of psychopathology (e.g., borderline and narcissistic personality disorders).


Malin and Grotstein (1966) broaden and advanced Klein's (1946) and Kernberg's (1987) view of projective identification theory. Malin and Grotstein held that projective identification may provide an adaptive and/or maladaptive way of relating. "In addition to being a defense mechanism, it is also a way of establishing object relationships, which build ego integration throughout development" (p. 27).

Ogden (1982) proposed that in projective identification "the projector subjectively experiences a feeling of oneness with the recipient with regard to the expelled feeling, idea, or self representation" (p. 34). Ogden expanded the scope of projective identification. He defined it as: (a) a defense to avoid the experience of unwanted parts of self by maintaining those parts in someone else, (b) an attempt to force understanding by inducing the other to experience feelings like those of the projector, (c) an attempt to foster object relatedness by relating with an object separate
enough to receive the projection but yet merged enough to allow a sense of oneness, and (d) a method of psychological change brought about by reintrojection of projections as they are altered by the recipient (e.g., client/supervisee, supervisee/supervisor). Ogden concluded that when clinicians deal with their client's projected feelings differently from the client's anticipated reaction a new set of feelings may develop. Subsequently, clients may develop the sense that specific projected parts can be lived with, without damage to other aspects of self or valued external or internal objects.

Tansey and Burke (1989) supported Ogden's broadened view of projective identification which embodied defensive as well as emotional growth capacities. It was Tansey and Burke's perception that projective identification is an interpsychic, two body dynamic. They added that for projective identification to occur, cooperation from the projectee was required in the form of "introjective identification" (p. 47).

**Introjective Identification**

According to Tansey and Burke (1989) "introjective identification can be understood as a transitional phase in the internalization sequence during which introjects are in the process of being formed but have not yet achieved a more enduring psychic status" (p. 51). Introjective identifications represent the interpersonal reciprocal of projective identifications. Tansey and Burke also referred to this reciprocal as "empathic trial identification" (p. 56).

Racker (1957) proposed that concordant identifications are those in which a clinician's identifications approximate the client's immediate experience of self.
Complementary identifications are those in which a clinician's identifications approximate the client's relational experience of object. Tansey and Burke (1989) suggested that therapists need to successfully process concordant and/or complementary identifications to achieve an empathic understanding with their clients.

Bollas (1987) indirectly addressed the concept of introjective identification. Bollas proposed that each transference-countertransference exchange provides a "paradigm which can become part of the unconscious ego structure of the analysand in his subsequent processing of self and other" (p. 106).

The object relational model of projective identification and introjective identification may provide a useful way of viewing intersubjective client/clinician and/or supervisee/supervisor relationships. Accordingly, adaptive introjective identification (trial identification) may occur in those instances in which clinicians and/or supervisors: (a) sufficiently identify with client projections in either a concordant or complementary fashion; (b) gain cognitive awareness regarding the interactional emotional pull within the self of the supervisor; (c) process manifest client projections to develop heuristic models of understanding, thereby providing containment of the client's or supervisee's transference projections; and (d) formulate empathic interventions which promote client or supervisee emotional understanding.

**Empathy**

Broadly speaking, empathy is viewed as a way of understanding the immediate psychological experience of another (Book, 1988; Greenson, 1960; Kernberg, 1984;
Schafer, 1959). The significance of empathy within the treatment relationship has been profoundly influenced by the work of Kohut (1966). In Kohut's view:

Empathy is the mode by which one gathers psychological data about other people and . . . imagines their inner experiences even though it is not open to direct observation. Through empathy we aim at discerning, in one single act of recognition, complex psychological configurations which we could either define through the laborious presentation of a host of details or which it may even be beyond our ability to define. (p. 262)

Kohut (1977) added that client understanding develops from the clinician's empathic-introspective stance. This allows for vicarious understanding, which leads to experience-near participation. This sequence of empathic-introspection and experience-near participation produces the condition called empathy. Empathy always involves surrender to feelings and active cognitive structures; in order for empathy to occur, self boundaries must be flexible.

Jordan (1991) described empathy from the self in relation theoretical perspective.

For empathy to be effective there must be a balance of affective and cognitive, subjective and objective, active and passive. Experientially, empathy begins with some general motivation for interpersonal relatedness that allows the perception of the other's affective cues (verbal and non-verbal), followed by surrender to affective arousal in oneself. This involves temporary identification with the others state, during which one is aware that the source of the affect is in the other. In the final resolution period, the affect subsides and one's self feels more separate; therapeutically, the final step involves making use of this experience to help the patient understand his or her inner world. (p. 69)

Within the object relations school, Hamilton (1988) viewed empathy as embodying both holding and containing properties. Regarding holding, Hamilton drew a parallel to Winnicott's (1960) view of parent/infant relating, in which a mother provides both optimal emotional closeness and optimal space for the child's development of autonomy.
Regarding containing, Hamilton drew a parallel to the view of Bion’s (1962) notion of containing between parent and child. Bion suggested that when children have feelings which are unbearable, a parent may take in the projected feelings, contain them, give them meaning and return them to the child in a different form. Hamilton proposed that empathy has “a two fold communication: it gives the therapist a means of deeply understanding the patient, and when the therapist makes an empathic comment, it performs a quietly interpretive function” (p. 194). Hamilton added that a third function of empathy is found in its role in the interpersonal relationship. Hamilton was speaking of the clinician’s use of positive projective identification (i.e., clinicians project his/her positive self image onto the client, identifies and temporarily fuses with the object image to more deeply understand the client). Hamilton suggested that empathy and projective identification are similar in nature. Hamilton proposed that a difference exists in that empathy is generally less obligatory.

Tansey and Burke (1989) held similar views regarding empathy and positive projective identification. Tansey and Burke suggested that trial identifications (introjective identifications) are always interactionally stimulated. These authors viewed empathy as conceptually composed of multiple components. The first is an emotional knowing, referred to as trial identification or introjective identification. Emotional knowing occurs because clinicians assume a position of openness to their client’s transference projections. Trial identifications may be concordant and/or complementary in nature. Tansey and Burke referred to either form of identification as introjective identification.
The second component of empathy is composed of an interpersonal dimension. According to Tansey and Burke (1989), empathic outcomes may be achieved when interpersonal identifications (introjective identifications) are successfully processed by supervisor or supervisee. These authors held that the formation of concordant or complementary identifications are not inherently therapeutic or counter-therapeutic. Tansey and Burke proposed that empathic relating may be achieved when: (a) concordant and/or complementary identifications are effectively processed (contained) by the clinician, and (b) contained identifications are offered to the client in a timely fashion which may then lead to improved emotional knowing. These authors suggested that empathic interventions are frequently validated by client behavior. Examples of client validation may include: (a) work which helps to clarify the client's motives, (b) increases in relevant client communication, and (c) increases in available client affect.

According to Tansey and Burke (1989), "If one conceptualized empathy as a process—not just a static identification—then this process can be said to include a complementary identification optimally leading to a concordant identification" (p. 59). These authors believed that an empathic outcome is possible regardless of the type of trial identification (concordant or complementary), the strength of the client's inductive pull, or the associated intensity of affect experienced by the clinician. Conversely, therapeutic impasse (collusive countertransference) may likely arise when clinicians believe his/her experience of their client is concrete reality, rather than an attempt by the client to recreate her/his own relational history.
Proposed Theoretical Formulation of Parallel Process

To varying degrees, many if not most supervision articles discuss issues of parallel process phenomena. However, a conceptual formulation of parallel process linking psychodynamic constructs of identification and parallel process is not readily evident. The following discussion explores dynamics of identification including countertransference, projective identification, introjective identification, empathy and parallel process. This relationship is offered by the researcher as a conceptual foundation from which parallel process phenomena may be viewed.

Parallel Process

In this study, negative effects within treatment and supervision resulting from unrecognized parallel process were attributed to supervisee and/or supervisor empathy failure. Parallel process may originate within the supervisee/client relationship, the supervisee/supervisor relationship or in any relationship in which the client, supervisee or supervisor is a member in common. The following examples briefly describe dynamics of parallel process phenomena.

Supervisee/Client Parallel Process

Parallel process which originates within the supervisee/client relationship may occur when: (a) a transference relationship between client and supervisee develops; (b) the supervisee is insufficiently cognitively aware of his/her identification with the client's
transference due to supervisee distortions, differences in individual empathic abilities, insufficient training, and/or the inductive pull of the client's projections; (c) unprocessed (uncontained) transference prohibits sufficient supervisee/client empathic relating; (d) uncontained client transference results in defensive supervisee/client collusion; and (e) uncontained client transference is reflected in supervision as a countertransference reaction which is displaced toward the client, the self of the supervisee, supervisor or significant other.

**Supervisee/Client Parallel Process Reflected in Supervision**

Parallel process due to uncontained supervisee/client transference may be displaced in supervision as countertransference directed toward the client, supervisee, supervisor or significant other. This parallel process phenomena may take the following course: (a) the meanings of the supervisee's countertransference reactions are understood and communicated empathically to the supervisee making possible empathic relating between supervisee-client; (b) the meanings of the supervisee's countertransference is not understood due to supervisor distortions, differences in individual empathic abilities, and/or the inductive pull of the supervisee's projective identifications; and (c) the supervisor and supervisee develop defensive collusion which prohibits empathic relating between supervisee/client, which confounds therapeutic progress.
Supervisor/Supervisee Parallel Process

Parallel process which occurs within the supervisory relationship may develop in those instances when: (a) a transference relationship between supervisee and supervisor develop; (b) the supervisor has insufficient cognitive awareness of his/her identification with the supervisee's transference, due to his/her own distortions, differences in individual empathic abilities and/or the strength of the inductive pull of the supervisee's transference or displaced countertransference; (c) unprocessed (uncontained) supervisee transference-countertransference reactions may compromise the supervisor's ability to function empathically with the supervisee; (d) uncontained transference results in defensive collusion between supervisee/supervisor; and (e) uncontained identifications between supervisor and supervisee become reflected in the supervisee/client relationship (i.e., parallel process).

Parallel Process Research

Formal research regarding parallel process phenomena has been very limited. Endeavors to date include Meuller and Kell (1972), Doehrman, (1976), Friedlander, Siegel, Sheri and Brenock (1989), and Alpher, (1991).

Meuller and Kell (1972) conducted a retrospective study of 40 psychotherapy cases at Michigan State University. These writers offered many lucid and useful contributions to the field of supervision. Like Alanso (1985), Meuller and Kell concluded that the supervisor's work with parallel process is an essential component of effective
supervision. Like Searles (1955) and Hora (1957), Meuller and Kell highlighted the usefulness of the supervisor’s reactions in understanding the supervisee/client relationship. Meuller and Kell proposed that the primary work of the supervisor is the anticipation and management of relational impasses (parallel process). These authors observed that indicators of client/supervisee impasse (parallel reenactment/parallel process) may include: “(a) An abundance of seemingly irrelevant material during treatment sessions; (b) repeated expressions of dissatisfaction with progress; (c) ambivalence; (d) gestures toward premature termination; (e) loss of goal directedness; (f) confusion; and (g) diffuse expressions of anger and hostility” (p. 52). According to Meuller and Kell, parallel reenactment may occur in two ways: (1) supervisees may over identify with and experience his/her client’s problems, feeling very much as the client does (concordant identification); and/or (2) supervisees may over identify with the relational style of the client’s significant others (complementary identification).

Doehrman (1976) conducted a naturalistic process study at the University of Michigan Psychology Clinic. She examined eight sets of supervisor/supervisee/client groups regarding the effects supervision may have on the therapy relationship and effects therapy may have upon the supervision relationship. Doehrman observed that the very structure of the supervisor relationship engenders transference and countertransference phenomena. She indicated that this can be attributed to differences in supervisor/supervisee role status, age differences, and the elements of teaching and evaluating. Doehrman also suggested that the psychic demands of the client experienced by the supervisee may make more tenuous her/his own emotional equilibrium. Doehrman
detailed multiple dimensions of parallel process phenomena. She reported that supervisees may overly identify with their clients or they may overly identify with their supervisors. Consequently, treatment conflict can be reflected in supervision or supervision conflict may be reflected in therapy. In her study however, Doehrman emphasized the effects of supervisor/supervisee conflict as it adversely effected treatment. She added that parallel process dynamics could be found systemically (e.g., between other supervisors, therapists and also the researchers themselves). Doehrman’s contribution to the theoretical and research base regarding supervision and parallel process was considerable. Like her predecessors, Doehrman found that unresolved transference in the treatment relationship could be explained by unconscious collusion between supervisee and client. However, Doehrman noted that parallel process could have its origins in the supervisee/client relationship. Doehrman’s primary conclusion and contribution to the research literature was that resolution of supervisee/supervisor conflict was essential to all successful treatment outcomes in her study.

A quantitative, intensive, single case study was conducted by Friedlander et al. (1989). This study examined the interlocking processes of supervision and counseling. These researchers proposed to examine the way in which supervision may differ from counseling, illuminate elements of the supervision process, and determine if parallel process is evident in supervision and counseling. In this study the client/subject precipitously terminated treatment, confounding the completion of data gathering. These researchers concluded however, that effective training of supervisors calls for greater attention to the relational dynamics within the counseling process; that parallel process
is more pervasive than previously suspected; that additional research into the understanding of parallel process phenomena is warranted; and that supervisor contributions to supervisor/supervisee interactional effects are in need of further exploration.

A study of interdependence and parallel process was conducted by Alpher (1991). Alpher's study was a single case design which attempted to study the interactive nature of supervision and therapy. The study involved a single client, therapist and supervisor during 25 sessions of short-term psychodynamic psychotherapy. This research explored the interactive elements of control, autonomy and interdependence in supervision and treatment. Like Doehrman (1976), Alpher demonstrated how conflict in supervision could be reflected in treatment. Specifically, Alpher demonstrated that control and interdependence dynamics experienced by supervisee/supervisor became parallel manifestations in the supervisee's treatment relationship.

Summary

A review of the literature reveals that parallel process is consistently linked with insufficiently contained identifications between client/supervisee and/or supervisee/supervisor which result in countertransference based treatment and/or supervision impasse. Parallel process was first conceived as a reflection of therapy conflict mirrored in the supervisory relationship. Currently, theorists view parallel process as a prevalent dynamic shaped by the intersubjectivity of its participants. It is widely accepted as a central dynamic in the supervision process.
A scarcity of formal research exists regarding parallel process phenomena. Four research studies conducted in university settings comprise the total research effort to date. Two landmark studies from the 1970s added considerably to our current theoretical understanding. These studies demonstrated that viable supervision and therapy outcomes depend upon transference-countertransference resolution within the supervision relationship.

Recently, researchers have confirmed that parallel process is more evident than was anticipated and that further exploration of the supervisor/supervisee relationship is needed. The role of projective identification, parallel process and empathy has received little formal attention. In this regard, supervisee characteristics have received the major portion of recognition, while the role of the supervisor has been explored very little. This is especially true in regard to provisions of the supervisor, in particular those provisions regarding supervisor empathy and its relationship to parallel process.

This study was designed to explore the relationship between empathy and its relationship to parallel process. The culture of supervisors in this study consisted of doctoral level psychologists who were independently and highly recommended. The culture of supervisees consisted of practicing therapists who hold advanced degrees.
CHAPTER III

METHOD

Design of the Study

The literature review indicated that parallel process and empathy are integrally related components of supervision. The primary research literature linking these components are two landmark studies published in the 1970s (Doehrman, 1976; Meuller & Kell, 1972). These works have added to the theoretical understanding of parallel process phenomena; however, parallel process research has primarily focused upon the role of the supervisees. Little if any formal research has focused upon the intersubjective nature of parallel process phenomenon. No published research has been discovered which draws upon object relations constructs. As Jarmon (1991) has observed, little is known about parallel process, even though it is omnipresent in supervision and offers a powerful tool for understanding the relationship between supervisee and client and supervisor and supervisee.

A qualitative study of how supervisors manage empathy and empathy failure seems appropriate at this time, considering the limited amount of research found in the literature. According to Isaac and Michael (1989), qualitative studies may produce background information for development of future psychological studies, evaluate the strength of current theories, illuminate phenomenon regarding the interactions of
supervisors and supervisees which may need further attention, and provide useful findings for theory building.

Underlying Assumptions of the Qualitative Design

This qualitative study was heuristic, ethnographic and grounded in psychodynamic theory. Psychodynamic concepts of identification including parallel process, countertransference, projective identification, introjective identification and empathy provides the conceptual foundation for this work. The qualitative design utilized in this study was epistemologically congruent with the central focus of this research. The discovery oriented nature of qualitative methods was used to explore how supervisors manage empathy in supervision and conversely how supervisors manage empathy failure in supervision. Patton (1990) noted that from the perspective of heuristic research “Heuristic inquiry asks what is my experience of this phenomenon and the essential experience of others who also experience this phenomenon intensely” (p.71).

Grounded theory according to Strauss and Corbin (1990), is developed inductively from the phenomenon it represents and relies on methods which take the researcher close to the real world so that results are based in the empirical world. “One does not begin with a theory then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge” (p. 23).

In ethnographic research, according to Patton (1990), the researcher is emersed in the culture to be studied and asks “what is the culture of this group of people” (p. 67).
The culture of this study consisted of subjects identified from within the population of skilled clinical supervisors working in South West Michigan.

Method

The method and design of this study received approval from the Human Subjects Institutional Review Board at Western Michigan University in May of 1994. The study employed a face to face method of semi-structured interviews. Qualitative interviewing, according to Patton (1990) "begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit" (p. 278). Patton suggested that strengths found in qualitative, semi-structured interviewing are that: (a) the exact research instrument used for evaluation may be inspected by other decision makers and information users; (b) variations among interviewers can be minimized when a number of interviewers must be used; and (c) interviews can be highly focused so that interview time is economically used.

The Semi-Structured Interview

A semi-structured questionnaire and face to face interview protocol was designed with 12 original research questions. Interview questions were designed to allow supervisors to reflect upon their experiences in supervision. In particular, supervisors were asked to reflect on their experiences with parallel process, countertransference, empathy and the restoration of empathic lapses. The semi-structured interview was designed to provide a clear focus upon areas of research interest, to allow freedom of
expression regarding areas of inquiry and to allow supervisors the latitude to express unique perceptions and concepts. All questions for the research protocol were developed from the theory and research base discussed in Chapter II.

Research questions regarding parallel process were derived from an integration of the researcher's professional experience with the theoretical formulations and research proposed by Alanso (1985), Doehrmann (1976), Eckstein and Wallerstein (1958), Hora (1957), Meuller and Kell (1972), Searles (1955), and Stoltenberg and Delworth (1988). Alanso's (1985) descriptors of parallel process phenomenon “dumb spots” (p. 84) and “blind spots” (p. 84) were utilized because of their simplicity and clarity. The following example illustrates the integration of theoretical and professional experience. The researcher's introduction to clinical work with borderline personality disordered individuals was a tumultuous experience, largely due to insufficient training (dumb spots). After considerable reading, training and experience with borderline personality disorder phenomenon, treatment difficulties still occurred however, these difficulties were largely attributed to non integrated personality aspects of the researcher (blind spots).

Questions regarding countertransference were developed from an integration of theoretical formulations proposed by Cashdan (1988), Hamilton (1992), Ogden (1982), Racker (1957), and Tansey and Burke (1989). These theorists emphasized that countertransference is a natural response to projective identification which can provide valuable information regarding the psychology of the projectee.

Questions regarding processes which supervisors utilized to help supervisees with periods of insufficient empathic attunement (empathy lapse) were developed from an
integration of the conceptual formulations represented by Alanso (1985), Doehrmann (1976), and Meuller and Kell (1972). These authors agreed that the restoration of empathic attunement can most usefully be accomplished when supervisor and supervisee confront and process dynamics of identification which become manifest between supervisee/client and/or supervisee/supervisor.

Questions regarding empathy and empathic relatedness were developed from an integration of formulations postulated by Book (1988), Greenson (1960), Hamilton (1988), Kohut (1966), and Tansey and Burke (1989). Emphasis was given to Winnicott’s (1960) perspective of empathy as described by Tansey and Burke. These authors view empathy from a holding environment perspective. As such, an effective holding environment provides optimal provisions for closeness and autonomy. Tansey and Burke (1989) also have taken into account empathy’s interpersonal nature. They have cogently described the integral relationship between projective identification and introjective identification in the empathic process. The researcher field tested the research protocol with two subjects. Results of the field test and subsequent changes made to the research protocol are outlined in Chapter IV (see Appendix A for a copy of the research questionnaire).

Researcher Bias (The Researcher as Instrument)

Wertz (1983a) noted that qualitative research which utilize use small sample size, inductive and discovery oriented methods require the researcher to be “empathically emersed” in the data. As a consequence, the researcher is an important instrument in the
analysis of data. Accordingly, it is valuable for the researcher to clarify his/her theoretical predispositions and world view as it relates to data gathering and analysis of findings.

I have worked as a clinician in public and private mental health practice for 25 years. My professional work experience has included individual, marital and family therapy in addition to individual and peer supervision. Clinically, my emphasis has been devoted to intensive, outpatient, individual and marital psychotherapy. My relational style has generally been balanced with cognitive and affective interpersonal relating, with a modest preference for affective interpersonal understanding. My theoretical orientation is based in psychodynamic principles with an emphasis in object relations and developmental theory. Accordingly, I drew extensively upon my own experience as a therapist, supervisee and supervisor in the process of analyzing data.

The researcher discussed his perceptions and clarified areas of bias with his advisor. These discussions represented an effort to enhance the researcher’s capacity for openness to the perceptions, experiences and conceptual formulations offered by supervisors in this study.

Selection of Subjects

The population for study involved doctoral level psychologists from South Western Michigan who have provided supervision for therapists holding advanced degrees as mental health providers. Subjects for this study were obtained by employing theory based, “chain or snowball” sampling strategies. Patton (1990) noted that in this sampling approach the researcher asks informed people for the names of individuals who
are knowledgeable regarding the proposed area of study. According to Patton, an outcome of asking other professionals for subjects is that the snowball sample gets bigger and bigger as new information-rich cases are accumulated. "In this sample strategy a few people or incidents may be mentioned repeatedly. Those people or events recommended as valuable by a number of different informants take on special importance" (p. 176).

Subjects were located by asking experienced, practicing therapists to identify doctoral level psychologists they felt were exceptionally effective as clinical supervisors. Experienced therapists personally known to this researcher were first contacted regarding candidates for subject selection. Colleagues of therapists known to this researcher were also consulted. Subjects for study were identified when two therapists independently named a single supervisor who fit the description. Identified subjects were telephoned in an attempt to elicit their participation in the study. Telephone contacts were designed to inform prospective participants regarding therapists who had recommended them as possible subjects and to offer a brief description of the study (see Appendix B for oral script). The goal of sampling was to secure 15 supervisors who met the sampling criteria. This distilled number of subjects from the population of psychotherapy supervisors was designed to provide a purposeful sample. Characteristics of the supervisor sample are detailed in Chapter IV.

Researcher/Subject Relationship

Prior to each interview, supervisors received a contact letter (Appendix C) including a Informed Consent Form (Appendix D) and Background Information Form.
(Appendix E). The consent form detailed the nature of the study and interview procedure, the rights of the supervisor and procedures for protection of anonymity. The Supervisor Background Form asked supervisors to provide demographic information about themselves and their work.

The investigator approached research interviews as an opportunity to speak with and learn from individuals who are held in high esteem within the therapeutic community. The desired goal was to establish an open and respectful relationship in each interview, and to ensure anonymity for each supervisor in the sample. Supervisor interviews were scheduled at the supervisor’s place of work as a matter of convenience and comfort for each subject.

Data Collection and Management

The research protocol was field tested in May and June of 1994. The semi-structured research interviews were conducted in June, July, August and September of 1994. Interviews were audiotaped and transcribed verbatim by the researcher. Following transcription, each audiotape was stored in a locked cabinet in the researcher’s home office.

To protect the identity of subjects, code numbers and fictitious names were assigned to each supervisor. Identifying information such as names, cities, places of employment, and specific examples included in transcriptions were altered by substituting pronouns, general categories and disguised specifics. Background information for subjects and interview transcripts were kept in a locked file in the researcher’s office.
Coding and Data Analysis

According to Strauss and Corbin (1990), the goal of grounded theory is to understand the meaning of information regarding human experience and behavior and to represent this understanding. This study was grounded in the conceptual foundation of psychodynamic theories of identification (projective identification, introjective identification, countertransference, empathy and parallel process). Methodologically, data analysis was based upon the process of constant comparison of emergent data.

Data were organized according to the principles of open and axial coding (Strauss & Corbin, 1990). In open coding, transcripts are broken down into meaning units or codes (specific responses and related phenomenon which emerge from transcribed supervisor interviews). Codes are examined, compared, conceptualized and categorized. This process is used to compare codes within and between protocols in an effort to discover commonalities. Commonalities are labeled as categories which are compared within and between protocols in an effort to find additional relationships (see Appendix F for an example of the coding procedure).

In axial coding, data are synthesized in new ways. Commonalities are conceptualized according to emerging themes (axis). Connections are made between categories and data are put back together in ways which form higher order categories. Higher order categories represent an integration of categories which are based upon increasing levels of abstraction. As a consequence, higher order categories develop hierarchal structures so that categories in each level serve as components of the category
subsumed by them. Eventually, core categories (themes/axis) are developed. Core categories are grounded in categories they subsume which are eventually grounded in the codes, as the codes are grounded in the data.

Open and axial coding of data was used in this study to develop categories and organize data regarding empathy management and parallel process in psychotherapy supervision. These coding outcomes enhanced the existing theoretical base regarding the relationship of empathic supervisor functioning and parallel process.

Summary

Fifteen clinical supervisors (10 male and 5 female psychologists) were selected to participate in this study. Supervisors were interviewed using a face to face semi-structured interview regarding their experience with parallel process and empathy in clinical supervision. Interviews were audiotaped and transcribed verbatim. Transcriptions of interviews provided the data for the study. Transcribed data were analyzed using open and axial coding strategies. Data were organized for presentation in Chapter IV by thematically grouping questions from the research protocol (see Figure 1).
I. Questionnaire Introduction
   A. Supervisor/supervisee engagement
   B. Supervisor methods of working

II. Thematic Grouping of Question Content
   A. Empathic qualities of therapy and supervision
      1. Supervisee behavior in supervision which reflected the quality of the supervisee’s therapeutic work
      2. Supervisee behavior which affirmed supervision provided a viable learning environment
   B. Evidence of countertransference in the treatment and/or supervision relationship
      1. Supervisee behavior which indicated conflict in the supervisee’s therapeutic work
      2. Supervisor behavior which indicated conflict in supervision
   C. Parallel process
      1. Supervisor understanding of parallel process
      2. Supervisor working familiarity with parallel process
   D. Supervisor repair of countertransference conflict
      1. Processes supervisors utilized to help supervisees with parallel process conflicts
      2. Supervisor functions in facilitating supervisee empathic relating
   E. Personal examples given by supervisors which contrasted with their conceptually based responses
      1. Examples of empathic conflict
      2. Examples of parallel process phenomena
      3. Examples of parallel process understanding
   F. Supervisor observations regarding their overall work as supervisors
      1. Experiences that stood out about the work
      2. Shared words of wisdom

Figure 1. Outline of Supervisor Responses to the Research Protocol.
CHAPTER IV

RESULTS

The purpose of this study was to explore how experienced supervisors manage empathy and empathy failure when supervising experienced therapists. Data analysis was based upon the conceptual formulations of parallel process, projective identification, introjective identification, countertransference and empathy discussed in Chapter II (Cashdan, 1988; Doehrman, 1976; Gelso & Carter, 1985; Hamilton, 1992; Kohut, 1966; Meuller & Kell, 1976; Ogden, 1982; Racker, 1957; Tansey & Burke, 1989; Winnicott, 1962).

Sample Description

The sample of supervisors consisted of 10 male and 5 female, Caucasian, doctoral level psychologists from four cities in South Western Michigan. Supervisors ranged in age from 40 to 70 years with a mean age of 48. Supervisors worked predominantly in middle class, private practice settings, consisting of seven or fewer therapists from varying disciplines. All supervisors listed a psychodynamic perspective as their primary theoretical orientation. The range in years of clinical experience was 19 to 35 with a mean of 21 years. The range in years of supervision experience was 9 to 25 with a mean of 19 years. Subjects have been given fictitious names which identifies gender and
promotes the readability of results (see Appendix F for brief descriptions of the supervisors who participated in this study).

Questionnaire Field Test

In May of 1994, a field test of the research questionnaire protocol was conducted. The field test involved two supervisor interviews. The first participant was a 47 year old, female Ph.D. who for research purposes will be referred to as Linda. She has worked as a psychotherapist for 23 years and has supervised clinicians for 15 years. Linda's work experience included in-patient hospital treatment in addition to private practice work where she is now employed. She supervises for a total of 10 hours per week for individual, marital and family therapy with clinicians working in other organizations. Linda was asked to read and sequentially respond to the original 12 research questions. She asked the researcher how parallel process was viewed in this study. Three models of parallel process were described briefly: (1) countertransference supervisees reflect in supervision, (2) countertransference originating in either the therapy or supervision relationship, and (3) countertransference evident in supervision or treatment due to an uncontained identification involving the supervisee or supervisor with any person of significance.

Linda candidly offered her observations and experiences regarding the research questionnaire. Her depth of experience and grasp of empathy and parallel process provided an abundance of rich and meaningful information about her work as a clinical
supervisor. Her contributions had a major influence in shaping the final form of the research protocol.

An encapsulating example reflecting Linda's openness occurred as she responded to Question 9 of the original interview. *If you felt your supervisees' countertransference was due to parallel process, how did this awareness come to your attention?*

Linda commented that "this is hard" followed by her observation that the "first sign for me is that I'm being careful and I don't know why." The researcher commented that "some writers say that they discover parallel process after the fact."

Linda then provided an example of a supervisee who reported that he overtly behaved supportively with his client because he felt the client would not be able to accept an appropriate therapeutic confrontation. Linda disclosed that the supervisee and client appeared to share similar personal difficulties. Consequently, she felt unable to explore the supervisee's reluctance to confront his client because she felt the supervisee would personalize her observation and "I didn't want to fall out of this supervisee's favor." Linda's expression visibly changed as she spontaneously recognized her involvement in her supervisee's parallel process. She was quick to gather herself and moved on to Question 11, skipping Question 10 entirely.

The investigator experienced several salient personal reactions during the pilot interview. The most pronounced reaction was a sense of appreciation for the opportunity to interview a person willing to disclose experiences of importance, and also an appreciation for the value and sensitivity Linda brings to the work of supervision. All in all, the pilot interview energized the researcher's enthusiasm for the project.
Following Linda's interview the research protocol was changed. Questions 1 and 2 were collapsed because for Linda this represented a more natural way of organizing the sequence of questions. Linda responded to the research protocol and answered Question 1 by contextualizing her method of “framing” the supervision relationship. Also, the language of Question 8 (now Question 7) was made less ambiguous. Question 7 was originally phrased \textit{When supervisees have shown countertransference toward the client or you, do you feel this was primarily due to: a) insufficient supervisee understanding (dumb spots); b) parallel process (blind spots); or c) some other reason.} Question 7 was changed to read \textit{When supervisees have shown countertransference toward the client or you 'which they did not understand', do you feel this was primarily due to insufficient supervisee understanding (dumb spots), parallel process (blind spots), or some other reason.}

The second field test interview utilizing the revised research questionnaire was completed in May of 1994. This interview was conducted with James, a 50 year old, Ph.D. working in private practice. The overall quality of his responses to the interview protocol was consistent with the first field test interview. James answered questions with relative ease. The questionnaire did not require alteration in-as-much as James’ responses to the revised protocol flowed smoothly. Consequently, his interview has been incorporated into the major body of data.
Supervisor Interviews

Seventeen supervisors met the necessary requirements for participation in this study. The number of professional therapists who independently recommended a specific supervisor ranged in from 2 to 8. The mean number of independent recommendations for each subject was approximately 3.1. Supervisors were contacted by telephone and informed of those professionals who had recommended them as possible participants for the study. Of the 17 supervisors contacted to participate in the research study, 16 agreed to take part.

All interviews were scheduled and completed without cancellation or rescheduling. Interviews were audiotaped with the written consent of each supervisor. The researcher approached interview scheduling with a posture of flexibility and enthusiasm, even when interviews were scheduled in distant cities and at early morning hours.

Interviews were completed in approximately 75 minutes on average and none were completed in less than 60 minutes. Supervisors read the introduction and research questions from their own copies. Specific definitions of terms were provided before and during each interview. Generally, the initial portion of each interview was mildly awkward, due to ambiguity regarding the task at hand and what may have appeared to supervisors to be an immanently perfunctory process. For the most part however, beginning around the time of the second or third question the interview climate changed to one of increased energy. This researcher's impression was that something of mutually genuine interest had evolved.
Analysis of Data

Analysis of data is presented as outlined in Chapter III. Supervisor responses were interpreted as providing the most global assessment of these supervisor’s beliefs. Responses from Question 1 provided an introduction to the fundamental approach supervisors utilized in working with their supervisees. Supervisor responses to the remainder of the research protocol were organized thematically in the following sections.

Research Questionnaire Introduction

Research Question 1 was designed to elicit an overall approach supervisors have utilized in the engagement period of their supervision relationships. Supervisor responses to this question indicated how they approached the relational and technical aspects of supervision. *With a new supervisee, how do you like to frame the relationship and learn about his/her work with the client?* Supervisors responded to the second part of Question 1 with ease and clarity. Supervisor responses to the content of this question produced comments from supervisors regarding the similarities between supervision and psychotherapy.

Framing the Supervision Relationship

Fourteen supervisors discussed supervision by describing it as similar to, but not the same as therapy. In general, supervisors felt that a central function of supervision involved the therapy-like process of helping supervisees understand their affective
reactions to clients. Their commitment to containment and their commitment to honoring
the personal boundaries of the supervisee presented a necessary challenge for supervisors
who participated in this study.

Supervision Methodologies

Robert and Bernard asked supervisees to keep process notes of specific treatment
sessions. Eight supervisors reported that they utilized audiotape as a teaching tool in
supervision. Supervisors typically used audiotape predominantly early in the supervision
relationship. After they gained a “feeling” for the supervisee’s work, audiotape was
utilized at the discretion of the supervisee for “trouble spots”. Edward explained that
his supervisees audiotape all of their work. He added that as he has become more
analytically oriented, he is conflicted regarding the intrusion audiotape may have on the
therapy process.

Grouping A: Empathic Qualities of the Therapy and Supervision Relationship

This thematic grouping was used to inquire of supervisors how they assessed the
quality of their supervisee’s treatment relationships based upon the supervisee’s behavior
in supervision (Question 2). Secondly, supervisors were asked how they assess the
quality of the supervision relationship (Question 5).
**Question 2**

In this question supervisors were asked to examine how they and their supervisees work together and how, the quality of the supervisees' work may impact on their behavior in supervision. *Would you comment on how supervisees make it evident that the treatment relationship is going well?* Supervisor responses regarding this question were clear and immediate. Female supervisors offered responses which balanced the importance of relationship issues and supervisee competence, while modestly emphasizing the importance of comfort between client and supervisee and/or supervisee and supervisor. Male supervisors also gave responses which balanced these two basic functions; however, they placed somewhat greater emphasis upon supervisee competencies.

Collectively, supervisor’s responses divided into two categories: (1) development of a good enough treatment relationship, and (2) development of a good enough supervision relationship.

**Development of a Good Enough Treatment Relationship.** Supervisor responses in declining order of frequency were: supervisees demonstrate enthusiasm regarding their therapeutic work; the supervisee's clinical case presentation demonstrates sufficient theoretical cohesion; and supervisees brought their difficult cases to supervision.

**Development of a Good Enough Supervision Relationship.** Components of a good enough supervision relationship included: trust between supervisee and supervisor
and autonomous behavior among supervisees, sufficient supervisee competencies, and autonomous supervisee behavior.

Ben felt that supervisee/supervisor trust was evident to him when “supervisees ask questions when they are stumped.” Beth felt a holding environment is evident to her “when in the treatment relationship neither person has more responsibility than the other for the relationship.”

Catherine, George, Edward and Fredrick noted, that for them, therapeutic competency is evident when a supervisee appears to understand the client and can articulate a well developed treatment plan.

**Question 5**

Supervisors were asked to reflect on those supervisee behaviors which confirm that the supervision relationship is providing a viable learning context for the developing supervisee. *Historically, how have supervisees related with you which affirmed that a good enough supervision relationship had developed?* Almost all supervisors first addressed necessary elements of strength in the supervision relationship. Female supervisors emphasized relationship qualities in their approach to this question. Supervisor responses fell into two broad categories: (1) development of a sufficient supervision holding environment, and (2) other indicators that the relationship is going well.
**Development of a Sufficient Supervision Holding Environment.** Development of a viable holding environment involved trust and mutuality. The predominant responses regarding trust were: (a) the ability of the supervisee to self disclose, and (b) supervisees were non-defensive regarding their work. The predominant responses describing mutuality in the supervision relationship included: a sense of mutual activation, a sense of mutual closeness, and a sense of mutual struggling. Regarding the holding environment, Beth commented, "When a supervisee is able to modify a recommendation I've made to fit the therapeutic circumstances, I get real excited about that." Three additional supervisors indicated that a holding environment is evident when supervisees can express gratitude and a sense of feeling valued. Catherine commented that in her experience supervisees who are mature and have had a positive prior supervision experience find it easier to engage in supervision.

**Other Indicators That Supervision Is Going Well.** The predominant response for this category was that supervisees hold to frame issues in supervision (adherence to terms of the supervision agreement).

**Grouping B: Countertransference/Parallel Process in Therapy/Supervision**

In this thematic grouping of questions, supervisors were asked to comment on their awareness of changes in empathic relatedness between their supervisees and their clients (Question 3). Secondly, supervisors were asked to comment on their awareness of empathic changes in themselves (Question 6).
Question 3

Supervisors were asked to respond to this question by reflecting on how their supervisees have behaved in supervision when there was conflict in the supervisee's therapeutic work. Many theorists hold that the level of empathic attunement is variable and operates on a continuum. Would you discuss how supervisees have reflected in supervision that an important empathic lapse has occurred with their client? To a great extent, supervisor responses were immediate and direct. As a group, they spoke clearly about visible changes noticed in their supervisees. Fredrick spoke with exceptional clarity about his view of empathy. “One way of looking at empathy is viewing it as a Tabula Rosa sort of thing, where the client impresses on you who they are and you are open to that impression . . . An empathic lapse would be where you weren't able to do that . . . You are more reacting to the client than responding.”

Supervisors responses divided into three categories: (1) obvious countertransference reactions within the supervisee, (2) supervisee style changes reflecting countertransference, and (3) observations of countertransference reactions within the supervisor.

Obvious Countertransference Reactions Within the Supervisee. Responses within this category divided into two broad sub-categories: (1) countertransference reflecting negative affect toward the client (complementary identification), and (2)
countertransference reactions which reflect negative affect toward the self of the supervisee (concordant identification).

Countertransference reflecting negative affect toward the client: In descending order of frequency, responses were: irritation, boredom, frustration, criticism, repulsion and impatience with the client (objectification of the client).

Countertransference which reflects negative affect directed toward the self of the supervisee: In descending order of frequency, responses were: confusion, inadequacy, depression, fear, distress and unhappiness.

Supervisee Style Changes Reflecting Countertransference. Responses within this category in descending order of frequency responses were: an obvious change in the observing capacity of the supervisee, defensive use of therapeutic interventions, avoidance of a client previously presented, and a clear change in the supervisee's manner of relating to the supervisor.

Observations of Countertransference Reactions Within the Supervisor. Ruth commented that she has noticed conflict between supervisee/client at times when she has found herself "becoming aggravated with the supervisee and confronting them too strongly." Paul indicated that he has become aware of supervisee/client conflict at times when he noticed a "vague" affective change within himself. Paul went on to say that "sometimes when I understand what is happening with me, without bringing it up I notice a lessening of tension with the supervisee."
Question 6

Supervisors were asked to respond by contextualize the dynamic range of their empathic functioning within supervision relationships. Supervisors were asked to reflect on ways they have behaved with supervisees which for them represented a departure from their customary style of relating. The level of empathy is considered variable and multi-determined. In retrospect, what has come to your attention that helped you distinguish a normal fluctuation in empathy from a significant change in your way of relating in supervision?

Ten supervisors, 5 female and 5 male responded to this question without prompting from the researcher. Two supervisors commented, “This is hard.” This question placed considerable demands on supervisors. The researcher noticed that supervisors had difficulty putting into words what for them had become a well developed and internalized way of working. Catherine’s comment captures this perception, “It’s hard to put into words, I think you get accustomed to whatever your normal patterns are.”

Five male supervisors asked for clarification regarding the meaning of the researcher’s question. The investigator clarified that some theorists view empathy variations as a form of communication which the supervisor may find useful in understanding unspoken communication about the supervisee’s work. Three of five male supervisors were then able to reflect thoughtfully on their own experiences in supervision. Two male supervisors were unable to respond to the central meaning of this question.
Collectively, supervisor responses were divided into four general categories: (1) reality based negative reactions to supervisees, (2) countertransference reactions originating with supervisors, (3) affective reactions indicating countertransference, and (4) cognitive observations indicating countertransference.

**Reality Based Negative Reactions to Supervisees.** Two male supervisors responded that they had become irritated with supervisees who “did not demonstrate an interest in becoming the best therapists they can be.”

**Countertransference Reactions Originating With Supervisors.** The predominant response was a noticeable change in empathic functioning which supervisors attributed to distracting issues in their personal lives.

**Affective Reactions Indicating Countertransference.** Responses in descending order of frequency were: feeling bored with supervision, feeling different than I did earlier, and feeling uncomfortable with the supervisee. Catherine commented that she is alerted to conflict in supervision when there is “a clear change in how I see myself or the supervisee.” Edward disclosed that in retrospect, he has discovered conflict with supervisees at times when he has uncharacteristically spoken badly about a supervisee to other staff. He has also found himself behaving critically and controlling with supervisees. Fredrick has recognized supervisee conflict when he has noted feeling threatened and/or seduced. He went on to add that he has felt like “throwing coffee in the patient's face.”


Cognitive Observations Indicating Countertransference. Mary alerts herself to countertransference reactions when she finds herself relating to her supervisees uncharacteristically over a number of sessions. Paul commented that his usual way of relating empathically is to shift back and forth from an interactive dialogue to an internal dialogue. When Paul finds his focus is predominantly toward his internal process, he wonders what may be interfering with his empathic connection to the supervisee.

Grouping C: Parallel Process

Supervisors were asked in this thematic grouping of questions about their understanding of parallel process phenomenon (Question 7). Supervisors were also asked to describe how they became aware of parallel process phenomenon (Question 8).

Question 7

Supervisor responses to this question provided an opportunity for supervisors to discuss their conceptual understanding of parallel process dynamics. Subjects were asked to respond by drawing upon their years of experience in assisting supervisees with countertransference issues. In particular, supervisors were asked what they have observed about their supervisee’s identification processes and how they have come to understand these dynamics. Thirteen supervisors responded to this question. This question was demanding for supervisors because supervisors were required to verbally conceptualize highly complex and integrated ways of understanding. Supervisors appeared to think out loud as they processed this question. Clarity developed as
supervisors openly discussed their thoughts and recollections. When supervisees have shown countertransference toward the client or you, which they did not understand, do you feel this was due primarily to insufficient supervisee understanding (dumb spots), parallel process (blind spots), or some other reason?

Supervisor responses divided into three categories: (1) dumb spots, (2) blind spots, and (3) other reasons.

**Dumb Spots.** Two female and eight male supervisors felt parallel process can be attributed to dumb spots. One half of these supervisors commented that in their experience, dumb spots occur with greater frequency with less experienced supervisees. Experienced therapists were described as those who have had several years of post graduate psychotherapeutic work and have a good working knowledge of theory and intervention skills.

**Blind Spots.** Thirteen supervisors felt countertransference expressions can be attributed to supervisee's blind spots. These supervisors felt blind spots predominated supervisee countertransference reactions. Eight supervisors felt that blind spots occurred most often with more advanced supervisees.

**Other Reasons.** Catherine commented that supervisees can become vulnerable to blind spots due to inherent characteristics within a work setting. She cited an example in which individuals within a work setting adhere to a specific group identity, "we feel this way about certain things or we don't feel this way about certain things." Catherine
also noted that blind spots can function as “a survival measure for therapists who are experiencing burn out from dealing with extremely difficult populations.” James, Wayne and Catherine felt that what appears to be a dumb spot can often be explained by a supervisee’s blind spot.

**Question 8**

The supervisors’ responses to the content of this question refined their observations regarding parallel process and how they viewed themselves as they empathically related in supervision. Thirteen supervisors were familiar with the concept of parallel process and theoretically believed that the locus of parallel process could originate in the treatment relationship and/or supervision relationship. Six supervisors identified parallel process as a reflection of conflict between the supervisee and her/his client which then became reflected in supervision; four supervisors described parallel process as a dynamic which may also originate in supervision or treatment but primarily has its origins in the treatment relationship. Three supervisors actively monitored their potential contributions to parallel process collisions. *If you felt your supervisee’s countertransference was due to parallel process, how did this awareness come to mind?*

Responses to this question were divided into six general categories: (1) reality based reactions, (2) countertransference reactions which originated with the supervisor, (3) strong affective reactions noticed within the supervisor, (4) generalized affective reactions noticed by the supervisor, (5) cognitive methods supervisors employed to monitor countertransference, and (6) other observations.
Reality Based Reactions. Norman and Robert reflected that at times they have found themselves angry and critical with supervisees when the supervisee does not appeared to be dedicated to excellence in their work.

Countertransference Reactions Originating With the Supervisor. Norman and Paul responded that they have identified countertransference reactions which they could link with their own "family of origin."

Strong Affective Reactions Noticed Within the Supervisor. Ben and Fredrick noted they have been alerted to their own countertransference at times when they have had strong affective responses toward the supervisee's client. Catherine provided four examples of her affective countertransference reactions: (1) "a feeling that you just want the supervisee to leave," (2) "a feeling of wanting to wash your hands of it," (3) "a feeling you have just had it," and (4) "a feeling of yuk." Norman added anecdotally that he views himself somewhat "like a Rorschach Projective . . . I generally know how I affect people and when I get an original response from a supervisee, I wonder where that may be coming from."

Generalized Affective Reactions Noticed by Supervisors. The predominant supervisor response given in this category was attributed to two male and four female supervisors who describe generalized personal sensations: "vague changes in how I experience myself," "a feeling of discomfort," "my gut says something is wrong,"
"something I just can't put my finger on," "I notice my affect changes," and "I notice a vague pull toward the client of the supervisee."

**Active Cognitive Processes Supervisors Utilized to Monitor Countertransference.**

Catherine, Ruth and Wayne looked for qualitative changes in the voice of their supervisees. Wayne looked for body language, manifest anxiety, or generalized affective states in his supervisees. Fredrick actively wondered to himself how his supervisee's client was making him feel. George looked for dynamics in the supervision relationship that are evident in the treatment relationship. Paul watched his own tendency towards anger at times when his supervisees are angry with their clients. Mary watched for her collusion with supervisees when similarities in her life experience match those of her supervisee's clinical presentation. Mary compared her responses to the supervisee's client with her supervisee's responses about the client. Mary also noted parallel process phenomenon at those times when her supervisee was uncharacteristically confused by a "point I was making." When responses between supervisee and supervisor were highly dissimilar she began "wondering if this may reflect a theoretical difference or parallel process." Two supervisors indicated that they watch for "objectification of the supervisee's patients."

**Other Observations.** Catherine commented that "my phantasy gets my attention," and "I occasionally have dreams about a supervisee." Paul related that at times his supervisees have experienced anxiety and depression when presenting cases in supervision. Carol disclosed that she has discovered parallel process when her
supervisee's client has confronted the supervisee regarding treatment impasse. She added that she has discovered her own collusion in parallel process in peer supervision. Bernard echoed the collective observation of all supervisors, who at various points in the research interview have said, "a great deal of the time supervisees notice they are involved in countertransference spontaneously as they discuss case material." Mary quite openly commented, "It's much harder to notice when parallel process is introduced by me."

**Grouping D: Supervisor Repair of Countertransference Conflict**

In this grouping, supervisors were asked to address processes they employed in assisting their supervisees with countertransference issues in their treatment relationships (Question 4). Supervisors were also asked to address how they dealt with treatment based countertransfence and/or supervision based countertransference (Question 9).

**Question 4**

Supervisors were asked to: (a) discuss their observations of countertransference manifestations linked to their supervisee's treatment endeavors, and (b) to speak about processes they have utilized to help supervisees with their countertransference issues. *If a clear empathy lapse occurred with your supervisee in his/her treatment, how did you help the therapist make repairs?* Supervisors promptly provided clear responses regarding this question. Fourteen supervisors gave detailed examples of interventions they have utilized successfully.

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Supervisee responses divided into two general categories: (1) primary supervisor focus on the treatment relationship, and (2) primary supervisor focus upon the supervision relationship.

**Primary Supervisor Focus Upon the Treatment Relationship.** Category one further subdivided into subcategories: (a) identification of countertransference in the treatment relationship, (b) containing empathy lapses with supervisees, and (c) restoration of empathy in the treatment relationship. The predominant response in this category focused on methods of bringing countertransference reactions to the attention of supervisees. Catherine and Ruth commented that they help supervisees see what is going on in the treatment relationship while being careful to avoid judging the supervisee. Mary and Carol begin by establishing consensus that an empathy lapse has occurred. Norman indicated that when he notices a countertransference reaction with his supervisee he immediately looks for possible contributing dynamics within the supervision relationship. When Mary senses conflict in the supervisee’s treatment relationship she may ask her supervisee to “go back and conceptualize the case.” Mary adds that this provides a “back drop” which helps her and the supervisee identify the location of difficulty in the supervisee’s treatment relationship.

**Containing Empathy Lapses with Supervisees:** The predominant response supervisors provided for how they contain lapses is through open exploration of their supervisee’s feelings regarding their clients. Ben and James help supervisees understand the underlying meaning of client behavior by wondering with the supervisee “what life is
Beth provided four containing responses in this category: (1) she explains to supervisees that lapses can be major opportunities for the supervisee, (2) she encourages supervisees to get comfortable with empathy lapses, (3) she normalizes empathy variations from day to day and client to client, and (4) she helps supervisees see the client in more than one way.

Restoration of Empathy in the Treatment Relationship: The predominant response in this category was that supervisors encourage supervisees to acknowledge errors which occur in their treatment relationships, but they do not encourage supervisees to apologize directly to clients for making mistakes. Bernard encourages supervisees to acknowledge treatment impasse by interpreting to clients how these treatment conflicts have impacted upon the client's therapy. Robert and Ruth elaborated that acknowledging therapist's mistakes underscores the humanness of the process and the interactive nature of the treatment relationship.

Primary Supervisor Focus Upon the Supervision Relationship. This category divided into subcategories: (a) identifying countertransference issues in the supervision relationship, and (b) restoration of empathy in the supervision relationship and the treatment relationship.

Identifying countertransference issues in the supervision relationship: The predominant response in this category was that supervisors actively focus upon dynamics in the supervision relationship at times that supervisees experience countertransference reactions to them or their clients. Ruth and Wayne review their own sensitive areas for
possible contributions to parallel process when tension is evident in supervision. Wayne disclosed that he personally has to work harder in supervision to maintain an empathic stance with patients of his supervisees who are "needy."

Restoring empathy in the supervision and treatment relationship: Robert and Beth disclosed that when they experience countertransference reactions they frequently explore "what is going on with the supervisee and the patient." Paul indicated when he experiences countertransference reactions he internally explores projective identification in the treatment and supervision relationships. Secondly, he internally explores how the supervisory relationship may be reflected in the treatment relationship.

**Question 9**

Supervisors were asked to: (a) discuss how they determined the loci of manifest transference binds, (e.g., client/supervisee, supervisee/significant other, supervisee/supervisor, supervisor/supervisee); and (b) what interventions supervisors utilized to bring about an empathic resolution. In those instances when parallel process was operating, how did you use this understanding in supervision? Each supervisor spoke with clarity regarding their susceptibility to countertransference reactions in their own therapeutic and supervisory work. Six supervisors responded without hesitation to this question. Seven supervisors gave examples of countertransference which were successfully contained within supervision. Mary, however, was 1 of 15 supervisors to spontaneously offer a detailed account of how she approached her own contributions to parallel process phenomenon.
Supervisee responses divided into two general categories: (1) primary supervisor focus upon the treatment relationship, and (2) primary focus upon the supervision relationship.

**Primary Supervisor Focus Upon the Treatment Relationship.** This category divided into subcategories of: (a) identification of countertransference in the treatment relationship, (b) containing empathy lapses with supervisees, and (c) restoration of empathy failure in the treatment relationship.

Identification of countertransference in the treatment relationship: The predominant response in this category details the process of how supervisors bring countertransference reactions to the attention of supervisees. Supervisors point out what is going on; supervisors stop the process and wonder aloud; and supervisors ask supervisees “what do you think about this?” Bernard finds it helpful to teach supervisees about Robert Lang’s frame issues. In his experience, he has found this to be an effective way to sensitize students to transference issues in the treatment relationship.

Containing empathy lapses with supervisees: Mary and Ruth invite their supervisees to explore parallel process with them. Mary adds that when her observations of a client deviates substantially from those of the supervisee this acts as an alarm to her to actively wonder about possible parallel process phenomenon. Norman reframes supervisee mistakes as treatment opportunities. He volunteers that he “works hard to give supervisees permission to make mistakes,” especially when he “senses an authority transference from a supervisee.”
Restoration of empathy failure in the treatment relationship: Supervisor responses included: the use of “parallel process information to help the supervisee understand what has happened and to protect the patient,” the use of positive projective identification, clarification of the supervisee’s fear, while inviting them to go forward, and pushing the supervisee into “uncharted waters” and reacting to them in a corrective way.

**Primary Supervisor Focus Upon the Supervision Relationship.** This category divided into subcategories of: (a) identifying countertransference issues in the supervision relationship, and (b) restoration of empathy in the supervision relationship and the treatment relationship.

Identifying countertransference in the supervision relationship: The predominant responses in this category describe the process of instructively bringing the supervisor’s countertransference reactions into the supervisory relationship. “I process with the supervisee how I am experiencing their reactions,” “I let the supervisee know my biases as a means of modeling the process and allow them to take my views with a grain of salt.” Ben added, “Sometimes just understanding my reactions allows me to back off.”

Restoring empathy in the supervision and treatment relationship: The predominant response was accurately described by Edward who states, “I look at the supervisee’s reactions to me and the patient and explore how it may be effecting treatment.” Fredrick added that when he has affective reactions to the patient, he attends to how he may be encouraging the supervisee’s countertransference reactions toward his/her client.
Grouping E: Examples of Supervisor Experiences

In this thematic grouping of questions supervisors were given the opportunity to provide personal examples of how they noticed empathic changes within themselves (Question 6); how they noticed parallel process (Question 8); and how they used their awareness of parallel process in supervision (Question 9).

Question 6

Supervisor responses to this question were given spontaneously and with relative ease. Examples offered by supervisors represented extraordinary events which occurred during their years of professional work experience. The level of empathy is considered to be variable and multi-determined. In retrospect, what has come to your attention that helped you distinguish a normal fluctuation in empathy from a significant change in your way of relating in supervision?

Eight examples were offered for Question 6. Examples fell into two general categories: (1) failed supervision relationships, and (2) examples of parallel process.

Failed Supervision Relationships. Five supervisors (4 male and 1 female) indicated that they have experienced failed supervision experiences. Each supervisor attributed failure to insufficient development of a the supervision alliance. In each instance, intractable supervision impasse occurred in a context of a dual relationship, specifically, in supervision relationships which were a required component of an educational training...
program. All five examples involved male supervisees. Four examples involved male supervisors.

Robert's example involved a male supervisee who was strongly invested in behavioristic approaches to treatment. He commented, "Even though the supervisee asked for a dynamic supervision experience, he resisted another point of view at every turn. We continued to meet but the supervision never went anywhere."

James offered an example of failed supervision with a supervisee who he described as "incapable of being empathic with his clients. This supervisee was very cognitive and used gimmicks for interventions."

Ben's example occurred with a male supervisee who also had a strong behavioral predisposition. He commented that the supervisee would present his treatment plan and would then resist any further discussion about the case. Ben related this example with what appeared to be a mixture of exasperation and disbelief. Ben offered an additional example in which a supervisee appeared to dislike him from the onset. He indicated that he attempted to resolve this conflict on numerous occasions but was unsuccessful.

Carol offered an example of a failed supervision relationship in which she found her male supervisee's behavior in the community personally irritating. Carol added that she continued to supervise this person; however, the relationship breech was never resolved.
Examples of Manifest Parallel Process. George, Ruth and Paul offered examples of parallel process. In each instance, evidence of supervisee/supervisor relational conflict was present at the time of the research interview.

George offered the example of a female supervisee who recently telephoned him following a telephone conversation with her client. According to the supervisee, the client was very angry because she felt the supervisee was not sufficiently available to her. The supervisee then expressed considerable frustration with George because, in her view, he was not offering what she wanted from supervision. The researcher inquired about his reaction to the supervisee. George reflected a moment and disclosed he was a little "pissed with the supervisee." He added that he pointed out to the supervisee that the client was working adequately and the problem was with the supervisee’s treatment.

Ruth recounted an experience with a female supervisee who was quite critical of her supervision style. She said, "I couldn't do anything right." Ruth commented that she found herself entertaining hostile fantasies regarding the supervisee. She then commented rhetorically, "what did I do to you."

Paul spoke somewhat academically about a dimension of his supervision experience. He explained that "competitiveness can just ruin the supervision process." As he discussed this anecdote he added, "I don't think I contribute much to that kind of conflict." Paul seemed surprised by his own reaction to this comment. He paused a few moments and then commented "if a supervisee was competitive with me . . . I suppose I may become competitive too."
Question 8

Supervisors gave examples for this question with relative ease due to their many years of work in clinical supervision. If you felt your supervisees countertransference was due to parallel process, how did this awareness come to your attention? Eleven examples were given for Question 8. Examples fell into three categories: (1) manifest supervisee countertransference, (2) dynamics observed in the supervisee's therapeutic work, and (3) noticed changes in the self experience of the supervisor.

**Manifest Supervisee Countertransference.** Four supervisors noticed parallel process due to manifest countertransference from their supervisees. Catherine disclosed that she was made aware of transference with a male supervisee because he would use certain demeaning “slang” when describing a particular female with whom he worked. Catherine noticed that this supervisee clearly, but inadvertently expressed similar feelings toward her.

Fredrick disclosed an example in which his male supervisee formed a clear authoritarian transference with him in supervision. Fredrick explored this observation with the supervisee and was able to understand this conflict in terms of the supervisee’s troubled relationship with her father.

Norman offered an example in which he has had a number of male supervisees who experienced him as a “critical parent.” Norman indicated that he has worked very hard to give permission to make mistakes because “they aren't going to learn without
making mistakes.” Later Norman disclosed that “if a supervisee isn’t taking risks because he is afraid of screwing up I will come down hard on them.”

Edward offered two examples. The first example involved of a female supervisee who was having difficulty with her male patients. He added that this supervisee needed approval from her clients and approval from her supervisor as well. The supervisor and supervisee were able to explore this transference difficulty effectively in supervision. The second example involved a male supervisee who felt the Edward was very critical and demanding. The supervisee disclosed he had experienced highly destructive relationships during his developing years. Edward indicated that they processed the supervisee’s feelings about the supervisor and he thought progress had been made. Later, Edward reviewed the supervisee’s case notes and discovered that the supervisee had been disagreeing with him outwardly, but had been sabotaging the therapy process.

Dynamics Observed in the Supervisee’s Therapeutic Work. Three supervisors noticed parallel process due to manifest dynamics in the supervisee’s treatment relationship. Beth indicated that she has recently supervised a female supervisee who seemed to have trouble with patients Beth’s age. She comfortably wondered with the supervisee “if she also has had difficulty with her mother or with me.” Beth suggests this proved effective in helping the supervisee identify the transference issue.

George offered an example of a female supervisee who had experienced difficulty with an “intrusive” male client. He indirectly confronted the supervisee. Initially the supervisee complied with his intervention. However, at the onset of the following
supervision session the supervisee expressed considerable anger toward him. George suggested that eventually the supervisee disclosed being abused by an authority figure in her childhood. George indicated “the supervisee talked about being abused in an incestuous relationship and they worked it through like you would in treatment.”

**Noticed Changes in the Self Experience of the Supervisor.** Three supervisors identified parallel process due to noticed changes in their experienced sense of self. Paul offered the example of a supervision session in which he experienced the sensation of “help” from his female supervisee. Paul observed that he was working much harder than normal and experienced a personal sense of panic. Paul reported that at that moment he noticed this particular affect he and the supervisee spontaneously became aware of their collusion. Paul and the supervisee explored the development of this dynamic in the supervision relationship and “backtracked how it occurred with us and then moved it to treatment.” Later and with relative ease, the supervisee was able to understand how her need to rescue colluded with her client’s wish to be taken care of by the supervisee.

Ben offered the example of a young supervisee who worked with a difficult female patient. Ben commented that the patient was referred by a clinician from another practice. Ben commented that he felt the referring therapist was excessively liberal with the diagnosis of MPD. He also commented that in his perception the patient was quite hard on his supervisee. Ben reported that he noticed the feeling of a strong countertransference reaction toward the supervisee’s patient.
Ruth offered the example of a supervisee who was very bright, critical and nitpicking, “I wasn’t doing anything right.” “I wanted to ring her neck and tell her to go somewhere else for supervision. I know she rung a chord for me, like my mother who was punitive and harsh. She didn’t get what she needed from her mother and grrrr what did I do to you?”

Robert offered an example which seemed to capture the essence of the question. Robert disclosed that a male supervisee was assigned to work with a young boy. In supervision, the supervisee offered a clear theoretical account of his treatment goals for work with the boy and his mother. Robert said he sensed “something about the supervisee’s presentation didn’t seem right somehow.” He processed his reactions with the supervisee and discovered that the supervisee had experienced a eroticized transference with the boy’s mother. Robert added that working with this supervisee’s conflict was critical, especially given that the mother had been sexually abused during her early development.

Question 9

All 13 supervisors who were familiar with parallel process phenomenon responded with only minimal hesitation. In those instances when parallel process was operating, how did you use this understanding in supervision? Eleven examples were given for Question 9. Examples fell into three broad categories: (1) examples involving utilization of the supervisor relationship to contain and resolve parallel process issues, (2) containment of parallel process utilizing therapy-like supervision interventions, and (3)
examples in which supervisors identified their own limitations in how they have dealt with parallel process issues.

**Use of the Supervision Relationship to Contain and Resolve Parallel Process.**

Paul, Beth and Robert cited examples offered earlier, in which they simply pointed out their observations regarding countertransference expressed by their supervisees.

Wayne offered an example of his work with a female supervisee. Wayne stated that his supervisee commented that she was openly critical with her male client regarding his resistance. Wayne confronted the supervisee regarding her motives for intervening in a critical fashion. The supervisee commented that was how she thought Wayne would react to the client's avoidance. Wayne indicated he explored the supervisee's feelings about the client and discovered considerable supervisee anger toward the client.

Carol offered a qualitatively different example of the use of the supervisory relationship in the restoration of empathy. She described her work with a somewhat tenuous female supervisee. The theme of case material offered by the supervisee involved the client's lack of self confidence. Carol intentionally offered support and confidence regarding the supervisee's therapeutic skills but never openly discussed her motives for doing so. Carol disclosed that eventually the client and supervisee both showed improvement.

**Containment of Parallel Process Utilizing Therapy-Like Supervision Interventions.**

Norman and George offered examples in which they employed interventions much like those utilized in treatment. Norman stated when a supervisee acts out their own
countertransference issues "the more I sense this is a core issue for the supervisee, I may act it out with them . . . I may coax them into deep water and respond to them in the hoped for way. Later we can talk about it to get an intellectual understanding."

George reiterated his example of his supervisee and her intrusive patient. In this example, George asked his supervisee to move her chair close enough to him to feel mildly uncomfortable and then move to a comfortable position. George commented that his intention was to help his supervisee deal with her boundary difficulties. He added that the supervisee was quite angry with him in her following supervision session. George took that opportunity to explore his supervisee's affective reactions. He commented that her conflict was related to her personal childhood experience in which she was abused by an authority figure.

Examples in Which Supervisors Discussed Their Own Limitations in How They Dealt With Parallel Process Issues. Examples were offered by Fredrick and Edward. Fredrick disclosed that he consciously attends to his difficulty with neutrality regarding his supervisee's clients who are "abusers and especially alcoholics." "My first reaction is I want to help them with their alcohol and abusive, addictive behavior and I also want to push them away and condemn them. I sometimes get a look of disgust on my face and supervisees know it and I get very cautious about what I say."

Edward offered two examples of failed supervision experiences. His first example involved a supervisee who was quite angry and resistant with him. Edward added that his attempts to resolve this conflict failed. Edward's second example involved a male
supervisee who said, "You are wrong and I don't agree with you." Edward added that
in each instance he was unable to resolve these supervisory conflicts. Edward added the
caution that "these supervision failures happened early in my career and I don't think I
handled it well. I was too confrontive and not supportive enough, although I believe I
could handle those situations now."

Grouping F: Supervisor Observations Regarding Their Overall View of the Work

In this thematic grouping of questions, supervisors were asked to reflect
upvisors to reflect on their many years of experience and to share what has been
particularlly meaningful for them (Question 10). Supervisors were also asked to share
their seasoned perceptions with developing and future supervisors (Question 11).

Question 10

Supervisors were asked to discuss what has been especially salient in their
experience as a clinical supervisor. As you reflect on your work as a supervisor over the
past years, what stands out about the experience for you? Supervisor responses divided
into two categories regarding their experiences as supervisors: (1) personal enjoyment
found in supervision, and (2) personal benefits attributed to the work.

Personal Enjoyment Found in Supervision. Several supervisors referred to the
work of supervision as "supervision is play," "it's interesting and fun," and "it's exciting."
Regarding personal satisfaction, many supervisors commented that, "I learn as much as
I teach.” Mary disclosed that supervision “allows me to see my own cases in new ways and it stretches me.” Norman and Ben felt that supervision helps put a “freshness” back into the work.

Personal Benefits Attributed to the Work. All supervisors commented that their supervision work is personally meaningful. These supervisors offered that occasionally over time, supervision relationships have developed into meaningful collegial bonds. Supervisors state that they enjoy the collegial qualities of supervision, they feel honored to participate in mentoring, and value the intimacy of being invited into the life of the supervisee. Several supervisors underscored their appreciation of participation in their supervisee’s development. Ruth commented how important it is to her to “watch their discovery.”

Question 11

Supervisors were asked to share observations from which other evolving supervisors may benefit. What words of wisdom would you be willing to share? Forty responses were given for Question 11. Without exception, supervisors would read Question 11 and then laugh nervously. Responses fell into four broad categories: (1) the value of supervision, (2) concerns about the future of the field, (3) words of wisdom, and (4) conflict regarding ethical obligations.

The Value of Supervision. Without exception each supervisor was clearly committed to supervision and greatly valued its importance. Catherine aptly commented
on the value of supervision when she said, "From my own experience, a really good supervisory experience is invaluable and stays with you forever."

**Concerns About the Future.** All 15 supervisors expressed concern regarding the negative impact of managed care on the future ability of therapists to provide meaningful psychotherapy. These supervisors observed that as a consequence, therapist training was becoming narrowly focused and lacked sufficient depth. Norman offered a concise yet circumspect observation which seemed to capture many of the collective fears of these supervisors. "I am concerned about how managed care is effecting the type of supervision that is done. People are being trained primarily in short-term work without having enough background . . . the creative part of treatment will be eviscerated."

**Words of Wisdom.** Supervisor responses regarding words of wisdom consistently focused upon their appreciation of the complexity of the work. Edward's observation seemed to capture this idea. "Therapy and supervision are terribly complex . . . we should be very humble."

**Ethical Conflict.** Six supervisors reported they have been faced with ethical conflicts in their work as supervisors. Paul's comment represents the nature of these conflicts. "Some people are working with the exact wrong population, because they are not clear about their own stuff. I have had a hard time telling another professional you need to be careful about the population you treat."
CHAPTER V

SUMMARY, DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

Summary

This study explored the relationship of empathy, parallel process and supervision, viewed from the perspective of supervisors. Subjects were sought from the population of doctoral level psychologists within South West Michigan. Subjects were obtained through chain or snowball sampling techniques. Subjects were identified when at least two working therapists independently named a single supervisor, who in their opinion represented an exemplar in the field. Fifteen supervisors were selected using this process. Each supervisor held psychodynamically oriented principles as their major theoretical orientation. Supervisors were interviewed using face to face, semi-structured interview. Interviews were audio-taped and transcribed verbatim and coded using open and axial coding methods.

Results Obtained From the Interviews and Data Analysis

All supervisors reported that supervisees reflected parallel process conflict in supervision. Each supervisor noted that parallel process was expressed in the form of countertransference. All supervisors in this study observed this phenomena. Every supervisor disclosed that they also have experienced countertransference reactions in
supervision. Thirteen supervisors in the study (5 females and 8 males) were familiar with parallel process phenomena. Parallel process emerged as a manifest dynamic during the course of six research interviews (including the field test interview). Three supervisors who were familiar with parallel process phenomena spontaneously identified their collusion with their supervisee's parallel process during the research interview. Two supervisors who were unfamiliar with parallel process phenomena did not recognize their involvement in parallel process collusion. An unexpected finding from this study was that the female supervisors demonstrated a modestly enhanced cognitive awareness of complementary identifications, and that female supervisors demonstrated a moderately enhanced cognitive awareness of concordant identifications. Consequently, female supervisors demonstrated the ability to identify a broader range of transference identification and parallel process phenomena. Findings from the study are organized within a discussion of the original research questions, models of parallel process, models of supervision and the investigator's model of parallel process. The research questions are: (1) How do supervisors manage empathy in psychotherapy supervision? and (2) Conversely, How do supervisors manage empathy failure in psychotherapy supervision?

Findings Regarding the Research Questions

Research questions in this study regarding supervisor management of empathy and empathy failure were addressed by exploring their conceptual subsets. Conceptual components were explored by asking supervisors: (a) how supervisees demonstrate treatment empathy in their supervision relationships, (b) how supervisees demonstrate
sufficient supervision empathy in supervision, (c) how supervisors identify countertransference (empathy failure) in their supervisees, (d) how supervisors identify countertransference (empathy failure) in themselves, (e) how supervisors identify parallel process, and (f) how supervisors manage countertransference (empathy failure) when it is identified.

**How Supervisees Demonstrate Treatment Empathy in Supervision**

In assessing the viability of supervisee/client empathy, supervisors first determined that a viable holding environment between supervisor/supervisee had developed. Supervisors noted that a viable supervision holding environment often coexisted with an empathic supervisee/client relationship. Male and female supervisors noted that supervisees demonstrated sufficient empathy in their treatment relationships when specific cognitive and/or relational behavior was evident in supervision.

Evidence of an empathic holding environment in the supervision relationship: Three female and five male supervisors indicated that supervisees demonstrated evidence of a positive holding environment when supervisees brought their difficult cases to process in supervision. Two female and five male supervisors reported that supervisees reflect evidence of a positive holding environment when supervisees were enthusiastic about their work.

**Cognitive Evidence of an Empathic Supervisee Treatment Relationship.** Three female supervisors and five male supervisors indicated that supervisees demonstrated
cognitive evidence that a positive treatment relationship existed when they were able to present a cohesive theoretical understanding of their clients.

**Relational Evidence of an Empathic Treatment Relationship.** Four female and two male supervisors emphasized relational elements of the treatment relationship as evidence of a viable therapy relationship (e.g., clients can say what they need, clients self disclose, clients can discuss how they feel about the work).

**How Supervisees Demonstrate Sufficient Empathy in Supervision**

Supervisee behaviors which suggested evidence of an empathic supervision holding environment included: (a) supervisees were spontaneous and free to express feelings about the supervisor and/or their clients, (b) supervisees were non-defensive, and (c) supervisees would confront their supervisors regarding differing points of view. Five female and six male supervisors added that evidence of a viable supervision holding environment existed when supervisees could comfortably disclose about themselves both personally and professionally. One female and six male supervisors noted that a benchmark of an effective supervision relationship was that supervisors experienced a sense of “mutuality” in the working relationship between supervisee and supervisor (e.g., a give and take in which both supervisee and supervisor may learn). This finding may represent a gender difference. However, this difference was not found to be linked with other similar thematic differences which would illuminate and clarify its meaning.
Supervisors observed that supervisees expressed empathic lapses in the form of countertransference reactions which were characterized as affective reactions and/or visible changes in the supervisee’s relational style. All supervisors observed that supervisees frequently experienced countertransference reactions which could be complementary and/or concordant forms of identification.

Four female and six male supervisors observed negative supervisee countertransference reactions directed toward the supervisee’s clients (complementary identifications e.g., criticism, impatience, irritation, repulsion). Three female and four male supervisors observed negative supervisee countertransference reactions directed at the self of the supervisee (concordant identifications e.g., inadequacy, confusion, depression, fear).

Three female supervisors and six male supervisors also noted visible changes in their supervisee’s overall relational style. These changes were described as unusual changes in their supervisee’s ability to move from feeling with the client to thinking about the client (e.g., missing important dynamics, being unable to see clients in alternative ways) and uncharacteristic behavior (e.g., using interventions defensively, working too hard). Secondly, four female and four male supervisors noticed subtle changes in the quality of the supervision relationship (e.g., a qualitatively different sense of supervisee/supervisor engagement, a sensed change in the aliveness of supervision).
How Supervisors Identify Empathy Lapses in Their Own Empathic Functioning

All supervisors were mindful of the negative impact that fatigue and personal stressors may have upon their capacities to function empathically. Supervisor responses indicated empathy lapses were experienced as countertransference reactions. Supervisors identified countertransference reactions as personal affective reactions, personal behavioral style changes and qualitative changes in the nature of their supervision relationships. Affective reactions noted by supervisors were primarily complementary identifications, unlike supervisee affective reactions which were both concordant and complementary in nature. These supervisor experiences appeared to represent introjective identifications which were elicited due to the inductive pull of their supervisee's projective identifications.

Three female and three male supervisors identified introjective identifications in response to their supervisees (e.g., feeling seduced, feeling threatened) prior to formulation of more manifest countertransference reactions.

Five male supervisors identified changes in their personal style of behavior which indicated they had formulated a countertransference reaction to their supervisees (e.g., expressing anger about a supervisee to colleagues, becoming too intellectual or too controlling during supervision).

Five female and two male supervisors noticed qualitative changes in the nature of the supervision relationship (e.g., feeling noticeably different with the supervisee, not feeling as comfortable with the supervisee).
Five female and five male supervisors developed cognitive awareness of induced reactions to their supervisees' projective identifications early in the introjective identification-countertransference formation continuum. Four female and two male supervisors experienced subtle relational differences with their supervisees. Female supervisors appeared to be particularly aware of relational fluctuations between the self of the supervisor and that of the supervisee (e.g., “becoming aware that my reactions are too similar to those of the supervisee,” “I feel less engaged with the supervisee,” “the sense of feeling different than I had earlier”). These reactions suggest that female supervisors in this study: (a) have enhanced cognitive/affective awareness in situations in which they feel relationally “too” close and/or “too” distant, and (b) have enhanced sensitivity to potential empathy lapses which are associated with concordant identifications. This finding adds support to feminist views of self in relationship theory offered by Jordan, Kaplan, Miller, Striver and Surrey (1991), Chodrow (1978), and Gilligan (1982). Jordan (1991) suggests that because of empathy, intimacy is possible, and underscores the real appreciation of the paradox of separateness within connection.

How Supervisors Identify Parallel Process

Gender difference were evident regarding supervisor reactions to parallel process phenomena. Most supervisors in this study viewed parallel process in terms of Searle's (1955) and Hora's (1957) formulations (i.e., parallel process represents therapy conflict which is then reflected in supervision). Surprisingly, only three supervisor responses regarding identification of parallel process matched responses supervisors gave regarding
identification of countertransference (e.g., saying something which is not characteristic for me, feeling anger toward the supervisees, feeling bored). Two male supervisors indicated that they have detected parallel process at those time when they have felt negative countertransference toward the supervisee's client (concordant identification). Four female supervisors identified parallel process due to subtle changes in their experience of self (e.g., “something tips me off, something you can't put your finger on,” “a vague change in how I experience myself”).

Mary is an exemplar in her approach to working with and identifying parallel process phenomena. Methods effectively utilized by Mary included: (a) when her reactions seem too similar to those of the supervisee, (b) when her perception of the client is considerably different than the supervisee’s view of the client, and (c) when her supervisee is suddenly confused by ideas Mary has offered regarding the client. Under these circumstances Mary consciously increases her vigilance regarding possible parallel process phenomena. This supervisor seemed naturally open and relatively comfortable with the intersubjective nature of parallel process phenomena.

Significant empathic changes (countertransference) identified by supervisors were linked to corresponding changes in their introjective identifications. Parallel process identifications were also linked to changes in supervisor introjective identifications. However, only three supervisor responses for identification of significant empathy change matched responses provided for detection of parallel process. Inferentially, supervisors in this study viewed countertransference and parallel process as experientially different.
Specifically, each condition elicited introjective identification reactions which supervisors identified as relatively different phenomena.

It would seem that for subjects in this study, differences regarding the interpersonal processes upon which supervisors rely, may be influenced by gender. Male supervisors predominantly identified their countertransference/parallel process reactions on the basis of complementary countertransference reactions. Female supervisors also identified complementary countertransference reactions associated with countertransference. However, female supervisors appeared to have cognitive access to a greater range of affect regarding complementary identifications. Furthermore, female supervisors demonstrated greater capacities for identification of countertransference and/or parallel process reactions based upon concordant identifications.

**How Supervisors Manage Countertransference**

All supervisors demonstrated relative consistency in their approach to their management of countertransference issues. Supervisors also seemed equally consistent in their approach to methods used to assist supervisees to reestablishment empathy in their treatment relationships. Female supervisors were careful to invite supervisees to look at possible empathic lapses in supervision. Often they would seek a consensus with supervisees that in fact conflict in the treatment relationship had occurred. Five male supervisors were more direct in their approach to dealing with empathic lapses (e.g., pointing out what they felt was occurring). All supervisors agreed that the primary
method of helping supervisees regain an empathic stance involved an exploration of the supervisee's feelings about his/her client.

Supervisors all agreed that supervisees need to acknowledge empathy lapses in their respective therapy relationships. Supervisors noted that empathy restoration was only possible when their supervisees understood and/or worked through the nature of their countertransference reactions to their clients and/or supervisors. Two female and six male supervisors noted that in their view, apologizing to clients, was not an effective way for supervisees to deal with treatment impasse. Instead, supervisors felt that the therapeutic process could best be reestablished through the formulation of process interpretations. According to these supervisors, effective process interpretations were those which were framed in terms of the nature of the transference conflict and its relationship to the treatment process.

**How Supervisors Manage Parallel Process**

The majority of supervisors viewed parallel process phenomena as a reflection of conflict in the supervisee/client treatment relationship. Subsequently, these supervisors manage parallel process in much the same way they would approach countertransference management between supervisee and client.

When supervisors spoke of parallel process management, they adhered to accepted intervention methods (e.g., processing their countertransference reactions with their supervisees, pointing out what the supervisor had observed, finding the origin of the
supervisee’s countertransference collusion and exploring this understanding with the supervisee).

Three supervisors offered interventions which represent a departure from this approach. Norman recounted his work with a young male supervisee who was conflicted regarding issues similar to those of his client. Norman said, “I coaxed him out in deep water” by empathically confronting the supervisee. According to Norman, this intervention resulted in renewed understanding and self confidence for the supervisee which positively influenced the treatment process.

Ruth offered an example in which a female supervisee had overly identified with the infantile aspects of her client. Ruth encouraged the supervisee to explore her personal fears in supervision. Ruth recounted that the supervisee did come to understand the nature of her conflict. She reported that this understanding lead to an improved empathic understanding between client and supervisee.

Carol disclosed that she worked with an insecure female supervisee. This supervisee disclosed in supervision that her client was insecure about her abilities. Carol elected to intervene by being supportive and confident regarding the supervisee’s skills, rather than exploring intervention strategies for the supervisee to consider. Carol never discussed the rationale of her intervention with her supervisee. According to Carol, the supervisee developed enhanced confidence which was eventually reflected by the client in the form of enhanced ego strength.

These examples certainly fall near the therapy end of the didactic-treatment supervision continuum. However, in each of these examples there appears to be a
commonly held belief in the value of positive projective identification in the reparation of supervisee/client countertransference conflict. This observation is consistent with Hamilton's (1988) view of positive projective identification in empathic functioning.

Findings Regarding Models of Parallel Process

Models of parallel process described in Chapter II by Searles (1952), Doehrman (1976), and Hora (1957) found support from this study. Models of parallel process described by Caligor et al. (1984), Eckstein and Wallerstein (1958), Grey and Fiscalini (1987), Langs (1978), and Sachs and Shapiro (1976) were not well supported by findings in this study. The researcher suggests that these models may represent important theoretical dimensions of parallel process phenomena. The lack of supporting data within this study may be attributed to the particular design of this work in contrast to the veracity of the theoretical formations attributed to these authors.

Searles' (1957) and Hora's (1957) formulations of parallel process in which conflict between supervisee/client that then becomes reflected in supervision was supported to the greatest degree by this study. Thirteen supervisors easily related to this perspective of parallel process.

Doehrman's (1976) findings that parallel process may originate in either the supervision or treatment dyad was conceptually supported by most supervisors. Only two male and two female supervisors, however, seemed to have an integrated working knowledge of this perspective. Mary and Carol stand out as supervisors who freely work
from this intersubjective perspective that parallel process may be initiated by supervisors, supervisees and/or clients.

Findings Regarding Models of Supervision

Findings in this study provided support for the Cognitive-Developmental Supervision Model regarding supervision of Level 3 supervisees. The Object Relations Models of Supervision was also supported regarding work with Level 3 supervisees and some elements of supervisor contribution to parallel process phenomena.

Cognitive Developmental Model

Findings in this study provided general support for the cognitive developmental model of supervision. Supervisor responses to the research protocol addressed issues regarding supervisee developmental functioning, interventions which supervisors found useful, and the central focus of supervisory work.

Supervisees in this study appeared to predominantly occupy the Level 3 of professional development as described by Stoltenberg and Delworth (1987 p. 95). Empirical evidence was not available to support this view. However, supervisors typically described their supervisees as having developed self/other awareness, developed autonomy, developed empathic skills, and developed abilities to learn from parallel process phenomena.

Findings from this study clearly indicated that all failed supervision experiences occurred in internship training programs. By contrast, no report of unsatisfactory
supervision experiences were reported by supervisors working with supervisees who sought supervision independently. This disparity between internship contexts and private practice supervision may be attributed to multiple factors, including qualities unique to internship experiences: (a) the dual nature of supervisor as facilitator and supervisor as evaluator, and/or (b) the inchoate professional development of therapists in internship training.

Supervisor responses frequently reflected that intervention methods employed to help supervisees with countertransference issues were consistent with methods found in the Cognitive Developmental Model of Supervision. These strategies consisted of catalytic, confrontive, supportive/facilitative, and prescriptive intervention methods. In this study however, supervisors overwhelmingly utilized catalytic/confrontive interventions with level three supervisees. According to Stoltenberg and Delworth (1987) catalytic/confrontive interventions are those in which supervisors point out interpersonal process dynamics which the supervisee is typically unaware. This intervention strategy was a favorite method employed by supervisors to help supervisees regain empathic grounding (e.g., to help supervisees understand treatment dynamics empathically). Catalytic/confrontive interventions were also frequently utilized to restore empathic functioning in the supervision and treatment relationship (e.g., “when I experience countertransference reactions with the supervisee, I explore what may be going on with the supervisee and his/her client,” “I explore how supervisor interaction is impacting the treatment relationship”).
Object Relations Model

Components of the object relations model attributed to Alanso (1985) were also supported by this study. In particular, supervisors were in general agreement regarding the nature of supervisee countertransference reactions, the central focus of supervisory work, and the nature of supervisor contributions to parallel process phenomena.

Supervisors related well to Alanso's notions of dumb spots and blind spots in distinguishing forms of parallel process phenomena. Conceptually all supervisors felt that either condition could account for the occurrence of these phenomena. Four supervisors noted that parallel process can be attributed to insufficient supervisee training (dumb spots). Most supervisors validated Stoltenberg and Delworth's (1987) discrimination that dumb spots occurred with much greater frequency among less experienced supervisees. All supervisors conceptually held that unresolved personal issues (blind spots) could account for supervisee parallel process. Consistent with Stoltenberg and Delworth's perceptions, eight supervisors noted that blind spots were more commonly found among more advanced supervisees.

Alanso (1985), Stoltenberg and Delworth (1987), and Allphin (1984) suggest that a central focus of the supervisors' work with advanced (level three) supervisees involves helping supervisees understand and work with parallel process dynamics. In this study, 14 supervisors supported this position. These supervisors pointed out that the process of helping supervisees understand their affective reactions to clients was central to their work in supervision. These supervisors added that this therapy-like intervention proved
challenging with regard to the preservation of professional boundaries and the avoidance of dual roles.

Among those supervision models discussed in Chapter II, only Alanso (1985) offered descriptions of supervisor dynamics which may contribute to parallel process phenomena. These include the need to be in control, the need to rescue, the need to be admired, and the need to compete. Alanso added that personal stressors which may filter into the supervision relationship and insufficiently maintained boundaries between supervision and administration may also contribute to supervisor collusion in parallel process.

Research findings from this study regarding the role of supervisor contributions to parallel process dynamics were mixed. Most supervisors were aware of how fatigue and personal stress affected their capacities toward empathic functioning. The need to be in control, the need to rescue, and the need to be admired did not clearly emerge as research findings.

The need to rescue was modestly evident in this study (e.g., Ben's description of anger toward a client whom he felt was being hard on his supervisee, Fredrick's disclosure that he had fantasized throwing coffee in the face of the supervisee's client). Modest support was found for the need to compete. Findings regarding supervisor/supervisee competition were limited to male supervisors and male supervisees (e.g., Paul's description of how he is predisposed to competition with male supervisees). Also, while it is not clear from the findings, the need to compete may have been an operative dynamic in some reports of conflicted internship relationships. According to
Doehrman (1976) internship relationships consistently elicited authoritarian transference conflicts between supervisor and supervisee.

Alanso (1985) and Stoltenberg and Delworth's (1987) methods of restoring empathic functioning between supervisee and client were widely supported in this study. Supervisors were clear regarding the nature of methods utilized in achieving this goal. Supervisor responses indicated that these interventions primarily consisted of catalytic/confrontive methods (interventions designed to bring supervisees attention to process dynamics in treatment or supervision). Catalytic/confrontive interventions frequently involved exploration of the supervisees’ affective responses to their clients.

Supervisor responses regarding attention to boundaries between supervision and administration were not clearly found in this study. Cathrine, however, offered cogent observations regarding her experience with insufficiently maintained systemic boundaries. Cathrine observed that a particular form of parallel process can be found among those individuals in work settings in which a “group identity” is held. She noted that blind spots can occur when individuals within a working collective adhere to a commonly held set of beliefs “there are agency agendas or agency cultures about how we feel about this sort of thing, how we handle this sort of thing, what we let bother us and what we don’t let bother us”. Catherine’s observations provided a clear example of systemic parallel process phenomena.
Theoretical Conceptualization of Parallel Process in Supervision

Results from this study supported the fundamental construct of this researcher that parallel process phenomena link interacting supervision and treatment dyads as a result of unrecognized dynamics of identification (e.g., projective identification, introjective identification).

Countertransference Reactions Among Supervisees

The results of this study provided uniform support that parallel process is frequently found in supervision. Furthermore, parallel process was found to result from inefficient supervisee containment of client transference. All supervisors identified countertransference reactions from supervisees with whom they worked. This was true even though supervisors described these supervisees as functioning as Level 3 therapists, as described in the literature review in Chapter II. Supervisors cited examples that supervisees experience strong affective experiences in supervision. Examples of supervisee affect included both complementary (e.g., repulsion, criticism) and concordant (e.g., depression, helplessness) identifications. Supervisors noted that at times countertransference reactions could severely confound the observing capacities of their supervisees.

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Countertransference Reactions Among Supervisors

All supervisors disclosed they have experienced affective countertransference reactions during supervision. Results from this study indicated that supervisors frequently reported countertransference reactions (introjective identifications) in response to their supervisees projective identifications. Supervisors noted that they consciously work to understand their own countertransference responses. Supervisors viewed this as an essential step in reestablishing their own empathic grounding. Subsequently, supervisors were able to provide important interpersonal containing functions with their supervisees, adding to the strength of the supervision holding environment.

Occasionally male supervisors detected parallel process reactions as a result of their own overt behavior (e.g., speaking badly about a supervisee with colleagues, getting angry and controlling with a supervisee). By contrast, female supervisors seemed to consistently detect projective identification cues earlier in the introjective identification-countertransference reaction continuum. Female supervisors also noticed subtle differences in their sense of self and other with regard to relational closeness or distance (e.g., something in the supervision relationship feels different, “I feel less engaged”).

Parallel Process Among Supervisors

Active parallel process phenomena among supervisors emerged as a finding in this study. Manifest parallel process was evident even among supervisors who had a working familiarity with the phenomena. Thirteen supervisors (5 female and 8 male) held varying
degrees of awareness regarding parallel process concepts. Six examples of manifest parallel process were identified by the researcher during the course of the research interviews and field test interview. Two female and two male supervisors who were familiar with this dynamic inadvertently reported examples of parallel process during the research interview. Two male supervisors who were unfamiliar with parallel process provided examples of the phenomena. In all cases supervisors were initially unaware of their involvement in parallel process collusion at the time of the research interview.

A qualitative distinction between supervisors who were familiar with parallel process and those who were not emerged in this study. During a portion of the research interview these supervisors provided examples of their supervisee's countertransference difficulties with their respective clients. Four supervisors who were familiar with parallel process dynamics recounted specifics of their work with these supervisees. Three supervisors spontaneously discovered his/her own parallel process collusion.

Paul gave an example for Question 6 regarding his methods of distinguishing his own normal fluctuations from significant changes in his empathic functioning. Paul spoke somewhat academically about how "competition with supervisees can just ruin supervision." Paul then said, "I don't think I contribute much to that process." Paul's expression changed as he reflected for a brief period of time. He then added with what appeared to be mild embarrassment, "I suppose if they get competitive with me I get competitive back."

Two male supervisors who were unfamiliar with parallel process constructs did not appear to recognize their collusion in this process. George offered the example of a
female supervisee who was working with a female borderline client. George commented that the client was angry and critical with the supervisee for not meeting her needs. George added that the supervisee was angry with him in turn because he provided supervision regarding treatment of this client, when she wanted George to confirm her perception that the client was untreatable. George went on to say that he pointed out to the supervisee that the client was working adequately and the "problem" seemed to be with her.

Implications for Supervisors

All supervisors in this study were experienced Level 3 therapists who were comfortable working with countertransference issues. Supervisees in this study can be characterized predominantly as Level 3 therapists who have independently sought a professional learning experience. Supervisors tended to provide strong holding environments which invited and promoted professional growth. The quality of personal growth for supervisees appeared to approximate that found in psychotherapy. Personal growth in supervision appeared to differ from emotional growth in treatment in that the time devoted to the working through of personal issues and the associated degree of regression was comparatively limited. A characteristic found in these therapy-like constellations was the strength of the supervisor/supervisee empathic holding environment. A second characteristic of these therapy-like relationships was that supervisors relied upon the empathic qualities of positive projective identification.
Relational Effects of Gender

Overall, both male and female supervisors displayed a highly developed capacity for empathic engagement. Female supervisors in this study, however, demonstrated access to a somewhat greater range of affect. Female supervisors also demonstrated enhanced cognitive awareness regarding concordant and complementary identifications. Some female supervisors demonstrated greater cognitive access to concordant identifications which may ordinarily result in collusive supervisor/supervisee outcomes.

Countertransference and Parallel Process

All supervisors comfortably detected and contained countertransference difficulties found among their respective supervisees. Male supervisors frequently identified their own countertransference reactions due to uncharacteristic manifest behavior. By contrast, female supervisors tended to cognitively identify their own countertransference reactions prior to the formation of more coalesced behavioral reactions.

Both male and female supervisors were comfortable observing and dealing with countertransference manifestations between supervisee and client. Parallel process phenomena between supervisor/supervisee however, proved to be much more challenging. Parallel process dynamics appeared to evoke a type of induced introjective identification for which some female supervisors were clearly more comfortable. Introjective identifications of this type involved subtle relational changes (concordant identifications
associated with vague visceral experiences) which female supervisors were more able to identify as a threat to supervisor/supervisee empathy. Six examples of supervisor parallel process emerged in this study. Four examples came from four male supervisors. One male supervisor familiar with parallel process spontaneously identified his parallel process collusion. Two examples of parallel process were found among female supervisors, including the supervisor from the field test. Both female supervisors spontaneously discovered her collusion in parallel process.

**Considerations Regarding Gender Differences in Effective Parallel Process Management**

Some female supervisors appear to uncover parallel process collusion due to what may be explained by the effects of socialization upon female development. For example, four female supervisors in this study formally engaged in peer supervision. The fifth female supervisor participated in supervision for supervisors. Correspondingly, male supervisors did not participate in peer supervision. Participation in peer supervision and/or supervision for female supervisors appeared to provide a needed holding environment for these female supervisors. These holding environments provided effective contexts in which supervisors could reflect upon their own work. All five female supervisors indicated that these supervisory experiences were instrumental in their discovery of parallel process collusion.

Secondly, empathic capacities between males and females appear to have qualitative differences for this group of supervisors. Female supervisors in this study
appeared to be sensitive to a greater range of affect and demonstrated greater self/other flexibility. This may be explained in part by the effects of culturally influenced development. Theoretically, enhanced self/other relational evolution during critical developmental periods may generate fundamental structures regarding the sense of self. Miller (1976) states, “Women’s sense of self becomes very much organized around being able to make and then to maintain affiliation and relationship” (p. 83).

Surrey (1991) also theorized that empathy or the sense of being present with an other may be shaped by socialization. Surrey notes that within the mother/child relationship being present with has different meanings for males and females. For boys being with represents the feeling of being invaded, threatened and/or engulfed. For girls “Being with means ‘being seen’ and ‘feeling seen’ by the other and ‘seeing the other’ and sensing the other ‘feeling seen’, which is the experience of mutual empathy.” (p. 55)

Characteristics of Supervisors Who Most Effectively Worked With Parallel Process and Level 3 Supervisors

All supervisors worked well with supervisee/client countertransference issues. Characteristics found among supervisors who worked most effectively with these dynamics were: (a) supervisors who were highly experienced in the practice of psychotherapy and supervision; (b) supervisors who invested in their own psychotherapy, and/or supervisors who had extensive involvement in their own psychotherapy at some time during their professional experience; (c) supervisors who had a positive mentoring experience at some point in their professional training; (d) supervisors who were familiar
with parallel process phenomena; (e) supervisors who were experienced in working with parallel process dynamics; and (f) supervisors who had enhanced empathic capacities (i.e., self/other flexibility, comfort with a wide range of affect arousal).

Conditions Which Elicit Parallel Process and Remediating Conditions

Supervisor observations regarding their own professional experiences provided a profile for conditions which promote parallel process dynamics. An integration of responses from these highly experienced individuals suggests that three conditions appear predominantly provide a context for the evolution of parallel process collusion: (1) work environments which are organized around systems constructed of multiple, interacting hierarchical structures; (2) work environments in which fixed ideological beliefs (i.e., beliefs which delimit the range of acceptable human behavior and/or prescribe acceptable therapeutic intervention strategies) are a systemically integrated dynamic; and (3) conditions in which a preponderance of a supervisee's treatment population is severely conflicted and viable holding environments for empathic grounding are not available.

Recommendations

Recommendations to be discussed include: (a) recommendations for supervisors working with Level 3 supervisees, (b) recommendations for supervisors and Level 3 supervisees working in complex hierarchial organizational structures; and (c) recommendations for further studies.
Recommendations for Supervisors Working With Level 3 Supervisees

Recommendations include: (a) becoming familiar with dynamics of parallel process phenomena, (b) reviewing the types of supervisee transference which are most likely to evolve given the supervisor's style of supervision and relating, (c) reviewing the styles of supervisees which most frequently elicit the supervisor's own countertransference reactions, and (d) voluntary participation in formal and/or informal peer supervision.

Recommendations for Supervisors and Level 3 Supervisees Working in Complex Hierarchical Organizational Structures

Recommendations include: (a) voluntary supervision opportunities for supervisees to work with supervisors outside the supervisee's organizational structure, (b) supervision opportunities with experienced Level 3 supervisors who are experienced in working with dynamics of parallel process, (c) voluntary supervision opportunities for supervisees from a number of available supervisors, and (d) voluntary peer supervision for supervisors and/or supervisees.

Recommendations for Further Studies

The findings of this study confirmed Mordecai's (1991) view that empathy failure is a common dynamic in supervision and treatment and that resolution of empathy failure is essential for the ongoing continuity of effective supervision and treatment. Findings from this study also supported Searles (1955) and Hora's (1957) view that parallel
process is a reflection process of treatment conflict. Findings also supported Doehrman’s (1976) perspective that parallel process may originate in treatment or supervision.

Two unexpected findings for this study occurred: (1) a gender difference in empathy management existed, and (2) supervisors spontaneously discovered parallel process collusion.

The first finding suggests that experienced female supervisors may have a greater range of empathic sensitivity and that female supervisors may have greater capacity for sensitivity to parallel process phenomena.

The second finding suggests that highly experienced supervisors were able to recognize their own involvement in parallel process by reflecting upon their work in a semi-structured interview format.

Based on these findings the following ideas for further studies are offered:

1. Replication of this study with varied samples may expand the understanding of parallel process and empathic functioning in clinical supervision.
   a. Replication of this study with a comparable number of female and male supervisors with five years of experience or less in clinical supervision.
   b. Replication of this study with a comparable subject population but with a female investigator.
   c. Replication of this study with clinical supervisors working within agency settings.
   d. Replication of this study in which supervisors would be contacted several weeks following the initial research interview. The follow up contact would ask
subjects to comment upon any relevant experiences they have encountered since
the time of the research interview.
Appendix A

Semi-Structured Interview
Semi-Structured Interview

Many writers suggest that parallel process phenomenon can be a powerful tool in helping the supervisor understand the therapeutic relationship between supervisee and her/his client. Other writers highlight the importance of the supervisor's use of empathy in helping supervisees deal with their countertransference reactions to clients. The purpose of my study is to explore how supervisors use parallel process phenomenon and their empathic abilities to help supervisees contain their countertransference reactions, and remain empathically attuned with their clients.

During the initial portion of the interview you will be asked to comment on how you work with supervisees and how you help them with their work. Later you will be asked to focus on the supervision relationship in your work with the supervisee. Lastly, you will be asked to reflect on your experience with countertransference issues and parallel process.

As you talk about your experiences, feel free to ask for clarification about any question. If for any reason you would like to pass on a question, do so without explanation. Also feel free to stop the interview at any time.

Any questions before we begin?

Interview Questions:

1. With a new person, how do you like to frame the relationship and learn about his/her work?
2. Would you comment on how supervisees have made it evident that their treatment relationship is going well?
3. Many theorists hold that the level of empathic attunement is variable and operates on a continuum. Would you discuss how supervisees have reflected in supervision that an important empathic lapse has occurred with their client?

4. If a clear empathy lapse occurred with your supervisee in his/her treatment, how did you help the therapist make repairs?

5. Historically, how have supervisees related with you which affirmed that a good enough supervision relationship had developed?

6. The level of empathy is considered to be variable and multi-determined. In retrospect, what has come to your attention that helped you distinguish a normal fluctuation in empathy from a significant change in your way of relating in supervision?

   Could you give an example?

7. At times when supervisees were experiencing countertransference towards the client or you, which they did not understand. Do you feel these countertransference expressions were due primarily to insufficient supervisee understanding (dumb spots) parallel process (blind spots), or some other reason?

8. If you felt your supervisee's countertransference reaction could be explained by parallel process, how did this awareness come to your attention?

   Could you give an example?

9. In those instances where parallel process was operating, how did you use this understanding in your supervision work?

   Could you give an example
10. As you reflect on your work as a supervisor over the past years, what stands out about the experience for you?

12. Do you have some words of wisdom about supervision you would be willing to share?
Appendix B

Oral Script
Appendix B

Oral Script for Prospective Supervisors

Supervisor's Name

My name is Gary Beyer and I am calling about my doctoral dissertation project. I was referred to you by therapist's name and therapist's name. I am looking for supervisors who may be willing to participate in my dissertation on supervisory empathy, countertransference and parallel process. If you are interested you would be asked to be interviewed at a time and place of your convenience. The interview length is approximately one hour and will focus on your experience as a supervisor regarding empathy, countertransference and parallel process. The interview would be recorded and coded to provide confidentiality. Information you provide would be used only for research purposes. If you are willing to participate I will send you a consent and basic background information form. I will enclose a stamped, self addressed envelope for your convenience. After I receive the consent and background forms, I will call to schedule a time to meet which is most convenient for you.

If you have any questions about the research project please feel free to contact me at any time at my home phone 669-2188 or office phone 957-2416.
Appendix C

Supervisor Contact Letter
Appendix C

Superior Follow-up Contact Letter

Dear:

I am writing as a follow up to our telephone conversation regarding my doctoral dissertation. As I mentioned, I am interested in finding out about how psychotherapy supervisors experience their work. In particular, I am interested in how you think about supervisory empathy, countertransference and parallel process in your practice as a supervisor.

Research findings will be presented in my doctoral dissertation in order to complete my degree from Western Michigan University through the Counselor Education and Counseling Psychology Department. This study has been approved by Western's Human Subjects Institutional Review Board.

There are two parts to this study. The first involves completion of the supervisor background information sheet and consent form. This should take a maximum of five minutes.

The second part of this study involves a semi-structured interview of approximately 60 minutes, to talk about your experience and understanding of supervisor empathy, countertransference and parallel process in your work.

Please complete the supervisor background form and consent form. Please copy the consent form and keep one for your records.

I look forward to meeting with you on June 24th at 4:00 p.m. I appreciate your willingness to participate in my project. I hope you find the study interesting.

Sincerely,

Gary Beyer, M.A. L.L.P.
Appendix D

Informed Consent
Appendix D

Consent Form

Western Michigan University
Department of Counselor Education and Counseling Psychology
Principal Investigator: Robert Betz, Ph.D.
Research Associate: Gary Beyer, M.A.

I have been invited to participate in a research project entitled "Parallel Process in Psychotherapy Supervision: Its Relationship to Empathy". I understand this research is designed to study how supervisors manage empathy and dynamics of countertransference and parallel process. I further understand that this study is the dissertation project of Gary Beyer.

My consent to participate in this project indicates that I will be asked to attend a one hour private meeting with Mr. Beyer. I will be asked to meet with Mr. Beyer at my office at a time which is convenient to me. The meeting will involve an in person survey consisting of semi-structured interview about my work as a supervisor. The interview may provide a context to reflect on my own experiences as a supervisor and to make a contribution to other professionals in the field.

I will also be asked to provide information about myself such as age, degree, work setting, etc. The background information I supply will be used for research purposes only. Approximately fifteen supervisors will participate in this study.

The interview will be audiotaped for data analysis. I understand that all information collected from me is confidential. I will not be identified in written copy. All forms will be coded. A separate master list with names of participants and corresponding code numbers will be kept in a locked file in the associate researcher's home. Once the data are collected and analyzed, the master list and audiotapes will be destroyed. All other forms will be retained for three years in the locked file cited above. I understand that the level of anticipated risk or discomfort for participating in the interview will be minimal. In the unlikely event that any discomfort persists, I may contact Mr. Beyer or Dr. Betz to discuss appropriate ways to deal with these issues.

I understand that I may freely choose not to participate or may quit at any time during the study without question. If I have any questions or concerns about this study, I may contact Mr. Beyer or his Doctoral Advisor, Dr. Betz. I may also contact the Chair of Human Subjects Institutional Review Board or the Vice President of research with any questions or concerns that I have.
Results of this study will be made available upon request.

Gary Beyer, M.A. LLP
Doctoral Student Western Michigan University
Counselor Education and Counseling Psychology (CECP)
Kalamazoo, MI

2320 Olde Farm Drive
Jenison, MI 49428
Home Phone: 616 669-2188
Office: 616 957-2416

Robert Betz, Ph.D.
Professor, CECP, and Licensed Psychologist
Doctoral Advisor for Mr. Beyer
Office Phone: (616) 387-5107

Please sign two copies of the consent form and keep one for your records.

I have read and understood the above statement and agree to participate in this study.

Name____________________________________________________________
Address _________________________________________________________
Signature ____________________________ Date __/__/__
Witness ____________________________ Date __/__/__

___ I would like a copy of the research results sent to me.
Supervisor Background

Supervision is used here in the context as work done to assist supervisees in their work in therapy, distinguished from supervision of therapists in their work regarding administrative duties.

1. Age  
2. Gender  
3. Degree  

4. Years of experience
   a) Number of years you have worked as a psychotherapist: _____ Yrs.
   b) Number of years you have worked as a supervisor: _____ Yrs.

5. Caseload:
   a) Number of direct supervision hours per week: _____
   b) In years past, (approximately) what percent of your work has involved supervising other psychotherapists:
      _____ % 1994
      _____ % 1993
      _____ % 1992
      _____ % 1991
      _____ % 1990
      _____ % 1989

6. Work Setting: The organization you supervise in:
   Private Practice  CMH  Hospital  University  ______
   Private Not For Profit  ______

7. Work Settings of your supervisees: Do your supervisees primarily work in:
   Private Practice  Hospitals  CMH  Other

8. Do you primarily supervise: clinicians within your own work setting  
   and/or clinicians from other work settings?  

9. Please indicate the therapeutic approach(s) with which you most closely identify

10. Approximately what percent of your supervision is devoted to:
    a) individual therapy  _____ %
    b) group therapy  _____ %
    c) marital therapy  _____ %
    d) family therapy  _____ %
    e) other  __________________________ %

Please return this completed form to:
Gary Beyer, M.A. L.L.P.
2320 Olde Farm Drive
Jenison, MI 49428

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Appendix F

Subject Descriptions
Subject Description

Catherine is a 40 year old psychodynamic, object relations-oriented psychologist. She has been a practicing clinician for 12 years and has supervised clinicians for 9 years. She has worked in a variety of settings including non-profit and private. Currently Catherine practices full time in a non-profit practice. She devotes approximately 15% of her available time to supervising clinicians from other agencies and private practices. Her supervision is primarily devoted to individual treatment, however, she also provides supervision in marital and family work.

Norman is a sixty year old, psychodynamic, eclectic-oriented, psychologist. Norman has been a practicing clinician for 35 years, and has supervised for 30 years. He is currently practicing full time in private practice. His work experience has been varied, including academic and private work settings. He currently devotes approximately 5% of his time to supervision of clinicians practicing privately in the community.

Mary is a fifty year old, psychodynamically-oriented psychologist working in full time private practice. She has practiced and supervised for the past 15 years. Mary intentionally works with a very limited number of supervisees who are employed in a work environment outside her own practice. Her supervision is 95% individual therapy and 5% marital work. Mary’s weekly supervision accounts for approximately 5% of her available practice time.

Robert is a 45 year old, psychodynamically-oriented psychologist. He has been a practicing psychologist for 20 years, and has supervised 12 years. He has worked in
a variety of settings including, non-profit, academic and private. He is currently employed full time in a private setting. He utilizes approximately 10% of his available time supervising clinicians in community agencies, private practice and hospital settings. His supervision is primarily focused on individual treatment however, he also supervises marital and family work.

James is a 50 year old psychodynamic-interpersonal-developmentally oriented psychologist. He has been a practicing psychologist for 25 years, and has supervised for 22 years. He has worked in academic, non-profit agencies and hospital work settings. His supervision experience involves approximately 5% of his available time. His supervisees come from academic and hospital settings. James' supervision primarily focuses upon individual and group therapy, however he also devotes some time to supervision regarding marital and family therapy.

George is a 45 year old psychodynamically-oriented psychologist. He has been a practicing clinician for 20 years and has provided supervision for 18 years. He specializes in long term treatment combining individual and group treatment modalities. George devotes approximately 15% of his time to supervision, a portion of which is group supervision. His supervisees work in hospital settings and the practice where he is employed.

Carol is a 55 year old, client-centered psychologist. She has been a practicing psychologist for 20 years and has supervised for 16 years. Carol has worked in a variety of settings both private and academic. She supervises approximately 5% of her available
time with supervisees in her own work setting. Her supervision is primarily focused in individual therapy. Carol participates in group supervision for supervisors.

Bernard is a 41 year old psychodynamic-interpersonal-oriented psychologist. He has practiced clinical psychology for 20 years and has supervised for 12 years. He has practiced in a variety of settings and currently works full time in private practice. Bernard's major focus for supervision is in individual psychotherapy, however, he also provides supervision regarding marital and family work. His supervisees are employed in private practices within his local community.

Edward is a 42 year old psychodynamically oriented psychologist. He has practiced as a psychologist for 10 years and has supervised for 10 years. Edward has academic experience and currently works full time in a hospital setting. He commits approximately 10%-15% of his time to supervision. His supervision is focused on individual treatment, however he also provides supervision for group, marital and family therapy.

Fredrick is a 47 year old psychodynamic-client centered psychologist. He has practiced as a psychologist for 25 years and has supervised for 20 years. His work setting background is varied, including hospital and academic settings. He now works full time in private practice. He supervises approximately 5% of his available time with clinicians in the practice where he is employed. His supervision is focused primarily on individual treatment, however he also provides supervision for marital and family therapy modalities.

Paul is a 51 year old psychodynamically-oriented psychologist. He has been a
practicing psychologist for 20 years and has provided supervision for 15 years. He has worked in a variety of treatment settings and currently works full time in private practice. He supervises approximately 5% of his available time with supervisees from community, private and hospital settings. Paul devotes half his supervision time to individual treatment with the remaining half focused on marital and family treatment.

Beth is a 65 year old psychodynamic-cognitively-oriented psychologist. She has practiced as a psychologist for 35 years and has supervised for 25 years. She has had a rich and varied professional experience. Beth currently works full time in private practice. She supervises approximately 10% of her time, focusing primarily upon individual treatment. Beth also participates regularly in group supervision.

Ruth is a 44 year old psychodynamically-oriented psychologist. She has been a practicing psychotherapist for 16 years and has supervised clinicians for nine years. She supervises approximately 5% of her time, working with clinicians from private practice settings. Ruth's supervision is focused 75% in individual and 25% in group therapy. She is involved in her own treatment and is invested in group supervision for supervisors.

Wayne is a 46 year old psychodynamically-oriented psychologist. He has worked in the field for 15 years and has supervised for 14 years. He is employed full time in private practice. Wayne supervises approximately 10% of his time with private practice clinicians from other settings. The ratio of his supervision of individual to group therapy is approximately 80% to 20%.

Ben is a 70 year old psychologist with a psychodynamic, cognitive-theoretical
orientation. He has practiced as a psychologist for thirty years and has supervised for 25 years. Ben has practiced in a variety of settings as administrator, supervisor and practicing clinician. He currently practices in private practice, where approximately 10% of his time is devoted to individual therapy.
Appendix G

Human Subjects Institutional Review Board
Date: May 2, 1994
To: Gary E. Beyer
From: M. Michele Burnette, Chair
Re: HSIRB Project Number 94-04-19

This letter will serve as confirmation that your research project entitled "Parallel Process in psychotherapy supervision: It's relationship to empathy" has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: May 2, 1995

xc: Betz, CECP
Appendix H

Coding Procedure Diagram
Many theorists hold that the level of empathic attunement is variable and operates on a continuum. Would you discuss how supervisees have reflected in supervision that an important empathic lapse has occurred with their client?
BIBLIOGRAPHY


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