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Supervision in Ericksonian therapy – theoretical considerations

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Abstract

The article the discusses theoretical assumptions of supervision carried out in the course of Ericksonian school of psychotherapy. The author presents the framework of a supervision contract, as well as the goals of supervision. She explains the methods of supervision utilizing both conscious and unconscious phenomena in a supervision meeting and introduces a concept of Ericksonian inclusion. She also describes a supervisory relationship and shows how the parallel process is understood in Ericksonian psychotherapy. Next, she presents the stages of the supervision process and compares them to the stages of hypnosis. Finally, she examines the different areas of a supervisee's development.

Ericksonian supervision, unconsciousness in the supervision process, Ericksonian parallel process, stages of supervision

1. INITIAL ASSUMPTIONS

In the present article, theoretical foundations of a supervision process in Ericksonian psychotherapy are discussed. As in many other approaches, such as constructionistic psychotherapy [1] for instance, supervision in Ericksonian approach is understood as a professional relationship between a supervisor and a supervisee. Its purpose is to support supervisees in their therapeutic work and to assist a development of their professional maturity, i.e. self-cognition, empathy, ethical standards, responsibility and therapeutic skills. The methods of supervision are based on techniques developed by the Ericksonian school of psychotherapy for establishing and maintaining effective contact between two or more persons, of which one needs assistance while the other attempts to respond to that need. Therefore, in Ericksonian approach, supervision is a process of the supervisee's professional growth built upon psychotherapy material brought forth by that person. A principal medium of that process is an interpersonal contact.

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2. THE GOALS OF SUPERVISION

In the Ericksonian school of psychotherapy, as in other approaches [2], the key task of supervision is to ensure a well-being of the patient in therapy. It requires continuous monitoring of the therapist's practice and a development of his/her ethical sensitivity and empathy potential. As a training tool, supervision contains elements of an educational process. A stimulation of the supervisees' learning process, i.e. broadening of their knowledge and skills, demonstration of their way of thinking, formulation and verification of hypotheses, and their conceptu-

alisation, taking responsibility for leading the process of change. All this provides supervisees with a strong foundation and a better access to their sense of security, thus clearing the way for fuller utilization of experiences gained. As in other approaches, such as systemic supervision for instance [3], the supervisor's attention is focused on the development of a relationship and the perception of conceptual and practical skills of the therapist.

3. METHODS OF THERAPEUTIC WORK

The Ericksonian approach assumes the process of change to be stimulated by the therapist who utilizes experiences gained during the session. It is used to initiate change in the present so as to build the future. Therapy sessions are goal-oriented. Similarly, the supervisor strategically builds up the supervisee's experience, determines the goal, seeks agreement, accommodates supervisee's needs leading him/her into the desired direction (i.e., in a supervisory relationship – that of professional growth).

3.1. Supervision contract

Like therapy, supervision is based on a contract, which determines the form and frequency of meetings, as well as the duration of the entire process and each single session. It also defines the scopes of responsibility and the demands placed. A clear framework of the contract facilitates the forging and reinforcement of a supervisory alliance. The alliance is constantly defined and developed along the entire process in a continuous dialogue between supervisor and supervisee. In a microscale, the alliance is redefined at each meeting. The framework for cooperation is defined by the supervisory questions formulated by the supervisee, directing an attention of both parties to the emerging dialogue. The form of a particular question may be used to point to a space ready to be explored because of its potential for change. The spaces opening up may draw attention to the space of the patient or that of the supervisee, or to their mutual relationship. They may be an indication of the intellectual, emotional, behavioral, relational or systemic level or show the areas of contact between these levels.

3.2. Utilization of unconscious phenomena in the supervision process

As in other approaches, such as analytical therapy, Ericksonian therapy draws attention to an exchange of unconscious content between therapist and patient and between supervisor and supervisee [4]. Such content, uncovered during supervisory session, may become a precious source of clinical information about the patient and the supervisee and their mutual relationship, thus constituting a bridge to the supervisee's progress and encouraging his/her ability to conduct therapy. On the other hand, the utilization of unconscious processes, so characteristic of the Ericksonian approach, may constitute a vehicle of change in the therapist's space and, therefore, according to the concept of parallel processes [3], also in the patient's space. Both an Ericksonian therapist and a supervisor not only pay attention to the conscious areas, but also to the unconscious ones. The acknowledgement of unconscious phenomena is based on the conviction that they are of decisive importance, a conviction that led M.J. Mahoney to term them „superconscious" since they often govern conscious processes without being reflected in the conscious mind, [5]. In that sense, Ericksonian practice sets the ground for strategic family therapy [6], according to which the therapist directs his/her principal interventions towards the decisionmakers in the family (most often parents). Since the internal system of a patient is governed by "Mahoney superconscious processes", organizing the unconscious areas of the mind with the help of trance phenomena [7], interactions upon such phenomena reinforce the processes of change in the individual's internal world system very much in the same way as they occur in a family system or group.

3.2.1. Trance phenomena

In the Ericksonian approach concept of trans and trans phenomena (for example catalepsy, hallucination) are understood differently than in psychiatry.

Although trance phenomena i.e., phenomena characteristic of trance states, most noticeably appear during hypnosis, their symptoms are frequently observed in everyday life [8]. We experience amnesia when we forget our glasses and hypermnesia when our favourite songs "get stuck in our heads", age regression when we play choo-choo train with kids, and age progression when we plan vacations. Time compression is associated with the weekend and time expansion with a waiting line at the doctor's office. When we read startling news, we either freeze in a motionless posture (catalepsy) or impulsively jump up in joy (motion). After a day of hard work, we thoughtlessly stare at the TV screen, dissociating ourselves from the feeling of tiredness, and emotionally associating with the feeling of sadness when watching a moving film. When we are in love, even a rainy day seems sunny (positive hallucination), yet when we miss dear ones, we fail to notice how warm a spring evening is (negative hallucination).

Trance phenomena form a continuum (Enclosure 1). They sometimes become more evident because of their magnitude at one pole of the scale. The individual's potential may best be utilized, however, when the intensity of such phenomena is at a balance. Such a balance is indispensable for the formulation of elastic responses to the evolving environment and the individual's own developmental needs [9]. It allows one to freely access the resources (past inner experiences) it had gathered. However, it may happen that, in response to temporary adaptive needs, the use of phenomena having greater magnitude at one pole is more justified. When such a need persists over time or reappears, and the use of the phenomenon has proved successful, the person goes into a characteristic, symptomatic trance state. Due to a tendency of the trance to self-reinforce itself, particular phenomena may solidify and maintain their intensity beyond their functionality timeframe. They become characteristic for a given individual or its generalized response and begin to support a nonfunctional pattern, barring one from a chance to flexibly access the resources it had gathered. In such case, in order to make harmonious progress, the individual needs to restore a balance in the realm of trance phenomena.

According to M.H.Erickson's concept, every person has sufficient resources to achieve his/her goals. Sometimes, however, people are put into a trance by a problem and cannot, alone, find access paths to their abilities [10]. This applies to both a patient and a supervisee. In the case of therapy the task of the therapist, and in the case of supervision the task of the supervisor is to support the process of restoring the individual's ability to utilize his/her resources in coming out of a negative trance state. In order to do that, both the therapist and the supervisor use strategies to interrupt the trance pattern [11] by drawing on an experience from the opposite pole of the trance phenomenon. For example, when the supervisor notices that the supervisee is overly associated with the patient to the point that it may negatively affect therapy, he/she will attempt to draw on experience in the course of supervision which will help the supervisee to distance himself/herself (dissociat from the patient. Such interventions into association-dissociation mechanisms are used to set a proper distance between the therapist and the patient.

Psychotherapy supervision often involves dealing with such trance phenomena as association-dissociation, regression-progression, positive hallucination – negative hallucination, hypermnesia-amnesia and catalepsy-flexibility. The state of regression, i.e. the return to the individual's earlier stages of mental and emotional development, [12] – is often characteristic of supervisees with minor professional experience. Such supervisees, by perceiving their supervisor as the person making decisions and taking responsibility for the therapy process, place themselves in the position of helpless students. It is a natural tendency for the beginning therapist to experience regression and even an experienced supervisee may occasionally regress. Just as any other trance phenomenon, so may regression sporadically be experienced by the supervisee, for example, as a result of a difficult personal or professional situation. It may also constitute a symmetrical response to the patient's regression or a complementary response to his/her progression. On the other hand, progression, which involves looking ahead, may be observed in impatient therapists awaiting rapid progress and keen on instantaneously maximizing the future effects of therapy [12].

The phenomenon of hallucination – a perception of reality that is far from being objective, but which causes experience to be more acceptable or easier to cope with [12] – is usually present in such relationship where the patient places the therapist in the role of a key figure from the past and transfers the feelings of that past relationship to the one formed with the therapist (transference). Similarly, in the supervisory relationship, the supervisee by hallucinating may place the supervisor in the role of one of his/her parents or earlier teachers. Hallucination may also manifest itself by a non-realistic perception of the patient material by the therapist and the supervisor.

During supervision, the therapist may have a detailed memory of certain fragments of a session (sharpened memory) and, at the same time, may have completely forgotten other fragments (amnesia) [12]. This could either be a reflection of the supervisee's personal process triggered by the patient's process or result from the patient's transference process, or be both at the same time.

It also happens that the therapy process gets stuck at a certain point and, although regular sessions are held, the process does not move forward. Such a phenomenon is called catalepsy (inhibition of volitional movement tied with intensive concentration on a certain point [12). In such situations, the supervisor helps to break the deadlock by offering a fresh perspective from many angles, and bringing more flexibility to the supervisee's cognitive structures. The supervision process is likewise not immune to the effect of catalepsy. Supervision may also get stuck and will need an impulse to make further progress.

Each of the above phenomena may affect the supervisor as well. This may be a consequence of his/her personal behavior or a response to the supervisee's tendencies or may be attributed to a phenomenon passed onto the therapist from the patient.

A parallel process involving mutually implying trance phenomena may be created between the patient, therapist and supervisor (in the case of group supervision, the group members are also engaged in the process). The process goes in both directions. The supervisor may indirectly observe or respond to phenomena encountered by the patient and/or the therapist. He/she may also arouse in the supervisee phenomena at the opposite pole hoping that they will induce change in the patient.

3.2.2. "Ericksonian inclusion"

A contact which sets the ground for supervisory dialogue is the medium of the entire supervision process. Thus, the supervisee's development is equivalent to the development of his/her ability to enter into dialogue with an attitude that would fit the Buberian definition of inclusion. According to R.H. Hycner, inclusion is understood as a constant movement between two positions resulting from the ability to take the side of the interlocutor and focus on one's own experience at the same time [13). Broadening one's observations with manifestations of unconscious phenomena and undertaking attempts to respond to them allow for an even more comprehensive application of inclusion. By applying "Ericksonian inclusion" it is possible to build a balance in one's own unconscious processes while simultaneously maintaining contact with those of the interlocutor. A balance in this area may indirectly enhance opportunities for flow between the consciousness and unconsciousness in all participants of the process. Freer flow between the conscious and unconscious parts of our psyche mutually encourage the development of inclusion. Through dialogue with the supervisor, the supervisee broadens his/her access to internal resources and values, which may then be used in the decision-making process of the therapy.

In order for the dialogue to succeed, each participant must allow contact with humans to affect him/her, shaping him/her as it were in both the world of reality and fantasy. In as much as the patient and therapist are open to change in effect of the session, the supervisor and supervisee become open to mutual interaction. [4]. Despite the fact that it is the supervisor who runs the meeting and that dialogue is pursued for the purpose of promoting change in the supervisee, if that dialogue is to be successful, none of its participants leave the meeting room unchanged.

4. SUPERVISORY RELATIONSHIP

The supervisory relationship is the medium in which the supervision process occurs. It is the

supervisor who makes sure that the supervision alliance is built upon a secure relationship that provides space for intensive contact thus making it possible for the supervisee to draw upon his/her own resources. As to the therapeutic relationship, it becomes a subject of reflection in the course of supervision, with particular attention given to the quality of the therapeutic alliance, the transference and counter-transference aspects, and the realness of the relationship [14]. Just as it is important in building a therapeutic relationship, it is essential in a supervisory relationship that the supervisor's and supervisee's personalities become compatible. This is probably one of the aspects considered more or less consciously by therapists who choose their psychotherapy trainers. Just how the compatibility of such a relationship is worked out, most probably has an impact on the potential to build the supervisory alliance and, therefore, the success of the supervision process [15].

Similarly to the therapeutic relationship, the supervisory relationship may acquire trance characteristics and experience phenomena that are typical of trance. Through interpersonal contact, it may animate intrapsychic spaces, thus requiring an involvement of at least two persons. The supervisee "becomes and transcends himself/herself" in the encounter between I and Thou [16]. The dialogical nature of the supervisory relationship requires an involvement of both the conscious and unconscious spaces of the meeting participants. Like the trance process, the supervision process runs smoothly, in a rhythm, at times, while at other times it undergoes fractionation (going out of trance and the subsequent immersion). The supervisor, like the Ericksonian therapist, utilizes whatever the supervisee brings in, is active, leads the way, takes responsibility for his/her work, helps the supervisee reach his/her professional goals [10]. The supervisor tries to induce the supervisee to replace the difficulty-laden trance with a solution-focused trance. Since trance experiences have a tendency to induce similar experiences, a trance formed in one relationship may be reproduced in another.

5. PARALLEL PROCESS

By utilizing a concept of trance, one may attempt to describe the formation mechanisms of a parallel process. As in other systems, for example a family system [17], the trance experience has the tendency to encompass the people who are in an ongoing relationship. In the course of a therapeutic session, the trance of the patient problem duplicates itself in the experience of a therapy trance, whilst during a supervision session the therapy trance duplicates itself in the trance experienced during supervision. Thus the solution-oriented trance during supervision may be carried over to the therapy trance, inducing the internal experience of the patient's solution-focused trance. The solution-focused trance initiated for the benefit of the supervisee's relationship with a patient may be carried over to relationships with other supervisee patients. Trance experience may be shared by two persons or may spread to more system members [18].

The assumption made in Ericksonian therapy is that the system affects the individual and the individual affects the system [19]. In group supervision, the supervision group is regarded as a system established to assist supervisees in the improvement of therapeutic processes and in their professional progress, One person's progress may affect that of the others. Often the supervision group reproduces the trance phenomena studied in the course of that case supervision. For the supervisor, this is an additional source of information. At the same time, members of the group contribute content that may be utilized in the supervision of another supervisee. In his/her search for successful communication paths to the supervisee, the supervisor may use indirect communication. By passing on information to one supervisee, the supervisor will engage the attention of another supervisee who may, in effect utilize the guidance indirectly. The solution-focused trance of one supervisee may provide a solution to another one. In consequence, the progress of one member of the supervision group may inspire other members.

6. PACING AND LEADING

Similarly to the therapeutic process, the supervision process develops through the use of pacing and leading phenomena. In the initial phase of supervision, the supervisor tries to reach the supervisee in his/her world. This is done by adapting to the supervisee's communication style (dominant communication channel, language, rhythm, suggestiveness and counter-suggestiveness), adapting supervisor support to his/her level of therapeutic skills, learning style and the developmental stage of evolution (internal critic, internalization of the supervisor, internal supervisor) [13]. In order to do so, the supervisor makes an assessment of different aspects of the supervisee's practice. The supervisor who paces the supervisee adequately, is sensitive to his/her needs, will lead him/her into the direction of professional skill development, supporting his/her independence, decision-making responsibility and ability to hold dialogue. As a result, the supervisee's internal supervisor is built and strengthened.

7. THE SUPERVISION PROCESS

As in therapy, the process of change in the course of supervision is dynamic. In discussing that process by Prochaska and Norcross in their stages of change model [20], Antkowiak proposes four stages: a pre-therapy (pre-supervision) stage and initial, middle and final stages [21]. By making use of Ericksonian hypnotic language, I will describe the supervision process in the present work with the help of concepts used in the description of hypnotic trance processes, i.e. processes of change introduced on a microscale [22]. By transferring them into macroscale, I shall use them to describe the stages of the supervision process.

The first stage of hypnosis is called the seeding stage and it corresponds to the pre-therapy stage. In this stage, the supervisee goes through an internal decision-making process before contact is established. The therapist learns from other therapists about the effect of supervision on their work and about the requirements placed upon him/her by professional societies. At that time the therapist begins to sense and understand his/her need for assistance and support, thus beginning the search for a supervisor. The task of finding a right person for that role is challenging, one that the therapist at times undertakes singlehandedly and, after contemplating that decision, asks the supervisor to onboard him/her into supervision. If the supervisor finds space for the therapist in the supervision schedule, they can both begin to search for the right form, time and place of supervision. The therapist becomes the supervisee of that supervisor. Their supervisory relationship is initially built on earlier preconceptions about one another, Step by step, these preconceptions are either confirmed or verified, leaving room for new preconceptions, now more firmly rooted in experience.

The second phase of induction corresponds to the initial stage. Both the therapist and the patient (the supervisor and the supervisee) narrow down the scope of their attention to their relationship, enter into dialogue and draw up the supervision contract. It is at this stage that the initial diagnosis (Enclosure 1, Enclosure 2) and first hypotheses are made, main directions of change and strategies for their implementation (Enclosure 3) are proposed. Pacing is the key method in this phase.

The next stage of hypnosis is intervention. In the therapeutic or supervision process, this stage corresponds to the middle stage of change and abounds with therapeutic interventions. The diagnosis is verified, new hypotheses are formulated, the conceptualization is changed (Enclosure 3). The therapist/supervisor builds experiences, focusing his/her attention on leading and creating space for the patient's/supervisee's internal work. With this stage completed, the time comes for the consolidation of gains – or in the language of hypnosis –future pacing – and the closing of the process, in other words – coming out of trance. In this stage, the changes find their application in the natural environment. The supervisee consolidates his/her/ new skills, gains more freedom in applying them and closes the contract, if the contract between him/her and the supervisor so provides.

Similarly to therapeutic sessions, supervision meetings have a clear structure. They are time-limited, and more often than not, regularly held at an initially agreed location. The purpose of

the beginning part of each session is to have the supervision process associated contact deepened and the supervision alliance reinforced. The supervisee usually gives an account of the changes that have taken place since the previous meeting and attempts to describe the impact of that meeting on the ongoing process. This part of the supervision deals with the period between sessions, changes observed in the patient's process, new conceptualization, emerging difficulties and present needs of the supervisee. And so a dialogue on the problem begins. In this part of the session, supervisee reflectiveness is stimulated by the supervisor (who models the group and encourages discussion) and his/her experience is built up. As in other approaches, in family therapy for instance, the supervisor is neutral towards the supervisee, keeps a focus on the process itself, demonstrates curiosity, is capable of building and disregarding his/her own hypotheses, is sensitive to the phenomena occurring in the patient's space and, when making supervisory interventions, ensures that an optimal difference is maintained [1]. The supervisor builds experience, employs metaphor, works with symbols and psychodrama (simulated therapeutic sessions), uses indirect and multilevel communication, as well as elements of trance (for example, mixing techniques to introduce new ideas) and genograms. What the supervisee contributes, the supervisor tries to utilize to formulate supervision goals [10]. Finally, the supervisor helps the supervisee carry over the new approach into his/her work with the patient and ends the session, thus opening up space for further exploration.

8. FORMS OF SUPERVISION

Diverse forms of supervision are used in the Ericksonian approach. Group supervision is often practised. In such case, the supervisor utilizes the resources of the group and the phenomena examined using direct and indirect methods of communication and closely observes the group process. For instance, when providing supervision to one of the supervisees, and realizing that other group members also hear what that person says – the supervisor may – in order to facilitate the acceptance of an intervention that potentially may awaken the supervisee's fierce resistance – divert it to another.

Individual supervision is yet another form of supervision. It has the advantage of providing intensive contact between the supervisor and supervisee and the possibility of opening up therapeutic space for which a sense of intimacy needs to be fostered. Individual supervision is often the preferred form in direct preparation for certification. Occasionally, supervision is based on a single-patient process and assumes the form of process supervision. Among its principal benefits are stability and the opening up of space in the supervisee which, perhaps, would not occur for a long time under another form of supervision.

Process supervision is frequently used for training purposes. In the case of more experienced therapists, the most frequently used supervision method allows for meeting-to-meeting changes in the patient processes being supervised. Such supervision provides ongoing support for the supervisee in his/her work by enabling better control of the areas of change and rate of change but, by offering the possibility of acting out, may also result in easier submission to the forces of resistance. In advanced groups, supervision usually assumes the traditional form of post factum supervision. Finally, due to the ease of use of recordings (audio recordings most frequently), it is recommended that transcripts or/and recordings of fragments of sessions, as well as descriptions of the case supervised, be used in supervisory training.

9. DEVELOPMENT OF THE SUPERVISEE AND SUPERVISOR

In the course of supervision meetings, such issues as the ethical and legal aspects of psychotherapy are also brought up for discussion [10, 23]. An observance of professional standards of conduct and ethical codes constitutes one of the principal means of securing the wellness of patients in therapy [24].

Care for therapist development includes such aspects as moral growth of supervisees, a development of his/her responsibility [25], and of their self-care skills [26], empathy and individual style [27], as well as diagnostic curiosity and

reflection over the effect of somatic diseases and prescribed medication on the patient's mental condition [28, 30]. The supervisor may at times point the therapist's attention to the cultural [31] and systemic context of therapy, and to the similarities and differences between the therapist's and patient's systems of values which may affect the therapeutic process. In specific situations, the supervision meeting may provide a safety valve for releasing difficult emotions accompanying the process of therapy [28].

The supervisor also cares about his/her own development. He/she undergoes training, participates in conferences and supervises his/her work during meetings with other supervisors. During the supervisions he conducts, he opens himself/herself to the influence of the supervisory meeting and the perspectives of the supervisees. The supervisor tries to expand his/her knowledge with perspectives resulting from different theoretical approaches [29].

10. SUMMARY

Supervision in the Ericksonian approach requires thorough preparation on the part of the supervisor. Supervisors take recourse to their professional knowledge and therapeutic skills. They continue to admit patients, train and develop their therapeutic competence, while at the same time improving their supervisory skills. Supervision is regarded as a new profession by them, one in which they must rely on the resources built up through training, therapeutic practice and the supervision of their therapy work.

Supervisors seek a new perspective differing from that used in their work with patients. Their aim is to keep a focus on the supervisee, on what is happening in his/her contact with the patient and on what he/she brings to supervision. At the same time, supervisors learn to monitor the supervision process, scrutinize the supervisory relationship and acquire knowledge from different sources. What is important are both the supervisee's verbal input and nonverbal communication. Supervisors utilize the observations of the supervisee (and the group in the case of group supervision), and also make use of their internal cues, i.e. spontaneous thoughts, mental pictures and feelings. In learning how to build their self-trust and more freely construct and deconstruct hypotheses, they create interventions addressed to the conscious and unconscious mind of the supervisee. In modelling their supervisees' development, supervisors often exchange ideas with each other, make use of trainings and supervisions of supervision.

Supervisors regard supervision as the next level of health assistance the subject of which is the patient. They are the guardians of dignity, respect, and the need for professional care on the patient's path to improved health and well-being.

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