Parallel Process in Psychodynamic Supervision: The Supervisor’s Perspective

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Nine postdoctoral-level experienced psychodynamic supervisors were interviewed about working with a supervisee on a case involving parallel process (PP) that started in therapy and was enacted in supervision. Consensual qualitative research was used to analyze transcripts of the interviews. The general pattern that emerged from the analysis of the supervisors’ reports was that clients behaved unusually in session, therapists “got hooked” by this change, therapists enacted the client’s behavior in supervision, supervisors “got hooked,” supervisors reflected on their reactions and intervened in a different way; reported outcomes were mostly positive (e.g., enhanced growth or understanding for the therapist). Results of this qualitative investigation provide evidence of PP and clues as to how experienced supervisors observe, describe, and respond to PP in ways that promote growth, insight, and understanding for their supervisees.

Clinical Impact Statement

Question: How do experienced psychodynamic supervisors identify and respond to parallel process (PP) in clinical supervision? Findings: We found evidence for an eight-step PP pattern that occurred across clients, therapists, and supervisors. Typically, a trigger set off the event, and generally, clients behaved unusually in session, therapists “got hooked” by this change and enacted the clients’ behavior in supervision, supervisors “got hooked” and then reflected on their reactions and intervened, which led to positive and neutral outcomes. Meaning: Recognition of the steps can help supervisors and supervisees get unhooked from PP so that they can be more effective in supervision and psychotherapy. Next Steps: Results inform the development of better research questions about the emotional and behavioral patterns that flow up and down the supervisory triad.

Keywords: psychotherapy supervision, parallel process, enactments, countertransference, qualitative methods

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Searles (1955, 2015) was the first to identify the phenomenon now known in the supervision field as parallel process (PP; Watkins, 2017). His term was “reflection process,” which he defined as “a transitory unconscious identification occurring as a function of [the therapist’s] relationship with the patient,” which is enacted in the supervisory relationship (Searles, 2015, p. 202). Searles saw value in supervisors reflecting on their subjective emotional responses to supervisees in order to differentiate those responses from their own countertransference, understand the dynamics of the psychotherapy relationship, and resolve conflicts in the supervisory relationship (Winer, 2015). According to Searles (1955, 2015):

When the supervisor finds himself experiencing some emotion during the supervisory hour, he should be alert not only to the possibility that the source of his emotion may lie chiefly in his own repressed past, in which case he is experiencing a classical countertransference reaction to the therapist; he should be alert also to the possibility that the source of this emotion may lie chiefly in the therapist-patient relationship, and basically, chiefly in the patient himself. If the latter is found to be the case, then one may say that the supervisor’s emotion is a reflection of something which has been going on in the therapist-patient relationship and in the final analysis, in the patient (p. 201).

In subsequent years, Ekstein and Wallerstein (1972, p. 196) re-named these enactments PP, and highlighted that PP “can work in the reverse as well,” when a “supervisor’s unresolved conflicts” impact supervi­sion (Ekstein & Wallerstein, 1972, p. 196; see also Doehrman, 1976). At this time, PP is viewed as multidirectional, originating from any of the three participants in the supervisory triad and radiating outward to the others (Bernard & Goodyear, 2019). PP is thought to be a natural part of the intersubjective dynamic of psychotherapy and supervision and an opportunity for growth if participants recognize and respond to it in a constructive dynamic of psychotherapy and supervision and resolve conflicts in the supervisory relationship (Winer, 2015). According to Searles (1955, 2015):

The broadest and most contemporary view of PP is reflected in Bernard and Goodyear’s (2019) definition, “a reenactment in one dyad (supervisor–supervisee or supervisee–client) of processes that are occurring in the other dyad” (p. 74). For the purpose of the present study, we chose to investigate PP that originates in the therapeutic relationship and is enacted in the supervisory relationship (top-down), and is carried into the complementary relationship by the supervisee who is the only member of the triad in both relationships; and (b) at least in cases of bottom-up PP, the therapist/supervisee is mostly unconscious or unaware of their motivations and/or changes in their behavior in supervision (Bernard & Goodyear, 2019; Ladany, Friedlander, & Nelson, 2016). Usually it is the supervisor’s job to make the PP conscious and available to be used for therapeutic benefit (Frawley-O’Dea & Sarnat, 2001).

In their description of the seven ways that PP has been defined in the past as inherently “bottom-up” (starting in the therapeutic relationship), Bernard and Goodyear (2019) reported the following:

Each of those seven assumes that the PP (a) is triggered by the client or by some aspect of the client-supervisee relationship; (b) occurs outside the awareness of the participants; and (c) is one in which the supervisee serves as the conduit of the process from the client-therapist relationship to that of the supervisor-supervisee (p. 74).

For example, Friedlander, Siegel, and Brenock (1989) described PP as “a process in which supervisees unconsciously present themselves to their supervisors as their clients have presented to them. The process reverses itself when the supervisee adopts attitudes and behaviors of the supervisor in relating to the client” (p. 149). This traditional view of PP stands in contrast to the contemporary relational view, an example of which is Frawley-O’Dea and Sarnat’s (2001, pp. 173–175) definition of PP:

PP refers to the means by which key relational patterns of one dyad come to influence the relational configurations of the other dyad. Parallel processes are most likely to be set into motion when the transference–countertransference matrix in play in the first dyad involves the nonverbal, unsymbolized relational constellations that are central to the relational functioning of that dyad but have not yet been consciously processed or linguistically encoded by the members of the dyad. Since these transference–countertransference phenomena are not consciously available to either member of the originating dyad, they cannot be talked about or worked through in that dyad. The inability of the participants to articulate these dynamics leads the first dyad to become immersed in an endless, uninterpreted enactment of one particular transference–countertransference mix (p. 174).

Empirical Research on PP

Despite consensus that PP is a core concept of supervision, there are few empirical investigations of it, most of which are case study designs. In one set of case studies, Doehrman (1976) interviewed

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1 At the time of this writing, standard practice was to use the “generic he.”
two faculty supervisors, four supervisees, and eight patients in psychoanalytic psychotherapy and found evidence for top-down PP, which appeared to impact the supervisees more than the supervisors or patients. In a second case study, Martin, Goodyear, and Newton (1987) described an investigation in which a supervisor and a trainee identified the best supervision session as one in which PP was identified and addressed (McNeill & Worthen, 1989). In a third case study, Friedlander et al. (1989) investigated relational aspects of psychotherapy and supervision using standardized measures to determine whether interpersonal dynamics crossed from one dyad to the other. They found that the “supervisor used mostly leading self-presentations, with the trainee mainly cooperating. The same pattern was found in the counseling dyad, with the counselor leading and the client cooperative” (p. 155). Mothersole (1999), however, questioned Friedlander et al.’s (1989) description of this pattern as PP, arguing that there was evidence only of a parallel in relationships but no evidence that these patterns fit the classic definition of PP.

Raichelson, Herron, Primavera, and Ramirez (1997) studied top-down and bottom-up PP for psychoanalytic and nonpsychoanalytic supervisors and their supervisees. Although both groups endorsed more than a moderate degree of awareness of PP, psychoanalytic supervisory dyads reported a significantly greater awareness of PP, use of PP in supervision, and a higher valuing of PP than did nonpsychoanalytic dyads. In addition, psychoanalytic dyads reported greater benefit to supervisors, supervisees, and patients by attending and responding to PP in supervision. Raichelson et al. (1997) concluded that “The findings confirm that parallel process exists in supervision” (p. 45).

Tracey, Bludworth, and Glidden-Tracey (2012) used a qualitative approach to study patterns of dominance and affiliation between the client and the therapist as well as between the therapist and the supervisor as expressions of the unconscious dynamics across the two dyads for 17 client–supervisee–supervisor triads. They found evidence that trainees brought the less adaptive client behaviors into supervision and elicited interpersonal patterns from the supervisor in the supervision that mirrored those occurring in psychotherapy. The supervisor then altered behaviors in supervision that were subsequently reproduced by the supervisee with the client in psychotherapy. Positive outcomes were associated with a pattern in which the trainee’s behavior resembled the supervisor’s behavior midtreatment. Watkins (2012), however, criticized the conclusion that the similarity of patterns was evidence for PP. Siding with Frawley-O’Dea and Sarnat (2001), he noted that similar relational patterns could arise coincidentally in each dyad.

**Purpose of the Present Study**

Perspectives on the validity and value of PP vary greatly (Watkins, 2012, 2017), but a major criticism is the lack of solid empirical evidence for how supervisors define, identify, and respond to PP in supervision. The empirical case study approach (Friedlander et al., 1989) and quantitative methodologies have had limited impact. Given that PP may not occur in every case, we suggest that a more appropriate method at this exploratory stage of inquiry is a qualitative approach in which experienced psychodynamic supervisors are asked about their perceptions of cases in which PP occurred so that we can learn more about how supervisors identify PP, how they intervene, and the impact of those interventions on the supervisory and therapeutic relationships.

Qualitative research methods are ideal for investigating complicated psychological phenomena such as PP that are not easily operationalized (Creswell, 2013). We used consensual qualitative research (CQR; Hill, 2012) because it is a rigorous, widely used method that has been applied to the study of similar phenomena, such as how supervisors help therapists help clients change (Hill et al., 2016), countertransference in supervision (Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000), and counterproductive events in supervision (Gray, Ladany, Walker, & Ancis, 2001).

**Method**

**Participants**

**Supervisor–therapist dyads.** Nine (five White female, four White male) clinical supervisors, all licensed psychologists, with an average of 52.33 (SD = 12.05) years of age, 21.83 (SD = 13.53) years of clinical experience, and 16.22 (SD = 11.90) years of supervisory experience, served as participants. On the Theoretical Orientation in Profile Scale—Revised (Worthington & Dillon, 2003), which uses a 10-point scale from 1 (not at all/never) to 10 (completely/always), supervisors scored 8.30 (SD = 1.16) on psychoanalytic/psychodynamic, 4.07 (SD = 2.29) on existential–humanistic, and 3.30 (SD = 1.15) on cognitive–behavioral orientation scales, confirming that they indeed adhe red to a psychodynamic orientation.

Supervisors reported that all supervisees were doctoral student therapists seeing clients in training clinics or practicum sites. There were nine (seven female, two male) White supervisees, ranging in age from mid-20s to early 40s. Although supervisors did not report the supervisees’ theoretical orientation, three reported that the therapist sought them out specifically for psychodynamic supervision. None of the supervisees/therapists was identifiable to the members of the research team, including the interviewer. None of the cases was from the interviewer’s training clinic. There were three female therapist–male supervisor, four female therapist–female supervisor, and two male therapist–female supervisor dyads.

**Clients.** As described by the supervisors, nine (six male, three female; six White, one African American, one international, and one unknown) adult clients in individual psychotherapy comprised the client sample. The problems addressed throughout the course of therapy for each of the nine cases included (a) infidelity/compulsive sexual behaviors/depression/history of abuse, (b) depression/social isolation/divorce/obesity/occupational stress, (c) loneliness/loss/interpersonal difficulties, (d) anxiety/depression/interpersonal difficulties/loneliness, (e) history of abuse/underemployed, (f) history of sexual abuse/substance use/disordered eating/posttraumatic stress disorder/unspecified dissociative disorder, (g) anxiety/depression/questioning one’s religious faith, (h) history of trauma and abandonment/educational difficulties, and (i) relationship difficulties/intimacy issues/sexuality. None of the clients was identifiable to the members of the research team, including the interviewer.

**Interviewer and research team.** Heidi A. Zetzer, an experienced White female PhD psychologist practitioner, conducted the interviews and recruited and led the coding team. Clara E. Hill, a White female professor and an expert on CQR, managed transcrip-
Supervision, psychotherapy, and the client.

One case of bottom-up PP, including describing the client, the general thoughts about PP. They were then asked to describe pants were given our definition of PP and asked for their information, and then checked again by Heidi A. Zetzer. Transcripts of the study. Interviewees were instructed to de-identify the cases they described. Interviews were transcribed and checked by trained undergraduates who removed all identifying information, and then checked again by Heidi A. Zetzer. Transcripts were then sent to the interviewees to check for accuracy and ensure proper de-identification (five requested changes, two had no changes, and two did not reply).

Procedures for Analyzing Data
Following guidelines for CQR (Hill, 2012), the research team discussed biases and expectations. They then formed two teams of three each (Heidi A. Zetzer was a member of both teams), which met weekly to consensually identify domains (topic areas) in the transcripts and then core (abstract and summarize) the key ideas in each domain in each case. Each domain, cored case was audited by Clara E. Hill and revised via consensus by the research team in consultation with the auditor. All core ideas were compiled into a table and cross-analyzed by the research teams for categories within domains across cases. Auditing was done until all of the researchers were satisfied with the emerging structure of the themes. Finally, a full audit of the domains and core ideas was conducted by Mary Ann Hoffman, with changes made consensually by Heidi A. Zetzer and Clara E. Hill.

The article was sent to the participants prior to submission for publication. Five participants responded and one requested changes, which we made. The interviewer spoke directly with the participant who provided the full case example that we used to illustrate our results to ensure that the case was properly de-identified. Minor changes were made in the case narrative to camouflage the supervisor, the therapist, and the client to protect confidentiality.

Results
Given that we had only nine cases, we followed CQR guidelines (Hill, 2012) and required there to be evidence in all nine cases for a category or subcategory to be considered “general,” “typical” if in six to eight cases, and “variant” if in two to five cases (findings for only one case were not included). Table 1 shows the domains, categories, and subcategories for all the data. In the text, we provide quotes, deleting fillers such as “you know” and tangential material (indicated by ellipses . . .) to make them shorter.

Supervisors’ General Thoughts on PP
When asked to share their general thoughts on PP, supervisors typically described it as an enactment that is mostly unconscious and related to other psychodynamic phenomena such as transference, countertransference, and projective identification. With reference to patients, staff, and supervisors in an institutional setting, one supervisor said the following:

People unconsciously at times will pull for, or be affected, either one, pull for certain types of behavior then in turn the other person can get kind of unconsciously hooked by that behavior and so . . . mostly unconscious. I don’t think people purposely try to recreate certain situations.

In the context of individual supervision, another supervisor said, “It almost can be contagious what happens in the therapy relationship to the point where it affects relationships of the therapist, and in particular the supervisory relationship . . . it’s similar to other transference/countertransference.” Another supervisor said the following:

... it is a clue to the supervisor I think first, and then to the therapist or supervisee that something is going on that we don’t fully under-
stand, and that the first clue that that is happening is that something is getting reenacted in the supervision that has its roots in the therapy... Yet another supervisor said, “I feel like if I can get the enactment between me and the therapist then I can get a deeper understanding of maybe what’s happening between the therapist and the patient.” Supervisors typically indicated that they learned about PP in their training, that they have thought a lot about it, and that PP is beneficial if understood and addressed properly. PP was described as “subtle but important,” an “essential part of the supervisory process,” a “very powerful tool in supervision,” and that it “can open up a rich area of understanding... because it really informs the therapy.” One supervisor said the following:

Sometimes it sneaks up on you, and you have to be on the lookout for it, but if you are open to exploring it, then it really can open up a rich area of understanding. I think there are also parts that you might not want to acknowledge about the parallel process and to encourage people to be aware of those parts too, because it really informs the therapy.

Table 1
Domains, Categories, Subcategories, and Frequencies of Findings

<table>
<thead>
<tr>
<th>Categories &amp; Subcategories</th>
<th>Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>General thoughts on PP</td>
<td>Typical (8)</td>
</tr>
<tr>
<td>PP is an enactment</td>
<td>Typical (6)</td>
</tr>
<tr>
<td>PP was part of S’s training</td>
<td>Typical (6)</td>
</tr>
<tr>
<td>PP can be beneficial if understood and addressed properly</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>PP can be detrimental if not understood or addressed in supervision</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>Direction of PP</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>PP starts in the therapeutic relationship</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>PP can start in either therapeutic or supervisory relationship</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>PP a good way to understand what’s happening in therapeutic relationship</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>Susceptibility</td>
<td></td>
</tr>
<tr>
<td>Some therapists are more susceptible (e.g., novice therapists)</td>
<td>Variant (4)</td>
</tr>
<tr>
<td>More likely with more challenging clients</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>Signs/markers of PP</td>
<td>Variant (4)</td>
</tr>
<tr>
<td>Description of supervisory relationship</td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>Typical (7)</td>
</tr>
<tr>
<td>Complicated/complex</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>Description of therapeutic relationship</td>
<td></td>
</tr>
<tr>
<td>Difficult</td>
<td>Variant (4)</td>
</tr>
<tr>
<td>Pattern of PP event</td>
<td></td>
</tr>
<tr>
<td>1. Precipitating/preceding event</td>
<td>General (9)</td>
</tr>
<tr>
<td>2. Client behaved unusually in therapy session</td>
<td>General (9)</td>
</tr>
<tr>
<td>3. Therapist reacted to client and gets “hooked”</td>
<td>General (9)</td>
</tr>
<tr>
<td>4. Therapist enacted client’s behavior in supervision</td>
<td>General (9)</td>
</tr>
<tr>
<td>5. Supervisor reacted to therapist’s behavior in supervision</td>
<td>General (9)</td>
</tr>
<tr>
<td>6. Supervisor slowed down the process and reflected</td>
<td>General (9)</td>
</tr>
<tr>
<td>Paused/became mindful/noticed/paid attention to S’s emotions/reactions</td>
<td>Typical (8)</td>
</tr>
<tr>
<td>Observed parallels between supervision and therapy</td>
<td>Typical (8)</td>
</tr>
<tr>
<td>Conceptualized/generates hypotheses</td>
<td>Typical (6)</td>
</tr>
<tr>
<td>7. Supervisor intervened to change the supervision process</td>
<td>General (9)</td>
</tr>
<tr>
<td>Fostered awareness of PP/guided therapist toward insight</td>
<td>Typical (7)</td>
</tr>
<tr>
<td>Facilitated therapist’s understanding/shared hypotheses</td>
<td>Typical (8)</td>
</tr>
<tr>
<td>Clearly identified and labeled the PP</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>Used immediacy to process the supervisory relationship</td>
<td>Variant (5)</td>
</tr>
<tr>
<td>Engaged in action (e.g., gives advice, teaches, models)</td>
<td>Typical (6)</td>
</tr>
<tr>
<td>Supported/empathized with therapist</td>
<td>Variant (4)</td>
</tr>
<tr>
<td>8. Supervisor’s interventions led to</td>
<td></td>
</tr>
<tr>
<td>Positive outcomes</td>
<td>General (9)</td>
</tr>
<tr>
<td>Enhanced outcome for supervisor</td>
<td>Typical (7)</td>
</tr>
<tr>
<td>Enhanced supervisor’s self-efficacy/growth</td>
<td>Variant (5)</td>
</tr>
<tr>
<td>Helped supervisor conceptualize/understand</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>Learned lessons about PP for future supervision cases</td>
<td>Variant (3)</td>
</tr>
<tr>
<td>Enhanced supervisory relationship</td>
<td>Typical (8)</td>
</tr>
<tr>
<td>Enhanced outcome for therapist</td>
<td>General (9)</td>
</tr>
<tr>
<td>Enhanced growth/insight/understanding</td>
<td>General (9)</td>
</tr>
<tr>
<td>Intervened differently with client</td>
<td>Typical (6)</td>
</tr>
<tr>
<td>Enhanced psychotherapy relationship</td>
<td>Typical (7)</td>
</tr>
<tr>
<td>Enhanced process/outcome for client</td>
<td>Typical (7)</td>
</tr>
<tr>
<td>Neutral/null outcomes</td>
<td>Variant (4)</td>
</tr>
</tbody>
</table>

Note. N = 9; General = nine cases; typical = six to eight cases; variant = two to five cases; PP = parallel process; S = supervisor.
Finally, the supervisors had a variety of variant thoughts on PP. For example, one supervisor said the following:

I do not assume, however, that everything that goes on is bottom-up parallel process because that can be defensive in my view, because it de-emphasizes the psychology of the supervisee and supervisor, and emphasizes the psychology of the patient. So I’m trying to stay open to thinking about all three parties’ psychology. I do not want to just assume that everything is coming from the patient.

PP Within Cases

Description of supervisory relationship. Supervisors typically described the supervisory relationship in positive terms. One supervisor said, “I think we had a really good relationship. I think she really felt heard by me and I think that we were able to do a lot of good work together with her clients.” Another said, “Our relationship has been very solid and very well grounded. I think there’s a mutual liking, and a very good alliance.”

Among the positive supervisory relationships, supervisors variably described complicated aspects of the work. According to one supervisor, “For a long time it felt more like a transference between her and me and vice versa, that I was sort of a caring parent/therapist/supervisor at times.” Another reported, “She was one of these therapists who often presented things that were going well, so it was harder to—I didn’t really have a strong sense of her as a person . . . . The relationship evolved, so now I feel like we’re really close.”

Description of therapeutic relationship. Supervisors variably described the therapeutic relationships as difficult or frustrating for the therapist/supervisee. One supervisor said the following:

It wasn’t the greatest relationship . . . . he [client] would compulsively talk in therapy and she [therapist] barely felt that she was acknowledged in the room . . . he wasn’t really in touch with his feelings in the room and so I think it was, for her, a frustrating relationship.

Another supervisor said the following:

It is a combination of his seductiveness in the session and his control . . . . The impact that it’s having on the work is that my supervisee might not always know how . . . . to focus him more . . . . that she’s reacting to not wanting to push him into territories that make him too vulnerable.

Steps within cases. We found eight PP steps that occurred across cases. The first step occurred in six cases (typical), and the next seven steps occurred in the same sequence across all cases (general).

Supervisors typically reported a change in the client or the therapist that precipitated or preceded the PP event (Step 1). One supervisor said the following:

So at the heart of the parallel was that, with my supervisee being ready in a few months to leave the training clinic she was implicitly making this demand on the patient that if [the patient] wanted to continue in treatment with my supervisee, the patient would have to move to a different training clinic, which would be challenging for her.

For another, “[The client was] just really doubting whether therapy was helping, and whether he was making any changes, strongly stating that in the session.” Supervisors generally reported that the clients started behaving unusually in the therapy session (Step 2). In one example, after feeling stuck in therapy (precipitating event), the supervisee told the supervisor that the client “was calm and quiet but often spaced out in the therapy session.” Another supervisor said the following:

He always just sorta slouched in his seat with a very prominent man-spread, and so that was right there and he would be increasingly inquisitive about the student therapist, and flirtatious with her and eventually was very overt in the fact that he wanted to have sex with her.

In reaction to the client’s unusual behavior, therapists became “hooked” (Step 3). For example, one supervisor reported that PP first became evident when the client started missing sessions. The supervisor said the following:

The therapist’s countertransference, which would be the feeling of inadequacy, that the patient was making her feel somehow that she was a failure and inadequate, and that’s the countertransference, which is actually also what maybe the patient was feeling, the sense of “I don’t want to expose my vulnerability” for fear of being inadequate or shamed in some way, of not being able to tolerate those feelings.

Another supervisor reported the following:

And so the patient was doing lots of things that made the supervisee feel that she was not helpful . . . . that she was as much of a disappointment to the patient as the patient’s mother had been . . . . I understood that my supervisee was feeling unloved and unlovable with her patient. She was not loved by her patient and was losing conviction in her own therapeutic helpfulness, her own goodness.

Therapists then behaved in supervision as their clients had in therapy (Step 4). One supervisor reported, “Like this patient was not really being vulnerable, and then I felt like the supervisee wasn’t being very vulnerable.” In another case in which the client insisted that he wanted to be “pushed further” in therapy but then avoided engagement when the therapist tried to “sharpen and deepen” the therapeutic process, the supervisor reported that the client’s behavior had an “inhibitory effect” on the therapist deepening the work in supervision.

In reaction to the therapists’ unusual behavior in supervision, supervisors got “hooked” (Step 5). One supervisor said the following:

Maybe this is where I colluded and maybe where something did get enacted, because we didn’t, and I cannot tell you exactly how this happened, but I talked a little bit about how she may have attempted to use that moment to point out to him that what had just happened, that he had moved on, and what might be getting stirred up in him. But I didn’t really go anywhere with that, as I reflect on it. So in some ways, maybe, this is very helpful, maybe what was happening for me is that I was not pushing her in the same way that I’ve identified that she doesn’t push him.

Another supervisor the following:

I began to notice in the supervision that I would feel the therapist was not present and not connected with me or what she was saying. While she was talking, I felt my mind wandering and the feeling that I got was that the room got really deadened. I found my thoughts wandering.
Generally, once supervisors recognized when they were having a strong reaction to the supervisee, they slowed the process down and reflected on their reactions (Step 6). They paused and became mindful of their responses to the supervisee, noticed their height-en ed emotions or reactions, observed parallels between supervision and therapy, and conceptualized what was happening as PP. One supervisor said, “And then when she’d be talking to me, I could understand feeling stuck or I find myself wandering and scramble and go wait a minute . . . I’m not present. I wonder what’s going on?” Another supervisor said the following:

... what happened first was I stopped, and I internally acknowledged to myself that what I was doing was not working, that I didn’t know how to help the supervisee in this moment, that I needed to stop trying and pretending that I knew how to help and just pay more attention to my own experience.

Generally, supervisors then used a variety of interventions to intervene in the process (Step 7). They typically tried to foster awareness of PP (although only three of the nine explicitly named it PP) by guiding the therapist toward insight about the potential similarities in interpersonal dynamics of the psychotherapy and supervision. Also typically, supervisors facilitated understanding about the interplay between the therapists’ and clients’ behaviors in therapy and the impact on the therapeutic process. Supervisors also typically engaged in some kind of action by giving advice, teaching, or modeling interventions to be used with the client. In the case in which the client expressed sexual interest in the therapist, the supervisee began to sexualize the supervisor, and the supervisor reported the following:

It was subtle, but I felt as though, in the same way that I was working with her to do was keeping the boundary, that I felt as though I had to be more boundaried with her ... and none of that was overt ... I tried to keep us more on task, “Let’s focus, spend more time on the supervision and the cases,” and left in some ways a little bit less room for her struggles with life in general and held that boundary a little bit more. Also, just in terms of the seating arrangement, just having a little bit more distance and a little bit more personal space to kind of bracket that a little bit more.

After reflecting on PP for which the client talked incessantly and stated that he needed to get everything in or he would feel unfulfilled and unsatisfied and would not get what he needed, and the supervisor reported not understanding supervisee’s needs, the supervisor intervened:

We processed what had happened [in supervision] and I said, “I felt pretty terrible after that session, I felt like I wasn’t able to meet your needs and I’m wondering how you’re doing, how are we doing?” She said that she had been really frustrated during the [supervision] session too . . . she had left the session just feeling unfulfilled and feeling bad and feeling a little like there had been a little bit of a rupture in our relationship . . . I said, “I wonder if the way you were feeling at the end of our session, or during the end of our session, I’m wondering if that might be how he feels.” She appreciated that, and I think the energy got a little bit higher in the room.

Finally, supervisors variantly supported the supervisees in their struggle both in supervision and therapy, sometimes using immediacy (Hill & Gupta, 2018) to address ruptures or complexities in the supervisory relationship. For example, “I decided to . . . share my immediate feelings about the process with the supervisee and I think she was able to identify with some of that in her own response.”

Step 8 involved the outcomes of the PP event. Supervisors reported that outcomes were generally positive: (a) they typically experienced enhanced outcomes for themselves (e.g., increased sense of self-efficacy or growth; a better ability to conceptualize and understand the therapist, client, or supervisory relationship; and gains in knowledge or insights into PP that could be applied in the future); (b) they typically described an enhanced supervisory relationship; (c) they generally reported enhanced outcomes for the therapist, including enhanced growth, insight, and understanding of the client and/or the psychotherapeutic process; (d) supervisors reported that therapists typically intervened differently with their clients as a result of the supervisors’ interventions; (e) supervisors typically observed changes in the therapy or therapeutic relationship; and (f) they typically reported enhanced process or therapy outcome for the client, including a deepening of emotion or a burst of insight in therapy. Continuing with the case in which the client sexualized the therapist and the therapist appeared to sexualize the supervisor, the supervisor said that the interventions certainly helped [the therapist] maintain the boundary and to stay comfortable with the intimacy, but then also holding the boundary space as well . . . she really kind of hit her stride with it and felt in some ways freer to talk about his sexual transference in a way that was really useful for him and so eventually they had a really nice termination that didn’t feel weird or inappropriate at all. I think it was a really marvelous step on this guy’s part. Yeah, just in terms of her boundary-setting and her ability to remain in the space, remain in the transferenceal space without enacting in any way I thought was really, really useful.

Finally, in addition to positive outcomes, supervisors variantly reported neutral or null outcomes. One supervisor said, “For myself and the supervisory relationship, I don’t really feel like there was any huge difference.” Another said the following:

I have always felt that our relationship has been very solid and very well grounded . . . So I can’t say that it necessarily catapulted us into new territory because I don’t think that this was the kind of impasse or impediment that is relationship destructive.

Illustrative case example. Each of the following eight steps are part of one case example, which illustrates the eight-step pattern that we found. The therapist told the client about the therapist’s plans to leave for internship in 2 months (Step 1). The client became dismissive of the therapist and accused the therapist of mistreating and not understanding them (Step 2). The therapist became flustered and defensive and said to the client, “You have to get out of here. I cannot take this anymore,” which prompted the client to leave the session early (Step 3). In supervision, the therapist treated the supervisor in a dismissive manner by dominating the supervision, defending actions taken in the therapy session, and telling the supervisor that the client was wasting the therapist’s time (Step 4). The supervisor noticed internal “pressure” in the form of anger and frustration and felt an overwhelming urge to dismiss the therapist from supervision because the therapist was wasting the supervisor’s time, paralleling the dismissive behaviors in the therapy (Step 5). The supervisor became aware of the PP and recognized the need to process the event with the
supervissee before supervision could continue. The supervisor “stepped back,” reflected calmly about the process, engaged in self-instruction, and thought, “Do your job now” and help the therapist understand what was happening (Step 6). The supervisor thus in the supervision session commented on the similarities between the situations in therapy and supervision, indicated identifying with the therapist’s frustration, disclosed similar feelings of frustration, and acknowledged the legitimacy of the therapist’s feelings toward the client based on the supervisor’s reaction to the therapist in supervision (wanting to dismiss the supervisee). The supervisor then helped the therapist explore feelings of anger, frustration, sadness, and loss and taught the therapist how to use these feelings to inform the therapy, turning an aggressive moment into an empathic moment. The supervisor was thus able to teach the therapist how to repair the rupture in the therapeutic relationship (Step 7). As a result, the supervisory relationship deepened, the therapist was able to incorporate the supervisor’s suggestion to slow down the process in therapy, and repaired the rupture by apologizing to the client and inviting the client to return to treatment (the client did return). The therapist developed more humility and acceptance of imperfection as a professional, and the supervisor was more prepared to deal with PP in the future with other supervisees (Step 8).

Discussion

In this investigation, nine experienced psychodynamic supervisors provided examples of “bottom-up” PP that started with the client in therapy and became evident in their supervision of doctoral student therapists. CQR analyses revealed an eight-step sequence of PP typically starting with a precipitating or preceding event and then generally moving from unusual behaviors on the part of the client, to therapists reacting and then enacting in the supervision. Supervisors identified the PP by first noticing their own reactions to the supervisee and reflecting on their thoughts, feelings, and behaviors about what was going on in the supervision, and then intervening in a new way that led to a corrective experience for the therapist and, in most cases, the client. Supervisors were able to unhook themselves from their emotional and behavioral activations; avoid blaming themselves, the therapist, or the client; and see the experience as interesting and potentially beneficial, providing similar benefits to insight and corrective experiences in therapy (Castonguay & Hill, 2007, 2012).

The eight-step PP pattern fits nicely with Ladany et al.’s (2005) critical events model where supervisors detect a “marker” (e.g., feelings of frustration with a supervisee), and then create a “task environment,” in which supervisors engage in a set of interaction sequences: (a) attending to PP, (b) facilitating an exploration of feelings, (c) focusing on the supervisory alliance, (d) normalizing the experience, and (e) exploring countertransference, which leads to the “resolution” of a critical event. (For an example of the critical events model applied to a PP event, see Ladany et al., 2016, pp. 85–109).

We particularly highlight the need for supervisors to recognize when they feel hooked. Each supervisor in this study “took a step back” from the supervisory relationship and used the distance between them and the intensity of the therapeutic relationship to identify when similar problematic feelings arose in psychotherapy and supervision. This point is akin to recommendations made in the PP literature, which emphasize the need for supervisors to pay attention to interpersonal enactments (Bernard & Goodyear, 2014, 2019; Falender & Shafranske, 2004; Frawley-O’Dea & Sarnat, 2001; Ladany et al., 2005; Mothersole, 1999; Sarnat, 2015; Searles, 1955, 2015; Watkins, 2015b).

Interestingly, a common feature of the supervisors’ stances while engaged in PP events was humility (Watkins, Hook, Ramacker, & Ramos, 2016). The supervisors in our study used their authority in a benevolent manner. They used their feelings (e.g., deadness, frustration, or sadness) to engage their curiosity and generate hypotheses about unconscious processes and/or enactments. Such humility is associated with rupture repair in psychotherapy supervision, especially in multicultural contexts (Hook et al., 2016; Watkins & Hook, 2016; Watkins, Reyna, Ramos, & Hook, 2015). In effect, there are many interventions that can be used depending on the needs of the supervisee at the time.

Another important finding from this study involves the benefits of building a strong supervisory alliance before working through the PP. It was typical for supervisors to describe the relationship with their supervisees in positive terms. Such relationships may have served as a facilitative context for intervening in the PP. For example, the supervisor in our illustrative case example owned up to their feelings of frustration with the therapist and used their emotions to draw a parallel between the supervisor’s feelings in supervision and the therapist’s feelings in psychotherapy. By drawing a parallel between the two dyadic relationships and demonstrating empathy for the supervisee, the supervisor fostered a greater sense of empathy for the client by the therapist.

It is worth noting that three of the supervisors pointed out the PP and explored it with the supervisee but were careful not to shame the supervisee for their part in the PP. The other six supervisors explored the PP without explicitly naming it, which raises questions as to why some supervisors chose to label it, whereas others did not.

Finally, it was typical for the supervisors to view PP as an enactment, which is consistent with the definition of PP in the literature. Not only did the supervisors provide specific examples of PP in their supervision cases, but generally they believed that PP definitely exists and can have a profound influence on supervision and therapy, although it does not occur in every case.

Strengths and Limitations

Except for the study by Tracey et al. (2012), evidence of PP and its description has come primarily from case examples that were highly interpreted, conflated by varying definitions (bottom-up and top-down), and/or grounded in highly conflictual supervisory relationships (Watkins, 2017). In contrast, all of our supervisors described bottom-up PP in a consistent manner, offered rich and detailed case examples, and clearly articulated their emotional responses and thought processes. Thus, this CQR approach offered a good method for describing this PP phenomenon. Another strength was the participation of experienced psychodynamic supervisors who had clearly observed many instances of PP.

In terms of limitations, we note that participants were selected because they had a case example that met our PP definition and all of the examples of PP included supervisor interventions that were associated with positive results. Hence, the interpretation of our results is constrained by our selection procedures, which includes
a bias toward active supervisors who reported positive outcomes. In addition, our illustrative case was chosen because it was exceptional in its clarity and striking in its outcome, and hence, it was not reflective of the “typical” PP case. A careful examination of the quotes in our article reveals the more common tentative ways that our participants talked about PP. They used phrases like “maybe what was happening for me...” and “it was subtle” and “maybe this is where I closed and something got enacted.”

We had only limited information on the supervisees because we relied on the supervisors’ descriptions of demographics, level of professional development, and theoretical orientation. Similarly, we had only the supervisors’ recollections of what the therapists and clients talked about in therapy. Furthermore, if the data had been collected immediately after a supervision session in which the supervisor suspected PP, supervisor reports of their reactions and steps taken might have been different. Although the sample size was in the acceptable range for CQR studies (Hill, 2012), the sample is still limited because it was restricted to supervisors who described examples of PP that occurred with doctoral students in training settings. Despite vigorous recruiting, we did not have racial/ethnic diversity in our sample of clients, therapists, or supervisors, which is a significant limitation. We recommend that future studies recruit participants with varying multicultural identities, given that culture may play a part in these dynamics (Inman & DeBoer Kreider, 2013; Rodriguez et al., 2008).

A final limitation is that we were unable to determine how much of the PP was outside of conscious awareness. Clearly, it appeared that therapists/supervisees were not cognizant of all the underlying dynamics, but they were fully aware of the intensity of their feelings and challenges in working with the clients. The goal of the supervision then was to help them reflect on and become aware of their role in the relational difficulties.

Implications for Practice and Research

The eight-step pattern might serve as a useful schema for training therapists and supervisors in identifying and responding to PP. Such an approach would have practical appeal because it shifts the emphasis away from speculation about “spooky” unconscious processes (Watkins, 2017; Winer, 2015) and highlights the importance of self-awareness and reflection on practice on the part of the supervisor (Schön, 1983). Sharing one’s own internal process as a supervisor (Schön, 1983). Sharing one’s own internal process as a PP intervention also may help supervisees further develop their abilities to engage in reflection.

Supervisors who become aware of a PP event unfolding in supervision might consider using the interventions found in this study: (a) empathize with therapist/supervisees as to the challenging nature of some clients; (b) support them in the development of their abilities; (c) use immediacy to process the supervisory relationship in an authentic manner; (d) teach or model how to “take a step back,” notice one’s own feelings, watch for patterns, and formulate hypotheses; and (e) in the context of a strong supervisory alliance, provide feedback and direct guidance as to how to alter the interpersonal patterns in psychotherapy.

Further study of PP events within sessions would be of great relevance. If all therapy and supervision sessions were recorded, supervisors and therapists could indicate where PP occurred and then these events could be explored. It would then be fruitful to investigate the conditions under which PP is successfully resolved.

For example, what happens when PP occurs early in the supervisory relationship before a strong alliance is established? Furthermore, given that it appears from anecdotal evidence that PP does not occur in all triadic situations, it would be interesting to investigate whether some triads are more prone to PP than others and why.

References


(Appendix follows)
Appendix

Participant Interview Protocol for Parallel Process in Clinical Supervision Project

Instructions

I am going to ask you questions about parallel processes in clinical supervision. My colleagues and I are interested in learning how you identify parallel process and how you work with it in supervision.

For this project, we are defining parallel process as a supervisee’s “unconscious reenactment of therapy session material within the supervisory dyad” (Searles, 1955; Watkins, 2015a, p. 149). We are focusing on “bottom-up” reenactments (Watkins, 2015b, p. 457) that start with the client in the context of the therapeutic relationship and are enacted by the supervisee in the supervisory relationship. A classic example is when a client communicates helplessness to the therapist and the supervisee communicates a similar helplessness in supervision. Another example is supervisees with “yes, but” clients who carry that same dynamic into supervision and “yes, but” the supervisor.

Warm-Up

(1) Have you thought about parallel process before? What are your general thoughts about parallel process?

Case

(2) Tell me about the background/history/demographics of the case
(a) Describe client
(b) Describe supervisee
(c) Describe supervisory relationship

(3) Tell me about the parallel process of this case
(a) From client to therapist (how did this case differ from other cases)
(b) From supervisee to supervisor (how did this case differ from other cases)

(4) How did you differentiate parallel process from other types of events in supervision?
(5) What did you do as a supervisor to halt the parallel process?
   (a) How did you get unhooked from the parallel process (countertransference)?
   (b) How did you intervene?
(6) What effect did this have on the supervisee?
(7) How did your supervisee use what you did in sessions with the client?
(8) What were the consequences of the whole process?
   (a) Consequences related to the client and therapeutic relationship
   (b) Consequences related to the supervisee and supervisory relationship
   (c) Consequences for yourself and supervisory relationship
(9) What did you learn about parallel process from this case?
(10) What similarities and/or dissimilarities did you see between the client and the supervisee and how might this have contributed to your perception of parallel process?
(11) Anything about culture?
(12) What is your wisdom about parallel process?

Experience of the Interview

(13) What was your experience of this interview?

Closing

If there are things I don’t understand, I may contact you? May I follow-up with you to see if any of the more recent issues related to parallel process have been resolved?

References

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