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Parallel Process in Supervision: A qualitative investigation

Abstract

This study explored the phenomenon of parallel process as experienced by a group of four Gestalt and integrative counsellors and psychotherapists and four supervisors. It considered their direct experience of the phenomenon, their understanding and the meaning they ascribe to it, their ways of working with parallel process and consideration of any possible function.

Key Words

Parallel Process, Qualitative, Field Theory, Supervision, Shame, Transference

Introduction

The researchers are Gestalt and Integrative psychotherapists and counsellors. We wished to explore parallel process because

- We all experience 'parallel process' as significant in our practices as therapists and supervisors.
- Parallel process emerged frequently during our supervision training, particularly during live supervision practice. We wished to further our understanding of clients and increase our confidence as supervisors.
- We were fascinated by the way parallel process appeared, at times, to have an almost mystical or magical quality and also to be an integral part of the field.

Working collaboratively brought both richness and depth to the project, encouraging interest in each other's ideas. We also welcomed the opportunity to work as a community with the richness and challenge that would bring. (Reason, 1994)

We noted both individual and socio-political motivation (Mason, 1996). By serving our own

interests and addressing the limited research literature available we hoped that by "heightening awareness and creating dialogue ... research can lead to better understanding and through that insight lead to improvements in practice." (Barrit, 1986). We wished to bring together thinking and ideas related to this phenomenon, which might be useful both to ourselves and to other practitioners, supervisors and clients.

Literature Review

The early literature from Searles, (1955) through Mueller and Kell, (1972) and Russell, Crimmings and Lent, (1984) defines parallel process as a wordless communication in which the supervisee acts out what is happening in the therapeutic relationship in an attempt to learn how to deal with the situation. It is considered to be an unconscious process evoking in the supervisor the emotion felt by the therapist as they identify with their client, building on Freud's suggestion that "... the patient does not remember ... what he has forgotten and repressed, but acts it out." (1914)

This literature emphasises transference and counter-transference as an explanation of parallel process. It describes the behavioural and cognitive manifestations as uni-directional, from the therapeutic dyad to the supervisory dyad.

Parallel process is accepted as a reality in studies by McNeil and Worthen, (1989) and Friedlander, Siegel and Brenock, (1989). Doerhman (1976) broadens the description of parallel process to bi-directional. Quoted in Carroll (1996), Gediman and Wolkenfield, (1980) take this further suggesting a "complex, multi-directional network that guarantees the emergence of the phenomenon"

Literature from a humanistic perspective begins, essentially with Clarkson's (1991a, 1991b) description of parallel process as the "interactional field of the psychotherapist/patient field, replicated in the psychotherapist/supervisor field", introducing the idea of parallel process as a fractal of the larger field. Hawkins and Shohet, (2000) echo this description in simpler language.

These descriptions suggest a development in sophistication of thinking culminating in a field theoretical view of parallel process as an inevitable phenomenon. This reflects the shift from a modernist, positivist philosophy to a post modern, constructivist philosophy, and a shift from the interpretative attempts to resolve the parallel process to an emphasis on awareness and curiosity and tolerance of the ambiguity inherent in parallel process.

Parallel process is now to be allowed to speak for itself without prematurely seeking a conclusion.

Transference and counter-transference are frequently used as an explanation of parallel process, elaborated by Clarkson (1991a, 1991b) by reference to proactive and reactive transference and counter-transference. Where the early literature describes parallel process as pathological, Clarkson is unique in the literature of the 1980's and 1990's in addressing its complexity. She emphasises the mutuality of responsibility for parallel process between therapist and client, asserting "to seek *first causes* in such a complex, dynamically interactive situation seems futile." (Clarkson, 1991b, original italics.) She also implies parallel process may be identified through the here and now experience of an emotional interaction.

This becomes a broader theme in the writing of Carroll, (1996), Gilbert and Evans, (2000) and Hawkins and Shohet, (2000) all of whom refer to strong feelings experienced by the supervisor as a possible identifier of parallel process. They also broaden the therapeutic system in which parallel process can arise to include client, therapist, supervisor and consultant or supervisor of supervision. Parallel process is now described as a source of information for the participants, identified by noticing unusual behaviour or engagement in the dynamics of the contributing relationships.

Doerhman (1976), and Loganbill, Hardy and Delworth, (1982), advocate responding to parallel process when it is observed. Loganbill et al (1982) and Stoltenberg and Delworth (1987) caution that inexperienced counsellors lack the self-awareness and insight to discuss parallel process without increased anxiety, a view reinforced by Doerhman (1976).

Carroll (1996) points out that parallel process does not disappear by being brought to awareness, both therapists and supervisors may remain enmeshed in parallel process beyond this point. Carroll also suggests that interpretations, particularly if the supervisee is experiencing strong emotions, may lead to the supervisee feeling misunderstood or judged, a view supported by Williams (1987).

McNeill and Worthen (1989) and Sumerel (1994) suggest simple interventions focused on self-awareness with entry level counsellors. Sumerel, (1994) highlights the risk of moving from supervision to therapy when working with parallel process and Feltham and Dryden, (1994) also suggest the supervisor guard against parallel process being used to suggest 'clinical wizardry.'

Carroll (1996) suggests role play as a method which also de-emphasises the explanatory role of the supervisor. Gilbert and Evans, (2000) also add modelling, self disclosure and paradoxical interventions to the list, showing that these interventions are useful at all stages of professional development.

Research Methodology

We opted for a phenomenological inquiry (Husserl, 1931), drawing on existentialism, (Heidigger, 1977) and building an appreciation of the lived experience through description and the way individuals construct their own meanings. (Barber, 2002) The researcher collects data, reasoning inductively, focusing on meanings and describing a process which is expressive and persuasive in language. (Creswell, 1998) The goal is to explore phenomena in depth, (McLeod, 1994) and integrate subject and object (Moustakas, 1994) As far as possible this is a joint inquiry involving the experiences of the researchers and co-researchers.

Underpinned by phenomenology, existentialism and field theory (Lewin, 1952), we believe that people make meaning of their experience according to their needs and the prevailing conditions in which they find themselves, (Mackewn, 1997) and view people holistically, in the context of their person/ environment field. This philosophy falls within the post positivist paradigm, arguing that people act consciously and what they do has meaning for them. (Lazar in Seale ed. 1998) Contemporary Gestalt for example emphasises contact as a foundation for dialogical presence and that the phenomenological relation of person and context gives an integration of the subjective and the objective. (Yontef, 1993)

Quantitative research cannot be truly objective and trying to remove all subjectivity renders the results meaningless. Empirical hypothesis testing is deductive, restricts the emergence of unforeseen data and is incompatible with a holistic or field approach. Qualitative research analyses data inductively eschewing the linear deduction, value free objective observations and quantifiable facts of a positivist world-view. (Morrow and Brown, 1994) This provides significantly greater depth and brings our own views into the field.

Weber stresses "all research is contaminated to some extent by the values of the researcher." (Silverman in Seale ed. 1998) Therefore we attempted to be aware of, question and acknowledge our own position, echoing the dialogic attitude of Martin Buber. (Buber 1947/2002) We looked at our own attitudes to transference phenomena and how these may

affect our experience as supervisors and as supervisees. Adopting a dialogic I-thou attitude meant engaging with the perceptions of our co-researchers and revealing our own vulnerability and our own 'not knowing.' Using the views and experiences from the focus group heightened our awareness of this.

Data Gathering

Using the model of cooperative inquiry described by Reason (1994) proved to be less straightforward than the model suggests. We experienced the phases as recursive rather than discrete.

The focus group facilitated useful information emerging. (Cresswell: 1998) Having enough common ground to work co-operatively, we did not engage an external facilitator. One person took responsibility for recording, transcribing and distributing discussion. We replayed the transcript and agreed the dominant themes.

Semi-structured interviews were formulated from these emergent themes, maintaining a balance between flexibility and focus and increasing comparability of the data (Flick, 1998). Each researcher interviewed a practicing supervisor (co-researcher), known to them, who had an interest in parallel process. This led to deeper discussion allowing new ideas and data, primarily practical knowledge, to emerge (Reason 1994). Open ended questions supported "an authentic understanding of people's experiences" (Silverman 1993) and related to:

- Definitions
- Possible indicators of parallel process
- Perceived impact on supervisor and supervisee
- Any function attributed to parallel process
- Any other thoughts

Ethical Considerations

Research should reflect four principles from moral philosophy, beneficence, non-munificence, justice and respect for autonomy. (Bond 1993) We believed experienced supervisors who agreed to take part would have access to support through their own therapy or supervision if needed. We also provided an explanatory letter and consent form and took all reasonable steps to protect the anonymity of the co-researchers.

Methods and Process of Data Analysis

We agreed a modification of the Vaan Kaam method and the Colazzi Keane method as our preferred way of analysing the data (see Moustakas 1994).

Initial themes emerged from a collaborative, inductive analysis of focus group data. These reflected our joint understanding and were used to formulate questions for the interviews as well as being part of our cumulative data.

Interviewers produced corrected transcripts. We jointly listened to the tapes, getting an overall sense of everyone's related experiences. Inductive analysis by a process of 'horizontalisation' (Moustakas, 1994), clarified "the invariant constituents of the experience." We listed emergent themes individually and then considered them together, including the data from the focus group. The findings combine a literal and interpretative analysis (Mason 1996), which we then discussed, including our responses to individual interviews, a more reflexive approach, linking this to the literature review. Common themes were developed into a composite description of the meanings and essences of the experience for the whole group. (ibid)

Our co-researchers are referred to as 'A', 'B', 'C' and 'D' and the four researchers are referred to as 'R1', 'R2', 'R3' and 'R4'.

FINDINGS

Textural And Structural Description Of Themes

Emergent themes fell into four areas:

- Definitions of parallel process and their relationship to different models, in particular field theory.
- Indicators of parallel process and its impact on supervisees and others.
- Supervisor responses to parallel process.
- The possible function or purpose of parallel process.

Definitions of Parallel Process

Definitions

All the co-researchers defined parallel process as a process in one relationship being identified as re-enacted in a second relationship. The common person, in this study, was the therapist/ supervisee. For example 'A' specified a "process (which) has emerged between a supervisee and a client that is then replicated between that supervisee and myself".

'B', 'C' and 'D' indicated a wider context across time and space for their understanding of parallel process. 'D' used examples relating to his sense that supervisees brought their clients with them.

The focus group had also implied a definition concordant with those above.

'B', 'C' and 'D' embedded parallel process in transference and counter-transference, for example 'C' described it as "like a transferential hall of mirrors. 'B' stated that 'parallel process' and counter-transference both shed light on transference phenomena and that parallel process may be a better way of looking at them. 'A' suggested that in a field theoretical model transference and parallel process were encompassed in a framework of co-emergent phenomena.

Links to Field Theory

All co-researchers linked parallel process to field theory. 'A' says "the whole concept is explained by field theory." 'B' says:

That's field theoretical isn't it, that something that happens....in one system at some point in time can be replayed in another at another time in another place with another person.

'C' asserts "It's all about field theory for me ...one thing is inextricably linked to another" 'D' refers to a supervisee saying, "it's almost as if her field is impacting on me. The focus group used field theory to explain the apparent impact of an intervention in one setting, the supervisory dyad, on the relationship in the therapeutic dyad. There were also examples that suggest this can happen even prior to direct contact between therapist and client following supervision:

Interestingly the next time she arrived (for therapy), and I had all these kind of ideas and strategies put in place...none of those were necessary ... there was a transformation. ('R 4')

Co-creation / Co-emergence

All co-researchers described parallel process as a co-created or co-emergent process. 'A' states:

One of my key organising principles of co-emergence at the contact boundary ... means that it's not carried by me; I don't start it off on my end anymore than the client could start it off on that end. ('A')

'B' states "...it is difficult to know who triggers these things but even if it is triggered by the client there would be something in the therapist that would be open to receiving it really and something in the supervisor that would be open to receiving it."

All the co-researchers held a non pathologising view of the parallel process and see it as normal, inevitable, a part of all relationships which is to be attended to with curiosity rather than as a problem. Parallel process is not seen as a shortcoming in the therapist or as a re-enactment of pathology by the client. Indeed it may be as much an expression of the 'here and now' of the supervisory relationship as it is an expression of the 'there and then' of the therapeutic relationship. ('A')

Underpinning Theory and Philosophies

Three co-researchers refer explicitly to their philosophical understanding of parallel process. 'B' links a non-pathologising stance and curiosity to the principles informing integrative, relational, developmental and Gestalt psychotherapies, adding that in current relational psychoanalysis there is also more emphasis on co-creation. 'C' refers to "phenomenological story telling", and 'A' states that phenomenology is a core part of her discipline relating to her stance of "cultivated uncertainty."

'A' also suggests that parallel process, in the traditional pathologising sense, links to an individualistic model and that the implications of a field theoretical stance are hugely different. "... pathology is not carried by one person it emerges at the contact boundary" ('A') She suggests that any relational model places all events in the here and now as the "jam in the sandwich between the there and then and what's going to come next." All co-researchers refer explicitly or implicitly to a more fluid or circular concept of time in the therapeutic encounter. 'A' and 'B' refer directly to working from a post-modern model which goes beyond "Newtonian linear cause and effect", ('B') or "Cartesian Dualism and Newtonian Physics" ('A').

Indicators of Parallel Process and the Impact on Supervisees and Supervisors

Initial Indicators

All researchers and co-researchers identified strong feelings in supervision as pro-dromal indicators of parallel process, mentioning confusion, irritation, sadness, hopelessness, dissonance, 'stuckness', paranoia, anxiety, isolation, and feeling overwhelmed. Absence of feeling was also seen as an indicator. Physiological sensation or embodiment was also highlighted, for example increased heart rate. 'A' suggests an indicator of parallel process:

...could be a sense of unease or tension in the body ... more extreme indicators are feeling extraordinarily tired or feeling unusually and suddenly attracted to somebody.

Lack of empathic attunement in either supervisor or supervisee was identified as an indicator of parallel process. In the focus group 'R3' reported dreaming as an indicator of parallel process in the sense of the client "taking up too much space". There were also descriptions of feeling incompetent as a therapist.

'A' suggested subtle changes in behaviour, speech or demeanour, for example in speech patterns, disengagement of gaze or a sudden unusual feeling might indicate parallel process. 'C' described a supervisee being unusually reluctant to present a client and a supervisee who was unusually punitive. Similar examples arose in the focus group. 'A' identified these as co-emergent phenomena rather than as belonging to the client or to the supervisee. 'B' suggested that "looking for indicators is possibly a false trail" perhaps leading to a sense that parallel process could be avoided rather than held with curiosity as an inevitable phenomena in the field.

Impact on Supervisees/Therapists including Shame Responses

Strong feelings were also presented as the impact of parallel process. The focus group identified shame as having a particularly strong impact on supervisee's awareness of parallel process, contributing to the difficulty of remembering specific incidents clearly. This was less problematic when remembering incidents as a supervisor. All co-researchers linked shame to parallel process for supervisees, experienced to different degrees and with differing levels of robustness dependant on their maturity. A therapist's ability to manage shame is probably linked to their level of experience ('B'). 'C' links it to confusion. 'A' described shame as a co-

emergent phenomenon, as likely to be triggered in the supervisory relationship as in any other aspect of the field.

Supervisors Responses to Parallel Process

Levels of Experience

All co-researchers indicated they worked with parallel process differently according to the experience and needs of the supervisee. 'A' suggests with more experienced supervisees she is more likely to look at parallel process. 'B' suggests that beginning supervisees experiencing parallel process are more likely to "feel they have done something wrong." Both 'A' and 'B' specifically refer to this as a misconception on the part of the therapist, and re-iterate that 'parallel process' is inevitable as a field phenomenon. 'A' suggests that this sense of responsibility leads to anxiety which may create the potential for blaming the client, by both therapist and supervisor.

All the co-researchers emphasise the importance of not making assumptions about the origin of the parallel process. 'C' refers to the complexity of unpicking what is happening, insisting responsibility is mutual. 'B' suggests more experienced supervisees are more able to stay with the discomfort and ambivalence of "not knowing" and to work through it. 'C' suggests the supervisor's role can be to create sufficient safety for confusion to exist thereby enabling the supervisee to create enough safety for the client also to sit with confusion and ambiguity.

Interventions

Techniques for working with parallel process included staying with the confusion and exploring the 'here and now.' ('A', 'C') This was linked to the experience and needs of the supervisee as well as and in order to meet the needs of the client. 'D' and 'A' refer to using role play and 'B' to encouraging supervisees struggling to express anger to direct it at him before unpicking the parallel process. The parallel process thus becomes an opportunity for the supervisee/ client to have a different experience. ('B') The researchers remembered instances where this had happened ('R2', 'R3') and was helpful and supportive. 'B' refers to supervisor/ therapist self care and how supervision helps people work through issues arising out of parallel process. Both 'A' and 'B' refer to supporting supervisees to "grow their own internal supervisor," The researchers highlighted the importance of supervisors naming parallel process "because it brings it out of the shadow." ('R1')

Shame

'A' suggests shame is an indicator of lack of support in the field, adding that with more experienced supervisees she is more likely to stay with the here and now of the "existential dialogue". She also suggests that more experienced therapists can be of narcissistically vulnerable, believing that they should not feel shame, and that some issues seen as parallel process are those which the therapist brackets and which then emerge "value added" with shame in supervision.

The Function or Purpose of Parallel Process

All those involved in the project felt that parallel process or the interconnections in the emerging field had a function.

Broadly parallel process was seen as a way of passing information, "an unconscious message" ('C'), "a gift" helping supervisor and supervisee to understand what might be happening for the client ('D'). It was described as shedding light and carrying "information from one dyad to another ... of raising the awareness to take back to the original setting" ('A')

Shedding light was seen as "making meaning of a mystery" ('C'), and 'B' suggested that sometimes the only way the client has of bringing light to their lives is by re-enacting something with the therapist. The purpose was therefore to express something which, being out of awareness, could only be told in an unconscious way and be revealed by being replayed or re-enacted, as a kind of "phenomenological story telling" ('C'). 'B' also suggested that sometimes the therapist might intuitively begin an unconscious process in order that a need of the client is re-enacted.

There was consensus that naming what had been unnameable, making sense of something which had before been out of awareness changed field conditions for all concerned. Some co-researchers focused specifically on the change for the client, that might seem almost magical and could be explained in terms of field theory. 'B' suggested parallel process offers an opportunity to work with a developmental need and for the therapist to respond in a reparative rather than repetitive way.

'A' emphasised the possibility that the process being enacted might be in the supervisory relationship. She suggested that the disturbance, attributed to parallel process, might be the consequence of the therapist bracketing something during the therapy session, which then emerged in supervision, linking to the actions/ process of the supervisor as well as those of the supervisee.

'B' identified parallel process as also "a healing crisis where you can move forward or stay where you are or even move backward." He linked this to the purpose of therapy as being to help the client move further into life and that powerful, transference moments, often illuminated in the parallel process were the key moments for movement. He cited numerous case studies that he had marked which illustrate this. Parallel process was also seen as potentially indicating issues the therapist or supervisor might usefully take to their own therapy, not because they had got something wrong, rather to illuminate another opportunity for growth. ('B' & 'A')

The Essence of the Experience

The following is the essence of the experience as it emerged from this inquiry.

The essence of the experience of parallel process for us is that of a phenomenon which is normal and inevitable, always present, but not always figural. It is an unconscious process which is being re-enacted, a gift, offering the potential to make meaning or shed light on a mystery, bringing information from the 'there and then' into the 'here and now'. It is a co-creation or co-emergent process bringing movement between figure and ground, naming the un-named, and offering the opportunity for healing.

It is often accompanied by a sense of dissonance, of strong feelings or even an absence of feelings, by subtle changes in phenomenology, sometimes embodied, or experienced physically by the therapist or supervisor.

It is a process to be held with curiosity, not one which is pathological. It is an inevitable dynamic of the field. Looking for the starting point is to create a false trail, losing the sense of co-creation.

The recall of parallel process can be blurred by shame and requires sensitivity on the part of the supervisor. The supervisor must modify his/her responses to the level of development and maturity of the supervisee/therapist and to their 'robustness' to shame. It also requires supervisors to be open to their part in the process and to model an attitude of curiosity and interest and not shame. Parallel process may be an expression of the 'here and now' as well as the 'there and then'

The pushing of parallel process into awareness offers the opportunity for enhancing understanding, for attending to developmental deficits on the part of the client and of the therapist/supervisee or indeed of the supervisor, a reparative transference. As such it can be part of key moments in therapy when transference

phenomena are broken through and contact deepened.

DISCUSSION

Contemporary Gestalt has a developmental and relational focus (Mckewen, 1997, Yontef, 1993) and many practitioners are influenced by objects relation theory and inter-subjectivity theory (Jacobs, 1992), conceptualizing self as an inter-subjective or co-created phenomenon as written about by Stern (2004) and Stolorow et al (1987, 1994). Integrative psychotherapy is founded primarily on Gestalt therapy and Transactional Analysis. (Erskine,1988). Researchers and co-researchers share common values and a worldview underpinned by humanism, holism, phenomenology, existentialism and field theory. This was reflected in their responses and by the common themes which emerged. All the co-researchers shared a sophistication of thinking about parallel process reflecting some of the concerns more recently addressed by psychotherapy theorists, including field theory and inter-subjectivity theory.

All shared views about the inevitability of parallel process, the indicators and the impact it has and had similar thoughts regarding the importance of supervisors responding appropriately to the level and ability of the therapist. All recognised the potential for shame and referred directly or indirectly to the importance of not pathologising either the therapist or the client. However there were differences, particularly in relation to language used, in the extent to which their approach was informed by field theory and regarding the function of parallel process.

Parallel Process as a Field Phenomenon

The literature tracing an evolving formulation of parallel process from uni-dimensional (Searles,1955; Mueller and Kell,1972) through a bi-dimensional (Doehrman, 1976) to multi-dimensional one. (Clarkson 1995a & b) Clarkson (ibid) sees parallel process as a field phenomenon and describes four specific dimensions for the purposes of discussion. As the research project progressed we increasingly embraced the view that parallel process is an inevitable co-emergent process which is always present but which at times becomes figural and presses for attention because of the specific field conditions current at that moment. As such parallel process is not dependent on a strictly chronological or linear sequence (chronos), rather it emerges from a configuration of mutually interacting experiences, necessarily but not exclusively, involving the client, therapist/ supervisee and supervisor. The emergent experience is placed in time as a

moment which may have elements from a number of previous experiences (kairos) and which appears as fitting the emergent experience being co-created by the supervisor and supervisee.

In general our study confirmed and added to the thinking of more recent humanistic and integrative writers on parallel process in supervision, (Gilbert and Evans, 2000, Carroll, 1996, Hawkins and Shohet, 1989/2000.) These writers, like our co-researchers, see parallel process as an inevitable phenomenon and accept that they too are part of the field configuration in which it occurred. The study confirms Carroll's (1996) suggestion that parallel process cannot be assumed to disappear once recognised. We would rather suggest that it merges back into the ground once it has been attended to. From a radical field perspective we must assume that some form of isomorphism exists at all times between the experiences of the client/therapist dyad and the supervisee/ supervisor dyad.

Pathology

When viewed as a co-emergent or co-created phenomenon, parallel process can no longer be considered to arise in a particular person or context as was originally believed (Searles1955; Doehrman, 1976), rather it has to be viewed inter-subjectively. This means we can no longer assume an 'observer' in the person of the supervisor, who is omnipotent in being able to understand and explain what is happening from an independent perspective. Parallel process becomes a figure in which both the supervisor and the supervisee have a responsibility. It is no longer something which can be attributed to the client's pathology or the therapist/ supervisee's incompetence.

This implies that parallel process is a ubiquitous phenomenon and cannot be ascribed to a difficulty or problem in the client, therapist or supervisor or in the client/ therapist or supervisee/ supervisor relationship. It is not a pathological process which needs to be cured or corrected, as was the view in the early psychoanalytic literature, a view challenged explicitly or implicitly by all the co-researchers and implicitly challenged by recent humanistic and integrative writers. (Carroll, 1996, Gilbert and Evans 2000)

Function of Parallel Process

Researchers and co-researchers all agreed that parallel process is a way of carrying information from one field configuration into another. The information was seen as out of awareness and therefore difficult to pass on in any other way.

This concept merits further exploration. Limited attention is given in the literature to the function of

carrying information out of awareness and the focus appears to be on interpretation and developing awareness rather than exploring how parallel process might be functional or even necessary. Perhaps the parallel process provides a healing crisis, a reparative/ repetitive transference. The field conditions create an opportunity for either possibility, the potential induction of repetition ideally being spotted by the therapist or perhaps by their supervisor. To say the client instigates this would be a false trail as the phenomenon is co-created in the field of client, therapist and supervisor and others impacting the field. This suggestion appears to take the subject further than the literature currently available.

Co-researched projects grow through further informal discussion and our views were modified, developed and refined whilst new questions were created in this process. These are reflected in this discussion and in our conclusions. Projects and ideas also grow with each individual co-researcher. One of the group noticed that the British Gestalt Journal, December 2004, contained discussions regarding embodiment and Gestalt as both a relational / dialogic approach and as an approach encompassing drives and organismic self-regulation. Philippon suggests that:

In the attempt to make a more human and humane Gestalt therapy there is a loss of the primacy of the body, and of relating that is not part of an ongoing relationship with a human other.(2004)

The researcher wondered if parallel process might sometimes become figural when organismic needs or drives are pressing for attention, and when the awareness is potentially too painful or shaming to be expressed or embodied in the current field configuration. The need is then passed on to another where there might be an alternative opportunity for awareness and recognition. Embodied need or drive might therefore be expressed through relation but not in relation to the primary figure. For example co-researcher 'C' refers to a supervisee who appeared to be protecting her (as a supervisor whose son was ill) from discussion about dying. However underlying this was both the supervisee and the client's unacknowledged fear of not getting their needs met if their partner died. The embodied fear was therefore only understood through relation with another.

Another way of considering this would be to think of parallel process as shedding light on unconscious meanings and thus potentially making clear issues which might obstruct fuller contact or relationship. Once the parallel process was named or shifted in some way the

possibilities for meeting or contact appeared to be enhanced.

Implications for Supervisory Practice

One characteristic of this research has been combining ideas based on our experience as supervisees/ therapists with ideas from experienced supervisors, two of whom also spoke about their experiences as therapists. This offered the opportunity to compare some of the thoughts expressed regarding helpful interventions from the perspectives of both therapists/supervisees and supervisors. Participants were also willing to explore their part in any process and to self disclose. Self disclosure as a legitimate tool of Gestalt and humanistic oriented therapy requires a deeper understanding of the relational dynamics and is inherent in inter-subjective thinking. It also requires subtle clinical judgement to decide when and how much to self disclose. (Zahm, 1988) We would also argue that it is impossible not to self disclose to some degree.

This is a non-pathologising stance, one of curiosity, of cultivated uncertainty, where looking for the starting point is 'a false trail' but where light can be shed on unconscious processes and therefore offer options for growth and contact between those configuring the field. This fits with the horizontal approach to relationship in humanistic oriented psychotherapy.

However shame, seemingly associated with parallel process in our research, appears to have received relatively little attention in this context in the literature. Shame is felt as a deficiency in the self, a sense of being fundamentally flawed. (Kaufmann, 1985; Evans 1994.) Wheeler (1998) suggests that within a field model as opposed to an individualistic model, shame "is a sign or information about the conditions of the relevant field." This seems particularly relevant to the phenomena we are describing as parallel process, and to the function established in this research, namely that unconscious information from one dyad is being re-enacted in another as a means of exciting attention and of pushing into awareness. Considering shame and parallel process from this perspective also avoids pathologising client, therapist or anyone in the field.

"Support in the sense of reception and connectedness is *the very opposite of shame.*" (Wheeler 1995) Supervisors who are sensitive to the impact of shame, both on themselves and on their supervisees, are more likely to be supportive and to help supervisees build robustness to shame ('A'). This does not mean losing sensitivity or vulnerability rather developing the ability to stay

with strong feelings including shame ('B'). This is likely to lead to clearer understanding, figuring out the process, and to the experience of shame being transformed into a feeling of connection in the field (Wheeler, *ibid.*), thus increasing the possibility of contact.

Impact of the Research Project on us as Co-researchers

In researching parallel process we felt it was important to note parallel processes within our group. For all of us there were connections with past scripts, feeling responsible, feeling guilty- am I doing enough, a sense of relief at letting someone else take over, feeling overwhelmed, feeling anxious about not being fully involved in discussion, fears about getting it wrong.

We noted particular feelings attached to interviewing supervisors known to us and also that interviews ranged from being strongly theoretical, through more structured and case-related approaches, to one much more based on personal reflection. We wondered how these co- creations reflected our co-researchers and us.

Open discussion of these processes was important. Through discussion and exploration they became less powerful and shaming and we held them with curiosity and at times humour rather than judgement; they appeared to help us be a stronger and more collaborative group.

CONCLUSION

Parallel process is a ubiquitous field phenomenon and present in all relational settings. In the context of supervision a co-created or co-emergent figure is formed when there is a disturbance in the local field configuration of supervisor and supervisee which relates to processes in other local field configurations of the people involved. This emergence cannot be attributed to an individual and the process is not pathological. Parallel process is to be viewed with interest as a source of information and an opportunity to address the field conditions which give urgency to the emergent experience.

Strong feelings are often the first indicators of parallel process however more subtle shifts in relational behaviour can also suggest the presence of parallel process. In the exploration described above shame emerged as an important element in both identifying and working with parallel process. Here again shame was seen as an integral part of everyone's experience and an indicator that the person expects a lack of support in the field. As a focus group we highlighted the importance of trust that our supervisors would be

able to contain these strong feelings. Our co-researchers (as supervisors) also referred to the importance of sensitivity, trust and horizontality.

Parallel process can be addressed by using the full range of approaches available to the supervisor using tools such as role-play experiment and self disclosure as appropriate. This may occur by addressing the supervisory relationship directly or by looking at the wider context which has given rise to the emergent process. The choice of how to address parallel process is influenced by the experience and needs of the supervisee and their stage of professional development.

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