

Psychodynamic supervision in a group setting: Benefits and limitations

LARS ANDERSSON

The majority of counsellors seek supervision in one-to-one sessions. LARS ANDERSSON provides an overview of the processes of psychodynamic group supervision in which he considers the benefits and disadvantages. Suggestions on how to maximise the benefits while minimising the disadvantages are offered. The primary focus of psychodynamic supervision is the supervisee's reactions to client material—how the supervisee handles defence mechanisms, transferences and countertransferences that emerge in the therapy situation. The importance of parallel process, where interpersonal dynamics are enacted concurrently in the supervision dyad as in the therapy dyad, is considered. Weighing benefits against disadvantages ANDERSSON concludes that when group dynamics are managed effectively, and the emotional aspects of the supervision process are attended to, the group supervision setting can provide invaluable resources that are not available in the context of individual supervision. This discussion can be applied to group supervision in general, regardless of therapeutic orientation or model.

About six months into her career as a counsellor in private practice, Alison has run into difficulties. In her work with a male client, of a similar age to herself, Alison finds herself becoming more and more confused. The sessions seem to be increasingly unproductive, and Alison often feels irritated and frustrated afterward. At the end of the eighth session the client mentions that, while he is still committed to the agreed twelve initial sessions, he is unsure exactly how beneficial the sessions are to him.

As much as Alison would prefer to be able to sort out her difficulties on her own, she now remembers and recognises the validity of what she was taught as part of her counselling training; that regular supervision is not simply a requirement from her professional association, but is essential for her ability to deliver the best services to her clients.

In conversations with other

counsellors, Alison discovers two options to consider. Either she can, as seems to be what most counsellors do, see a supervisor in one-to-one sessions, or she can partake in a supervision group. For some reason Alison finds the idea of group supervision appealing, but she is uncertain as to what the benefits and disadvantages may be.

Perhaps this article can shed some light onto Alison's dilemma ...

Introduction

Bickman (1999) classifies the belief that clinical supervision results in more effective clinicians as one of the 'myths' about mental health services. Bickman's argument, expanded upon by Bambling and King (2000), is that not enough research has been done to validate that belief. Unquestionably though, the belief is intuitively appealing and shared by most, if not all, practitioners of psychotherapy.

The aim of this article is not to establish the validity of that belief, but rather to examine aspects of psychodynamic supervision in a group setting. After describing elements specific to psychodynamic supervision, generally and in a group, the benefits and disadvantages of psychodynamic group supervision will be explored, and suggestions provided for how to maximise the benefits, while minimising the disadvantages. Reflections on the author's personal experience as a supervisee are presented, and the merits of group supervision are discussed. Much of what is discussed is applicable to group supervision in general, regardless of its model or orientation.

Psychodynamic terminology

For the benefit of the reader, unaccustomed to psychodynamic terminology, a brief explanation of three essential terms may be useful.

Transference: refers to all impulses (wishes, fantasies and feelings) experienced by the client in relation to the therapist that are not generated by the objective therapeutic situation, but rather have their origin in the client's early childhood.

Countertransference: refers to therapist reactions to the client, that originate in the therapist's early childhood, rather than in the clinical situation per se. This may be expressed as the therapist's unconscious response to the client's transference, where the therapist ends up playing the role designated by the client's transference.

...similar interpersonal dynamics are enacted concurrently in the supervision dyad as in the therapy dyad—the therapist's problem in supervision expresses the client's problem in therapy.

Defence mechanisms: Unconscious resources that keep unacceptable desires and impulses from becoming conscious; either through the blocking or repression of such impulses, or by distorting them into acceptable forms, e.g., by projecting them onto someone else, thus seeing them as if existing in the other person, rather than in oneself.

Psychodynamic supervision

Different approaches to psychotherapy lead to different approaches to supervision, each with its own particular focus for the supervision process.

The primary focus in psychodynamic supervision is the supervisee's reactions to client material—how the supervisee handles defence mechanisms, transferences and countertransferences that emerge in the therapy situation (Ögren, Apelman & Klawitter, 2001). However, the supervision process is complicated further by the fact that the elements of transference, countertransference and various defence mechanisms are present also in the supervisory relationship itself.

When interpersonal dynamics of the supervisory situation become *'mirror*

images' of processes that originate in the therapy situation, the supervision process becomes a *'parallel process'* to the therapy process, so that similar interpersonal dynamics are enacted concurrently in the supervision dyad as in the therapy dyad—the therapist's problem in supervision expresses the client's problem in therapy (Binder & Strupp, 1997; Ekstein & Wallerstein, 1972; Scanlon, 2000).

Binder and Strupp (1997) consider this parallel process to be the most influential concept of psychodynamic supervision. Not only does it highlight that unconscious processes are at work,

it also provides good opportunities for supervision through the constant conversion of the tendency toward

parallel process into conscious understanding.

In a group setting

When supervision takes place in a group setting, the group becomes what Scanlon (2000) calls the *'archive-and-archivist'* for what takes place in the therapy sessions presented by each supervisee. The material presented can stimulate conscious and unconscious parallel processes in all members of the group, and an almost uncountable number of transference-countertransference combinations are formed in the relationships between supervisees, supervisor, and client (via the presenter), all of which affect the supervision process.

In supervision groups, as in therapy groups, group dynamics affect the individual group members. The group may activate old expectations and patterns of behaviour that stem from early experiences of family dynamics, such as sibling relationships and parent/authority relationships. These reactions are often unconscious, yet influence the roles adopted in the supervision group (Ögren, Apelman & Klawitter, 2001).

The group climate, shaped by



Illustration: John Labbe © Getty Images

the manner in which the different personalities in the group interact with one another, creates the 'atmosphere' for each case presentation. As a result, the group climate also affects how the group receives and interprets the clinical material (Norman & Salomonsson, 2005).

Benefits of psychodynamic supervision in a group setting

In contrast to individual supervision, a major benefit for the therapist, when supervision takes place in a group setting, is that a greater range of feedback, support, challenges and viewpoints on clinical issues can be obtained. Also, through interactions between different individuals in the group process, countertransference issues that relate to a supervisee's childhood experiences, and could have escaped detection otherwise, may emerge.

Rosenthal (1999) distinguishes between 'objective' and 'subjective' countertransference. *Objective countertransference* is considered to be induced by the client as a normal reaction to the client's behaviour, and this response is shared by other members of the supervision group. *Subjective countertransference* applies to reactions that appear only in the therapist and, as such, are considered as having their origins in the therapist's unresolved issues. The capacity of the group to indicate whether a countertransference is objective or subjective provides a 'control' beyond what can be provided by an individual supervisor.

In addition, the supervisor-supervisee relationship may be affected positively by the presence of the group, in a manner that tends to avoid the regressive transferences and countertransferences that often arise in the emotionally charged atmosphere of dyadic supervision (Binder & Strupp, 1997). And, as Yerushalmi (1999) suggests, a group may dissipate resistance to the supervisor generally, and minimise supervisees' anxieties about being manipulated and invaded.

Benefits for the client

In general it can be said that if supervision in a group setting is of benefit to the therapist, it will also benefit the client, since the purpose of

supervision is to make the therapist a better therapist for all their clients.

What can be seen as of benefit to the particular client is that the client's material is reflected upon by a whole group of therapists, rather than only one therapist and one supervisor—whose function may be to focus on the therapist's clinical difficulties.

Using Altfeld's (1999) conceptualisation of the group acting as a container for various affects and defence mechanisms that emerge in therapy sessions, the capacity of a 'group container' is likely also to be larger than the container of the supervisor-supervisee dyad. This may lead to more aspects of the clinical process being addressed in the supervision.

Finally, as part of the group process through interactions with other group members, the therapist may 'inadvertently' work through and integrate some of their own reactions to the client and, as a subsequence, be more effective in their work with the client.

Other benefits

Group supervision is economical, both in terms of supervisor fees and time, since the supervision is shared by several supervisees. It is also economical with regard to knowledge resources, in that supervisees learn not only from the supervisor's expertise, but also from one another. In addition, a group setting may decrease the likelihood of bias due to personal limitations of the supervisor (Schultz & Stoeffler, 1986).

Furthermore, the group setting in contrast to a dyadic setting, may reduce the risk that supervision could turn into personal therapy for the supervisee. Aside from the fact that personal therapy for the supervisee is not the purpose of supervision, and is only of limited benefit to the supervisee's clients, it is also of little benefit to other supervisees. Moreover, the supervisor may not be the supervisee's chosen therapist, and the supervisor-supervisee relationship may thus be compromised. Naturally, the risk that supervision could turn into personal therapy is present in a group setting as well as in dyadic supervision, but the presence of, and input from,

other group members can prevent this from occurring.

Group supervision also offers supervisees an opportunity for personal insight into interpersonal behaviour that is relevant to their professional role. In the group, resistance that supervisees' may have to co-operative functioning with each other and with the supervisor can be permitted to emerge, be studied, and be resolved (Rosenthal, 1999).

Schultz and Stoeffler (1986) highlight a valuable benefit of group supervision for trainee therapists. The group setting provides the opportunity to observe in action transference, countertransference, resistance and other defence mechanisms. Perhaps even more valuable, the group offers trainee therapists the insight that feelings of inadequacy are common (Holloway & Johnston, 1985).

Disadvantages of psychodynamic supervision in a group setting

The obvious disadvantage for the therapist, when supervision takes place in a group setting, is that urgent needs for supervision on a particular case may be overridden by the needs of other supervisees. Presenting a case in a group is akin to public speaking, which for many people is more anxiety provoking than dyadic conversation, and may therefore hamper optimal openness, clarity of mind, and learning capacity. Also, as Altfeld (1999) points out, critical responses of other group members to the presenter's work may generate shame, embarrassment and anxiety.

In addition, the actual dynamics of the supervision group may decrease the effectiveness of the supervision for the therapist. Patterns of behaviour, stemming from early experiences of family dynamics, like sibling relationships and parent/authority relationships, may be activated in the group, and result in rivalry, competitiveness, shame, and increased defensiveness (Glickauf-Hughes & Frye Campbell, 1991; Scanlon, 2000).

Disadvantages for the client

When supervision in a group setting is a disadvantage for the therapist, it is likely that be a disadvantage for the client, since, with more beneficial supervision, the therapist could have

been better suited to help the client.

Reflection on the client's material by a supervision group could, in some instances, be a disadvantage for the client. Since the group members only have access to a 'second-hand' version of the client, via the therapist, some degree of distortion of the client material must unavoidably occur. This may turn the attention of the supervision process in a less fruitful direction, if not put it on the wrong

Group supervision therefore requires different skills to those needed for dyadic supervision. The group supervisor needs to have group leadership skills to manage group resistances, personality conflicts, competitiveness, and members' differing abilities. The group supervisor must have skills for building a supportive group environment of relationships and communication between the supervisees. If the

same stages of group development as other groups. It is crucial that the initial stage of the group development is facilitated with skill, in order to support the supervision group to mature gradually toward optimal functioning. In the initial stage the main objective is to foster group cohesiveness, feelings of 'sameness' and belonging. Discussion of and agreement upon group 'rules of conduct' lays a foundation for security and trust. Inviting group members to share their apprehensions—e.g., with regard to exposing professional and personal limitations, fears of speaking in public and similar common 'group anxieties'—can foster support and defuse feelings of inadequacy, when what is shared is met with empathy and understanding.

Encouraging group interactions and active involvement in the supervision process, through appropriate and well-timed questions, feedback of insights, emotional responses and support cultivates the supervisees' awareness of the supervision process. Thus, ideally, the formidable task of monitoring the complex web of transferences, countertransferences and defence mechanisms that emerge in the group becomes shared between the supervisor and all the supervisees.

The group facilitation skills required to achieve this kind of optimal functioning in a supervision group may be present naturally in some people. For most people, specific training will be necessary to complement general supervisory skills with specific group supervision skills.

Personal experiences as a supervisee

My personal experience, although limited, as a supervisee in psychodynamic supervision has highlighted both benefits and disadvantages of group supervision.

A main benefit—that possibly I would never have considered otherwise—was the stimulus to become aware of transference and countertransference issues. The group setting provided an opportunity to become aware of my anxiety and discomfort, both when presenting and when responding to others' presentations. I am aware that I worry more about my inadequacies as a

The capacity of the group to indicate whether a countertransference is objective or subjective provides a 'control' beyond what can be provided by an individual supervisor.

track altogether. This distortion may be further affected by the group dynamics, and hence be completely unpredictable.

Another disadvantage to the client can be caused by the parallel process between therapy and supervision. As Binder and Strupp (1997) point out, this parallel process operates in both directions, so that not only do therapy dynamics show up in supervision, but supervision dynamics show up in therapy. This could have the effect that unhealthy dynamics in the supervision group have a negative influence on the therapy process.

Other disadvantages

Apart from the logistical challenges, i.e., coordinating times and places for meetings, that come with all group work, a primary disadvantage when supervision takes place in a group setting are the added demands that it puts on the supervisor.

As Rosenthal (1999) points out, therapists in supervision display the whole range of resistances that members of actual therapy groups do; they avoid attention, monopolise attention, form subgroups, try to defeat the facilitator, try to become the facilitator's favourite and so on. Furthermore, supervisees will differ in their level of awareness, intellectual capacity, experience and professional competency, leading to differing needs for explanation and clarification in the supervision.

supervisor does not possess these skills, there is a risk that the supervision process will become unproductive for some, if not all, of the participants.

Obviously such skills can be developed, but not all individual supervisors have had sufficient training in group work, and hence may not be suited for group supervision, regardless of how good they may be as dyadic supervisors.

Maximising advantages, minimising disadvantages

As we have established, supervision in a group setting has advantages as well as disadvantages. Not surprisingly the majority of advantages *and* disadvantages are found in the dynamics of the group. Hence, the task of maximising the advantages and minimising the disadvantages becomes the task of cultivating positive group dynamics.

There are occasions, often for practical or logistical reasons, when group supervision takes place as a one-off seminar or workshop. While such a group can be of good value at times, the main benefits of group supervision may be lost. For a supervision group to achieve optimal functioning, the group should preferably be ongoing and long-term, so that participants can get to know one another and develop a positive group climate of support, understanding and trust.

Supervision groups go through the

therapist, when presenting to a group, than when presenting to a supervisor alone. I also often feel insecure about sharing my responses when they differ from the responses of other group members.

Powerfully countering these effects, however, has been the experience of support that I have received from the group. I have experienced encouragement and acknowledgement of my skills as a therapist skill, as well as validation of my ability to 'tune in' to others' cases as more empowering than in individual supervision. Also, the synergistic effect that results from the opportunity to have a whole group reflect on my presented cases has uncovered clinical aspects that I believe would have been overlooked by the supervisor, and which, in my view, have made me a better therapist for my clients.

Having had the opportunity to be together with the same group of supervisees under different supervisors has made me aware of the influence of the supervisor's style on the quality of the group process. I have seen how the group operates when Supervisor A has no apparent group skills, in contrast to how the group operates when facilitated by Supervisor B who has evident group leadership experience.

Supervisor A did not appear to make use of the group in the supervision, other than letting it play the role of audience to one-to-one supervision. In response to a query from one of the supervisees into the presenter's emotional reactions to a difficult case, the supervisor declared forcefully that primarily supervision is a cognitive process where emotional issues may be discussed from a theoretical perspective, but with limited room to be experienced. In subsequent sessions the group showed less and less interest in 'tuning in' to the cases presented, as well as increasing frustration with the process and with not getting access to input from other supervisees.

Supervisor B on the other hand welcomed group input in the supervision process, invited group members to explore and express their feeling responses to presented cases, and generally supported the group process, while still fulfilling the role of being the expert on psychodynamic

psychotherapy, by providing more advanced feedback than supervisees (who were all trainees) could offer. As a result the group atmosphere was exciting and inspiring, with the result that presenters and non-presenters often commented how valuable the supervision had been, and how much they had learned.

A personal experience that highlights some of the above points was a time when I was presenting a case to the supervision group, and stumbled into the occurrence of a minor 'parallel process'. The client in question had brought up an issue that he wanted to address, yet had done so in a manner that made it difficult for me to understand the issue. The description I used in the group was that the client fed me the issue in 'drips and drabs', as a collection of non-linear, disconnected details, that I struggled to connect up and make sense of.

I had felt increasing irritation with the client as he described his issue, and hence I brought the case to supervision for assistance. As I was presenting the case, however, I found myself being unusually incoherent and seemingly unable to provide a linear account of the therapy session, resulting in a real 'drips and drabs' presentation of the case.

Fortunately, this presentation took place in a group where positive group dynamics had already developed. Rather than feeling embarrassed about my 'pathetic presentation', I felt supported and validated by the group. The situation was more humorous than traumatic for me, and as a consequence my lack of defensiveness allowed me to recognise the 'parallel process' that was occurring, when it was pointed out to me. The ensuing supervision process offered me some valuable insights into the transference-countertransference dynamics between me and the client, and the subsequent therapy session became quite fruitful as a result.

Importantly too, this presentation took place under supervisor B, who had fostered positive group dynamics from the outset of the group. Under supervisor A it was likely that I would have avoided bringing up the case at all, due to fears of criticism from the supervisor and a general sense of unsupportiveness in the group, and thus perhaps never been able to resolve the

unconscious dynamics of the therapy situation.

In summary, my own experience has been that, when the group has been skilfully facilitated and utilised, the presence of other group members in supervision has been of great benefit to my professional standards. When the group dynamics were not well facilitated, the supervision still had some value, but not to the degree that it would be preferable to individual supervision.

Concluding remarks

From the above sections it is clear that when psychodynamic supervision takes place in a group setting, there are important benefits that can result from the synergistic effect of the combined presence of a greater number of therapists than in the limited dyadic arrangement of one-to-one supervision.

To make full use of the resource that a group of supervisees can be, and to optimise the value of the supervision process, it is probably necessary to allow and invite supervisees to partake in the process not only cognitively but also emotionally, so that the supervision becomes an experiential learning process. Altfeld (1999), for example, suggests that problems brought into supervision are often not of a technical nature that require more knowledge or skills, but are more of an emotional nature that originate in countertransference blocks, and as a consequence, more than cognitive learning is required for a shift to occur in the therapist.

This does not imply that supervision should become therapy, which is an inappropriate use of the supervision situation. It is a recognition that psychodynamic psychotherapy is not an exclusively cognitive process, and on this basis, psychodynamic supervision should not be an exclusively cognitive process either.

While this article has focused on the benefits and disadvantages of psychodynamic supervision in a group setting, it should be noted that much of what has been discussed applies equally to other approaches to group supervision. For example, group supervision is economical with regard to time and supervisor fees, as well as the wealth of available knowledge. The

presence of a group also offers a greater range of feedback, support, challenges and viewpoints on clinical issues, than individual supervision can provide. Furthermore, supervision in a group gives supervisees the opportunity to learn by observation, which can be as fruitful as being at the centre of attention.

Similarly, regardless of the specific approach, group supervision does present certain disadvantages. The logistical challenge of organising meeting times for a group of people, is always greater than setting up an appointment for two people. Supervisees in a group can suffer from increased public speaking anxiety, not get enough attention for urgent cases, or may be distracted by disturbances from the group.

The main disadvantages with group supervision relate to negative group dynamics, and hence their influence can be reduced significantly by a supervisor with well-developed group facilitation skills. It is recommended that supervisors acquire such skills, through appropriate training, if they wish to offer group supervision.

Weighing benefits against disadvantages the conclusion is that when the group dynamics are managed effectively, and the emotional aspects of the supervision process are given due attention, the group can be utilised as an invaluable resource, which is not available in individual supervision. Hence, group supervision under a supervisor with well-developed group facilitation skills is recommended as a better alternative than dyadic supervision.

Alison in supervision

Alison joined a supervision group that had been going for a long time. The apprehensions she felt about exposing her shortcomings to a group of strangers, resolved within the first session, due to the supportive atmosphere of the group. Within a couple of meetings Alison felt like she had known the group for months.

Listening to other supervisees presenting cases gave Alison many insights into her own work with clients. She felt relieved that she was not alone in experiencing difficulties, and rather than feeling inadequate and

embarrassed about her problems, she recognised that *'it is all part of the job'*. As the supervisor invited reflections and feedback from the group on presented cases, Alison discovered that she too had valuable reflections to contribute, which further increased her confidence.

When Alison presented the case that had made her seek supervision in the first place, the empathy and understanding in the feedback from the group helped her take on board the challenging suggestion, offered by the supervisor, that perhaps Alison had started to slip out of her role as a counsellor with this particular client, and become more and more like a friend. Or maybe even more than a friend...

After integrating this supervision session, Alison's approach to the client in question shifted—not so much through any intentional actions on Alison's behalf, but in a subtle way she found herself resuming her role as a counsellor. The counselling sessions started to feel more productive again, and at the twelfth session the client announced that he wanted to continue with ongoing counselling.

Meanwhile, Alison continues with ongoing group supervision.

References

- Altfeld, D. A. (1999). An experiential group model for psychotherapy supervision. *International Journal of Group Psychotherapy*, 49, 237–254.
- Bambling M., & King R., (2000). Supervision and the development of counselor competency. *Psychotherapy in Australia*, 6, 4, 58–63.
- Bickman, L. (1999). Practice makes perfect and other myths about mental health service. *American Psychologist*, 54, 965–978.

Binder, J. L. & Strupp, H. H. (1997). Supervision of psychodynamic therapies. In C. E. Watkins Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 44–62). New York: John Wiley & Sons.

Ekstein, R. & Wallerstein, R. S. (1972). *The teaching and learning of psychotherapy*. New York: International Universities Press.

Glickauf-Hughes, C. & Frye Campbell, L. (1991). Experiential supervision: Applied techniques for a case presentation approach. *Psychotherapy: Theory, Research, Practice, Training*, 28, 4, 625–635.

Holloway, E. L. & Johnston, R. (1985). Group supervision: Widely practiced but poorly understood. *Counselor Education and Supervision*, 24, 4, 332–340.

Norman, J. & Salomonsson, B. (2005). 'Weaving thoughts' A method for presenting and commenting psychoanalytic case material in a peer group. *International Journal of Psychoanalysis*, 86, 1281–1298.

Ögren, M., Aelman, A. & Klawitter, M. (2001). The group in psychotherapy supervision. *Clinical Supervisor*, 20, 2, 147–175.

Rosenthal, L. (1999). Group supervision of groups: A modern analytic perspective. *International Journal of Group Psychotherapy*, 49, 2, 197–213.

Scanlon, C. (2000). The place of clinical supervision in the training of group-analytical psychotherapists: Towards a group-dynamic model for professional education? *Group Analysis*, 33, 2, 193–207.

Schultz, P. P. & Stoeffler, V. R. (1986). The continuing process of becoming a psychotherapist. *Group Analysis*, 19, 223–234.

Yerushalmi, H. (1999). The roles of group supervision of supervision. *Psychoanalytic Psychology*, 16, 3, 426–447.

AUTHOR NOTES

LARS ANDERSSON is a psychotherapist, with over 20 years of clinical experience, in private practice in Brisbane. He is enrolled currently in the Master of Mental Health (Psychotherapy) at the University of Queensland, and is preparing a dissertation with a focus on increasing the effectiveness of supervision.

Comments: awarenet@intawa.com.au