ON PARALLEL PROCESS IN SOCIAL WORK SUPERVISION

Abi B. Williams, LMSW

ABSTRACT: The recognition and study of parallel process in social work supervision offers both the social work supervisor and supervisee a rich learning opportunity at the moment when an impasse seems unworkable. The parallel process is an unconscious replication in the supervisory session of therapeutic difficulties which a supervisee has with a client. This replication may originate with the supervisor unwittingly modeling behavior that is then taken by the social worker into the therapeutic interaction with the client. This paper reviews the need for social workers to grasp the dynamics of the parallel process, discusses the literature for the historical development of the phenomenon, addresses supervisory methods that will uncover the process, and illustrates the supervisor's stages of exploration and modeling in addressing the parallel process.

KEY WORDS: parallel-process; clinical supervision; isomorphism; counter-transference.

Many clinical social workers emerge each year from graduate programs to find themselves challenged with absorbing a wealth of clinical experiences through most of their professional lives, a process which is continuous. They will sort through and extract from these experiences hunches, impressions, and new integrations they will then use to best serve their clients.

As the demands placed upon the social work profession move toward increased accountability, the role of graduate professional social

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worker will also have to move beyond just the clinical service of clients. A role that is becoming more significant and utilized within the social work profession is that of supervisor. In 1989, the Directory of the National Association of Social Workers (NASW) listed 4,382 casework supervisors (Kadushin, 1992), as compared to the 1972 NASW Directory, which listed just 2,600 casework supervisors (Kadushin, 1974). This indicates a 69 percent increase in the number of social workers assuming the responsibilities and challenges of the supervisory position over a period of fifteen years. The NASW's most current statistics (1991) show that 5,456 members listed themselves as casework supervisors—a 25 percent increase in just two years (Gibelman & Schervish, 1993).

As social workers increasingly assume the role of supervisors, it is imperative that they recognize their part in the parallel process within the supervisory relationship. Influencing the parallel process can encompass a duality, both in terms of what the supervisee brings to the supervisory relationship from the client relationship, and of what is brought to the client relationship from the supervisory relationship.

PARALLEL PROCESS DEFINED

The parallel process is an unconscious replication in the supervisory session of therapeutic difficulties that a supervisee has with a client.

Kadushin (1985) referred to the parallel process as an illustration of isomorphism, which is the tendency for patterns to repeat at all levels of the system. The supervisor-supervisee-client interaction can be viewed as one large system that includes two subsystems: the supervisor-supervisee subsystem, and the supervisee-client subsystem. Specific to supervision according to Kadushin (1985), isomorphism suggests that the dynamics of supervisee-client subsystem tend to get reflected in the supervisor-supervisee subsystem as a parallel process.

In the social work literature, the concept of parallel process has been explained as the simultaneous emergence of emotional difficulties in the relationship between social worker and supervisor that are similar to the emotional difficulties in the social worker-client relationship. Thus emotions generated in one are acted out in the other (Kahn, 1979). The implication is that the difficulties the supervisee experiences with the client is carried into the supervisory session and is reenacted with the supervisor.

From a systemic perspective, the supervisee and supervisor operate to influence each other. Marohn (1969) pointed out each system mutually influences the other. Further, the supervisee, when presenting material for supervision, can not avoid being influenced by interaction with the client anymore than the supervisee can avoid being influenced

by the supervisor's ideas and personality when working with a client (Marohn, 1969).

HISTORICAL VIEW

With notable exceptions (e.g., Kahn, 1979; Allphin, 1987), very little has been written in the social work literature regarding the dynamics of parallel process in the supervisory relationship. Varying explanations for parallel process have been offered in the psychoanalytic literature dealing with training of psychotherapists by such authors as Searles (1955), Ekstein and Wallerstein (1958), Arlow (1963), Sachs and Shapiro (1976), and Doehrman (1976).

Searles (1955) initially made reference to the reflective aspect of the supervisee-supervisor relationship. He noted the "processes at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor" (1955, p. 135). Searles explained this as a "reflection process" whereby the client, because he cannot yet verbalize a still unconscious conflict, enacts it, and the supervisee in turn enacts the client's conflict for the supervisor.

Three years later, Ekstein, a social worker, in collaboration with Wallerstein (1958), also recognized the powerful affective and interpersonal components of the supervisory process. They termed this unconscious dynamic *parallel process*. Their model was process oriented with emphasis on the interaction between client, supervisee, and supervisor. Ekstein and Wallerstein suggested the supervisee's "problems about learning" center on the relationship with the supervisor, and the "learning problems" encompass the problems with the client relationship.

Arlow (1963) identified and observed the parallel process in the clinical setting. He cited supervisory experiences which served to demonstrate clearly how the supervisee, in presenting the material during the supervisory session, "unconsciously shifted his role from reporting the data of his experience with the patient to 'experiencing' the experience of the patient. That is to say, during the supervisory session, one can see evidence of a transient identification of the student with his patient" (1963, pp. 578–579). This is a "normal and essential process in reporting, and sometimes it serves the function of introducing into the record, through action, material which may fail to appear in the record verbally" (Arlow, 1963, p. 592).

Sachs and Shapiro (1976) were specific in their explanation of the parallel process in supervision. Their position was that the supervisee develops unconscious identifications with the client during points of difficulty in the therapeutic process. Unable to report these impasses verbally in supervision, the supervisee re-enacts them behaviorally during

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(1984) expanded on this explanation by suggesting the supervisee is attempting to learn by watching what the supervisor does with the situation. The supervisee brings the therapeutic situation to the supervision session by playing out the interaction with the supervisor. The therapist then plays the role of the client. By doing this, the supervisor can experience the therapeutic situation firsthand and respond to it.

Doehrman (1976), in her study on parallel process, recognized that the dynamics of the parallel process can work in the opposite direction, as aspects of the supervisory relationship are mirrored in the supervisee's relationship with the client. She offered the description by Searles of the supervisee bringing to the supervisor what the client stimulates unconsciously is only one portion of the actual process. The supervisee also brings to the client the transference-countertransference binds that develop between the supervisee and supervisor. The supervisee's transference response to the supervisor through role or style can effect how the client experiences the supervisee.

More recent explanations, primarily by those with psychoanalytic training, have focused on transference/countertransference issues that stimulate the parallel process phenomenon. As Mattinson (1975) noted, the unconscious operations of transference and countertransference are significant aspects of the parallel process. While the client may transfer feelings related to a significant person in the client's past onto the supervisee (referred to as transference), the supervisor may also experience strong feelings regarding the client that originate in another past relationship (referred to as countertransference). A strong transference reaction from a client is characterized by a distorted perception of the supervisee as therapist, through an inappropriate and often repetitive reaction, provoked by the client's underlying need to make the relationship with the supervisee-therapist fit into the psychodynamic structure of a previous one (Mattinson, 1975). Since countertransference is seen to be the reverse of transference, to which the supervisee is in reaction, it is very important for supervisees to determine whether the feelings stem from a personal past relationship and are transferred to the client or if the feelings are stimulated solely by the client's behavior or feelings (Kahn, 1979).

The same dynamics are likely to occur within the supervisor-supervisor relationship as well. The supervisor must be cognizant of transference reactions from the supervisee to promote effectively the potential of the learning and clinical environment. Moreover, just as the dynamics of countertransference are present in the supervisee's response to the client, so are dynamics of countertransference present in the supervisor's response to the supervisee.

ABI B. WILLIAMS

GOALS OF SUPERVISION AND THE PARALLEL PROCESS

The goals of supervision are in many ways similar to the goals of the therapeutic relationship. Simply put, both the supervisory relationship and the therapeutic relationship involve an emphasis on learning, personal growth, and empathy. These similarities between the supervisory relationship and the therapeutic relationship serve to enhance the likelihood of the parallel process.

Learning

The very notion of being in a learning relationship for either the client or the supervisee places him/her in a subordinate role, which is likely to stimulate transference reactions. For the supervisee, the supervisor's superior status, knowledge, and training can inspire feelings of admiration in the supervisee, as well as feelings of fear, envy, and hostility. "Feeling insecure about his competence, the student fears being exposed and found wanting; fear of his supervisor arises out of the therapist's sense of helplessness in the face of an authority who may judge him harshly and unfairly and ruin his career" (Doehrman, 1976, p. 11). Thus, when responding to the authority, the supervisee may feel vulnerable and unconsciously leave out or minimize the more pronounced qualities in himself/herself, which may be present in less threatening situations. Similar dynamics can be present in the therapeutic relationship as the client is in the subordinate role and may fear the judgment of the supervisee. Although the threat of a formal performance evaluation is not present, the potential for an emotional evaluation is significant and may reduce the client's willingness to disclose. The parallel process would likely become enacted when the supervisee is in a more vulnerable position with the supervisor and unable to recognize the client is in this vulnerable position as well.

Personal Growth

Personal growth in the supervisory relationship requires the supervisee's involvement of the self. The parallel process, as Doehrman (1976) described, also involves the supervisor's involvement of the self. Personal growth, then, would require that the supervisee be able to expose and investigate the process in great detail with the supervisor. The supervisor would need to encourage such exposure and be likewise open to self-disclosure. Since the aim of supervision is the teaching of professional skills, the supervisee's personal growth issues are limited to their particular manifestations in the supervisory and professional therapeu-

tic relationships, rather than including all other aspects of the super-
visee's life situations.

Empathy

While the emphasis on learning and personal growth are important
elements, the empathic aspect of the supervisory relationship is likely
be the most significant in discovering the parallel process. As described
by Kohut (1978), empathy is the manner by which psychological infor-
mation is gathered about another through imagining the other's inner
experience without direct observation. Arlow (1963) claimed that the su-
pervisor has the opportunity to help the supervisee consciously identify
his or her "transient identification" with the client. Similarly, through
"trial identification" (Casement, 1985), the supervisor may place him-
self/herself in the role of the supervisee in an effort to experience what
is being described by the supervisee. These transient and trial identi-
fications, which are critical to empathic understanding of the client,
help the supervisee tap into material which cannot yet be verbalized
explicitly. Gediman and Wolkenfeld described it as "transmitting in ac-
tion what fails to be reported in words" (1980, p. 237).

The transient identifications do not stop with the supervisee. It is
imperative the supervisor also be willing to look at his or her own tran-
sient identification with the supervisee in order to begin unraveling the
influences of the parallel process. The supervisor cannot escape his or
her own transference responses of being in the relationship with the
supervisee. The supervisor's attempt at addressing his or her own reac-
tions to the supervisee will provide the modeling for the supervisee to
explore issues with the client.

REVEALING THE PARALLEL PROCESS THROUGH METHODS OF SUPERVISION

In addition to the supervision goals of learning, personal growth,
and empathy, social workers as supervisors are faced with two primary
purposes. One is to ensure that the supervisee maintains the standards
for clinical performance as set forth by the organization. The other pur-
pose is to help the supervisee acquire increased professional skill. The
methods by which both the supervisory goals and purposes are accom-
plished are varied. Wagner (1957) divided the methods of supervision
into three types, each centering upon differing aspects of the process:
patient-centered, therapist-centered, and *process-centered.* As will be
shown, of these three only one is likely to reveal the parallel process.

In *patient-centered* supervision, the supervisee brings technical

problems with the client to the supervisor and is given advice. This process is basically dyadic in nature. The supervisor forwards fundamental technical procedures to the supervisee and offers clinically useful suggestions (Chrzanowski, 1984).

In *therapist-centered* supervision, the focus of the supervision is on the supervisee's blind spots and countertransference reactions. This approach specifically helps the supervisee explore his or her unconscious influence upon the therapeutic process with the client. When this method of supervision is used to the extreme, the client's issues can become secondary as the supervision develops into personal therapy for the supervisee. A differentiation needs to be made between a skill development process and a potential therapeutic process for the supervisee. Ideally, supervision is an intensive process, taken place over time, in which the supervisor attempts to effect inner as well as technical changes (Williams, 1987), with careful consideration given to the ultimate goal of skill development. Therefore, within the supervisory relationship, the resulting changes that are desired focus only on the professional skill and performance of the supervisee. Therapy, on the other hand, is designed to change the total functioning of the person (Ekstein & Wallerstein, 1958). There is a delicate distinction, then, between the supervisory process and therapy for the supervisee.

In *process-centered* supervision, the focus of the supervision is on the interaction between the client, supervisee, and the supervisor. Doehrman (1976) explained that in this approach the emphasis is on what is happening between the supervisee and client as well as what is happening between the supervisee and supervisor. As with *therapist-centered* supervision, *process-centered* supervision can also be vulnerable to transgressing into a therapeutic focus. However, the interactive dynamics between the supervisor, supervisee and client are the focus, rather than the intradynamics of the supervisee or just the dynamics between the client and the supervisee. Of the three methods of supervision just described, *process-centered* supervision is the one most likely to detect the presence of parallel process in the supervisory relationship, thus, providing immense opportunities for learning when attention is given to these unconscious dynamics.

IMPLICATIONS FOR CLINICAL SUPERVISION

Because parallel process is an inevitable component of the supervisory relationship (Caligor, 1984; Doehrman, 1976; Allphin, 1987), an increased awareness of the dynamics associated with parallel process will afford the supervisor and supervisee the opportunity to utilize the process as a learning exercise. The most common signs of a parallel pro-

cess include inexplicable therapeutic/supervisory impasses, the
visee's sudden change in the transference image of the supervisor, and
atypical behavior in either the supervisee or supervisor (Deering,

To recognize the parallel process as it occurs, the supervisor must be
aware of himself/herself in terms of being tuned in to what he/she expe-
riences in the supervisory session. The supervisor's sensitivity to his/her
own process will better enable the supervisor in determining at what
relationship level the issues of the parallel process dynamic has origi-
nated. Mattinson (1975) referred to this in her discussion on boundaries
in the supervisory and the therapeutic relationship. Specifically, she
stated the supervisee's "psychological skin needs to be sensitive enough
to pick up some of the psychic difficulties of his client, but it needs to be
firm enough around his own being to be able to distinguish between
what belongs to him and what is, in fact, some feeling he has introjected
from the client" (1975, p. 31). This reference to boundaries through the
symbolism of "psychological skin" is crucial for the supervisor in dealing
with the supervisory relationship as well. Therefore, approaching the
supervisory session from a cognitive perspective alone, separate from
the underlying process, would limit the full experience of what might be
communicated from the supervisee. As previously mentioned, the paral-
lel process tends to be an unconscious acting out of what cannot be ver-
balized. Thus, if the supervisor is only dealing with the verbal exchange,
dismissing the covert process, the essence of the communication will be
lost.

Supervisee-Client Issues Enacted with Supervisor

The parallel process embraces a recognition that the supervisee-cli-
ent relationship involves reciprocal interaction, in which the supervisee
is influenced by the client, as well as influences the client. A client who
evokes a sense of disorganization, confusion, and puzzlement in the su-
pervisee is paralleled by the supervisee's display of confusion and puz-
zlement when the supervisee presents the case for discussion in the su-
pervisory session. Experiencing a client who is evasive and resistant,
the supervisee, in discussing the case, displays an analogous kind of
evasiveness and resistance in interaction with the supervisor. And just
as the client may generate a feeling of helplessness, frustration and
anger in the supervisee, the supervisee may evoke feelings of helpless-
ness, frustration and anger in the supervisor.

A more specific example follows. Scott, the supervisee, said in a super
session he has been having a real problem with his client, Millie. Scott does not
that Millie keeps complaining about her job and how hopeless she feels about
changing it. He told his supervisor that he was trying to "get" Millie to

closely at what is going on at her job that is making her feel this way. Although she seemed to be exploring this, Millie doesn't appear to be getting anywhere. The supervisor asked Scott what *he* was feeling while he was with Millie, and Scott replied he was feeling more and more helpless and irritated. The supervisor then suggested perhaps they are playing out something transferentially that might need to be examined. She had hardly spoken these words, when Scott abruptly agreed and replied he had already considered the possibility of transference, but nothing had changed as a result. At this moment, the supervisor's tone of voice took on an impatient quality as she asked Scott to "tell her exactly" what went on during the last session. In reaction to this impatient tone, Scott fidgeted and attempted to explain, but did not become more enlightened or enlightening in the process. The supervisor's tone grew more "official," and her points more focused on Scott than on the clinical issues. Meanwhile, Scott became passive to the supervisor's growing authoritarian manner. Eventually the communication got so blocked the supervisory process ran into noticeable trouble as both Scott and the supervisor withdrew from the task of exploration.

If the supervisor is knowledgeable of parallel process, she will consider the possibility that her own growing feelings of helplessness and irritation are exactly what Scott felt with his client. At this point, the supervisor is challenged with assisting Scott in exploring his response to the client's resistance by first disclosing her internal reaction to their process and her collusion in it. In this way, the supervisor moves out of the active parallel process and into a recognition of the replication, enabling Scott to better assess the interaction and develop a non-reactionary plan.

Supervisee-Supervisor Issues Enacted with Client

The parallel process must also involve a recognition that the supervisor-supervisee relationship involves a reciprocal interaction whereby the supervisee is influenced by the supervisor as well as influences the supervisor. The supervisee may carry into the client relationship reactions from the supervisor-supervisee exchanges, thus unwittingly setting up similar behavioral or attitudinal responses.

For example, a supervisor who presents a laissez faire style of supervision with little accountability for task completion can be paralleled by the supervisee who provides little expectation or accountability that the client follow through with recommendations to achieve therapeutic goals. During a supervisory session, the supervisee may report frustration and confusion regarding a client who is not following therapeutic recommendations. At this point, the supervisor who is aware of the parallel process can examine her own participation in the modeling of the behavior being described by the supervisee. In accepting responsibility for modeling the behaviors to the supervisee that were then modeled for the client, the supervisor can aid the supervisee in viewing the client's behavior in a broader sense than simply as the client's resistance.

Action Guidelines

Identifying parallel process and incorporating corrective action requires the supervisor move through several stages of exploration and modeling:

1. Note one's own personal emotional response (e.g., frustration) relating to the supervisory session.
2. Check for a parallel process by exploring the similarities of the dynamics enacted within the supervisory session to the dynamics of the therapeutic relationship.
3. Acknowledge one's role in creating it, thus modeling the desired behavior for discovery.
4. Invite the supervisee similarly to explore his/her own involvement in the replication.
5. Acknowledge the supervisee's efforts in the discovery process.
6. Develop a mutually agreeable method for addressing this issue in future supervisory sessions, again modeling behavior desired for supervisee.
7. Facilitate the supervisee in developing a strategy for working with a client in light of the parallel process.

SUMMARY AND CONCLUSION

The parallel process is the unconscious reenactment of the therapeutic dynamics within the supervisory session. The method of supervision most sensitive to addressing this dynamic is *process-centered*. By tuning into the interactions between the supervisor, supervisee, and client, the exposure of the parallel process is enabled since each part of the triadic relationship impacts and influences the other.

The parallel process often originates with the supervisor's modeling of interactive styles. These interactive styles are then acted out within the supervisee-client relationship and get reflected back to the supervisor within the context of supervision. Through the process of exploration and self-disclosure regarding an emotional response within the supervisory relationship, the supervisor provides modeling for the supervisee to do the same regarding his/her relationship with the client.

Since traditional supervision does not emphasize the necessity of supervisor partaking in the process of self-discovery within the boundaries of the supervisee-supervisor relationship, uncovering parallel process dynamics can be quite challenging. For this reason, it is crucial for social workers to integrate an appreciation for the parallel process in order to provide quality supervision to those they supervise.

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Abi B. Williams, LMSW
Graduate School of Social Work
University of Houston

SUPERVISION SEMINAR
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