To all of you who read this booklet

We collaborated on this piece of work in 2006/2007. The group has changed as has everyone in it, including me. We all agree that we would write something different now. Nevertheless we hope you find the following accounts interesting and informative for your own practice whether you be supervising or supervised or both.

This piece of writing was too long for an article and too short for a book so we took the opportunity to offer it as a resource material for IARTA.

Helena Hargaden,

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The Evolution of a relational supervision group:

Helena Hargaden in collaboration with Carol Faulkner, Brian Fenton, Heather Fowlie, Birgitta R. Heiller, Jill Hunt, Linn Lee and Anna Young

This article describes a piece of personal research that I undertook in order to explore the notion of relational TA supervision and to differentiate it from traditional TA supervision. Following on from the developments of relational TA over the past several years, mirrored by the development of

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relational psychoanalysis, I wondered how supervision might need to change as a consequence of these theoretical developments. I began a supervision group in 2001 with the aim of developing my supervision practice to mirror the relational theoretical developments. I begin this article by putting the term "relational" in context, and discuss how this influenced my thinking about, and practice of supervision. I identify principles of relational TA which provide the underlying philosophical basis for my research. I differentiate the components of relational TA supervision from traditional TA supervision, although I never see them as mutually exclusive. I describe the questions and discussion I had with my supervision group, seven of whom I invited to reflect their experiences of relational TA supervision. I analyse each piece of writing by reflecting on the differentiating characteristics of relational TA supervision from traditional TA supervision.

Relational TA:

Over the past twenty years there has been a paradigm shift within transactional analysis away from "a focus on the observing ego and cognitive insight as the primary means of psychological change to the importance of unconscious, affective and relational interactions as a primary means of growth" (Cornell and Hargaden, 2005, p.5). The evolution of this

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theoretical shift has been demonstrated in the book "From Transactions to

Relations", (Cornell and Hargaden, 2005), and includes articles by authors

such as Novellino beginning with his earliest work (1990), Moiso (1985),

and by their book on a relational perspective (Hargaden and Sills 2002). The

developments within TA have been mirrored in other major models of

psychoanalysis and psychotherapy such as relational psychoanalysis,

(Mitchell and Aron, 1999). Many of the influences on these theoretical

developments are not described as relational but nevertheless they have been

major influences upon the move towards a relational perspective. British

object relational theorists such as Winnicott, Fairbairn and Bowlby for

instance moved away from classical psychoanalytic drive theory towards a

theory of relationships and the significance of relational attachments. More

recently within the British psychoanalytic world, Joseph, Carpy, Casement,

whilst not referring to themselves as relational, have developed theoretical

perspectives which deepen our understanding of relatedness both

intrapsychically and interpersonally. At the first conference of relational

psychoanalysis in 2002 Emmanuel Ghent described the relational

perspective as a sensibility rather than a specific theory, although at the same

conference Benjamin (2002) also identified twenty two guiding principles of

relational psychoanalysis. More recently within transactional analysis,

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Cornell and Hargaden (2005) and Hargaden and Sills (2006), drawing on this emerging relational tradition and Benjamin's principles have identified central features of relational TA as follows

The centrality of relationship

This principle is self evident and since so much research points to the power and significance of the relationship this notion seems to be virtually indisputable (see for example Luborsky, Singer and Luborsky 1975; Gaston 1990; Assay and Lambert 1999; Paley and Lawton 2001).

Therapy as a two-way street involving a bi directional process

This principle refers to the therapist's psyche, including her pathological aspects, being as relevant as the client's psyche. A clinical demonstration of this can be found in Jody Messler-Davies' paper (2002).

Both the vulnerability of therapist and client are involved

This principle refers to the humanness inherent in both client and therapist. A clinical demonstration of this is evidenced in Bill Cornell's paper (2007, in press).

Counter-transference is used, not merely as information but in

 thoughtful disclosure and collaborative dialogue

This principle is demonstrated in four chapters in TA: A Relational

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Perspective (Hargaden and Sills, 2002 chapters 4-7), where counter-transference becomes a prompt for reflective analysis and the cautious use of self disclosure, in a wide variety of clinical cases.

The co-construction and multiplicity of meaning

This concept has been written about on many levels as in conscious levels of co-creation (Summers and Tudor, 2002), and unconscious levels of co-construction (Hoffman, 1983).

Acknowledging the existence of the unconscious

By "the unconscious" I mean two things: those experiences which have been repressed because there was no-one available to help the person make meaning of their experience and those parts of ourselves which have never come into existence until in the presence of someone who helps create an environment in which dormant aspects of self emerge. For clinical examples of these processes in action through transference see (Hargaden and Sills, 2002).

Intuitive use of techniques

This refers to the therapist's ability and willingness to experiment, take risks, and use her intuitive authority when choosing how to transact with her client. Many of the case examples in TA A Relational Pespective demonstrate this use of intuition and techniques.

- to be able to not know

- cautious use of self disclosure

- the significance of gender, sexuality and sex

- the significance of the wider world

- how to have a conversation with the client abut what is going on for you in a way which makes emotional meaning for the client.

It will readily be seen that these principles are both diverse and broad because they include an emphasis upon the internal world of relatedness as well as an emphasis upon intersubjective and interpersonal relatedness. These principles provide a type of umbrella of relationality with the potential, in my view, to break down the barriers of theoretical divisiveness while opening up the theoretical possibility for working with the dialectics of difference. This is particularly relevant if we consider the recent research, which indicates that theory and technique accounts for very little (only fifteen percent according to Asay and Lambert 1999) of effective outcome in psychoanalysis and that it is factors within the relationship and outside the therapy room that combine together to be the far greater force for positive outcome. Could it be that relational psychoanalysis/psychotherapy "has captured the psychological zeitgeist of the 21st century?" (Hargaden and

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Schwartz, 2007). Perhaps the most provocative thing about relational

perspectives is that they involve us in not only the dialectics of relatedness

but also in a dialectic between theoretical perspectives.

TA supervision:

Unlike most other psychological modalities transactional analysis has a

structured approach to the training and assessing of supervisors culminating

in the TSTA oral examination, usually after the aspirant-supervisor has

worked for about six to seven years practising and developing her skills. The

model for TA supervision is clearly documented by the rating sheet for the

examination (EATA 2005), which has eight areas of supervisory practice

under consideration as follows:

1. Supervision philosophy and training structure

2. Contract fulfilled

3. Key issues identified

4. Reduction of probability of harm

5. Increases developmental direction

6. Supervisor models process

7. Equal relationship

8. Understanding of ethical issues

I think the areas covered are comprehensive and legitimate for any type of TA supervision. However, my question now is: if we come from a relational perspective are these areas under consideration, explored, understood and eventually examined any differently? With this question in mind I set up a relational TA supervision group for the purpose of exploring what would happen once we identified relational TA principles as our major guideline for thinking about clinical cases.

Setting up a relational TA supervision group

Method:

I only accepted people whom I knew were particularly interested in relational TA perspectives. Traditionally a TA supervisee is expected to know what they want from supervision and to become clear through the expert questioning and facilitation of the supervisor in order to make a contract so that everyone knows where they stand. This implies that what is unconscious is biddable to our conscious desire for information. However, informed by psychoanalysis, a relational TA perspective understands the unconscious as tangential and as a process which needs to be teased out

through associative images, reflections, dreams, and through an analysis of, and reflection upon, our feelings. I would stress that by saying this I am not suggesting that contracting should never happen or is inappropriate; I am questioning the type of pseudo-certainty that can arise when a contract is prioritised over other aspects of supervision.

Since an essential principle of relationality is that it is bi-directional I decided to run the group in a way inspired by Yalom (1989)**,** who records meeting with colleagues and expressing feelings, random thoughts, and associations in response to a client presentation. I use Ogden's description of counter transference (1982/1992) in which he asserts that any feeling or thought evoked in the relationship between therapist and client has validity because it is happening within this relationship. He thinks the most meaningful question to ask is why am I having this feeling, reaction, random thought with this person right now? This is a serious distinction from a theoretical view that counter-transference needs to be distinguished between reactive and proactive (Clarkson, 1992). From Ogden's perspective it does not matter whether counter transference is reactive or proactive, for Ogden the main question is how come I am reacting with you in this way at this moment in time? Yes I may well be feeling anxious despair because my

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mother was a depressive, or how ever else our reaction can be justified or rationalised, but Ogden suggests that we miss valuable information about our relationship with the other and the other's psyche if we just presume that our own pathology is the end of the story. This view has fuelled the theory of bi-directionality in which the therapist's pathology must form part of the intersubjective relatedness for healing to occur, and it is upon this premise that I set up the group process structure. I suggested to the group that whatever feeling or thought emerged in response to the presented client and the presenter, it could potentially illuminate the therapeutic relationship and/or the internal world of the client presented.

With this in mind I suggested a broad contract to the group as a way of proceeding and in order to differentiate the group from a therapy group. Our contract was:

1. To explore our feelings, random thoughts, and responses to each other's feelings and thoughts, in response to a member's presentation of his client.

2. To analyse and reflect upon this process and how it might illuminate the therapeutic relationship and the client's internal world.

3. To attend to our own group process, and the group dynamics, fantasies or misunderstanding between members as a way of differentiating

from the processes which have emerged through the client presentation.

Out of this tripartite contract emerged a three stage process for the supervision. Typically the work started with the supervisee talking abut her client work in whatever way seems important to her. As leader I saw myself as taking the majority of responsibility for holding the process and the boundaries of purpose, time and space. In order to keep the differentiation between a therapy group and a supervision group, I always held in my mind the client who has been presented without necessarily making that explicit during the first stage of the process. My reason for this lack of explicitness is that if we continuously discuss the client, it is far too easy to see the client as pathological and us as "clinically pure". So, for example, whilst working with the group's process in response the client presentation, if someone said they were feeling tearful and could not understand why, I might ask what has touched them, what thoughts go with the feelings? Someone else might say they don't feel any sadness but rather empty and another person might report rage and I encourage the acceptance of such differences. Sometimes these differences lead to conflict for example someone may feel so compassionate towards the client's story that they feel disrespected if someone else feels

disbelieving, or dismissive. Inevitably peoples' personal experiences or what is often referred to as their "stuff" comes into it and part of my job is to try and remain objective enough to recognize this. When processes become quite heated I will judge when to go with it or when to remind the group that we are looking into ourselves not just because it is us or we have "stuff", but primarily, for the purposes of supervision, in order to find the "other". Ultimately our goal is to improve our work with the client. At the same time if I feel something strongly and no-one else is reporting it, I will express that feeling and sometimes that can increase the conflict or contribute to the sense of emotional mess that can pervade the group process at such times. This part of the process usually comes to a close naturally or I will suggest that we move on to the next stage usually from an intuitive sense that this feels like the best thing to do.

We then spend some time analysing what has happened and how it may relate to the therapeutic relationship and/or the internalised object relational world of the client. At this point I will ask questions directly about how these feelings, thoughts and experiences may reflect the client's internal world and/or what is happening between the client and therapist. We will all recall different aspects of the presentation and make links. Often members will balance reflectivity with a move into theoretical considerations such as

describing the type of transference we think may be happening, referring to some of the principles of relational TA that may help us to shed further light on the type of processes that have emerged or thinking about the implications of the client's context, cultural background or history. Sometimes, during this discussion, the group is unable to detach from the earlier processes introduced via the client presentation, so that, for instance, conflict continues, or a sense of despair continues to pervade the group and so on. When this type of situation occurs I usually find an interpretation and/or suggest we all reflect on why it is we cannot move out of the process. This is particularly likely when a client is psychologically very disturbed and unconscious. I think this type of process often throws up further information for the therapist to consider what would be most beneficial in terms of interventions and treatment direction.

Seven Perspectives:

The group has met for a full day eight times a year for five years. At the end of that time, I asked seven members to join me in exploring the process and the differences between relational TA supervision and their more usual experiences in TA supervision. (Not all of the seven members had been part of the group from the beginning). I asked them to reflect on the following questions which I e-mailed to the group:

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1. How does this experience differ from your more usual experiences of TA supervision?

2. What difference does this make to your client work?

3. What do you think your presence has contributed to the group?

At our next meeting we had a brief discussion when we brainstormed some ideas about what these questions might mean. I suggested that they each identify a client with whom they had worked and how the relational supervision had impacted on their work.

I analyse the perspectives by using the principles of relational TA and show when and how these are reflected in the accounts. What follows are seven subjective accounts which are anecdotal in style since I was mostly interested in hearing about their personal experiences of this type of supervision and to ascertain how and if it differed from more traditional forms of TA supervision. I use the principles of relational TA to analyse their comments and finally write up the conclusions I have come to.

Heather Fowlie

I joined the supervision group in 2003 with three distinct but inter-related professional development aims**: -**

1. I wanted a safe, supportive and challenging space in which I could

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reflect upon and develop myself as a relational practitioner.

2. I wanted a safe space in which I could fully engage with, contain, and process difficult and strong feelings that can get aroused when working relationally.

3. I wanted a space where the dynamics and processes of working relationally are understood and assumed to be a normal part of the process and which would support me in deepening my understanding and ability to work within the relational realm.

The supervision group offers me rich and ample opportunities in which I can achieve these aims. As a means of attending to these here in more depth I have decided to explore them by focusing on a particularly intense experience of supervision I had in the group and then to discuss briefly how the group experience or aspects of it, helped me achieve my aims.

I presented a client with whom I was experiencing a lot of physical discomfort. We had moved into an uncomfortable place in the therapy where this previously very talkative client would sit opposite me, hardly speaking, not making eye contact and looking as if she was asleep. At the same time I was experiencing the most intense physical pain in my wrists and ankles, wanting to cry out, feeling somehow that this would make the pain go away

but being uncertain, confused and trapped within some kind of silence which I couldn't understand at a feeling level. I hypothesised that I was experiencing something of what my client might have felt when, as a child, she was being sexually abused, but this cognitive knowing did not help me move out of this place, either with or for her. As soon as I started to introduce my client to the group I began to feel the same intensity of physical pain that I experienced when sitting with my client and as I did so I felt an extreme and previously unfelt desperation and sense of isolation. I wanted the other group members to know about this pain, I wanted them to take it away, I tried again and again to explain, but the words could not capture the depth of what I was experiencing and seemed futile. I began to slide into a terrible despair. I could not bear it and so instead I began to shut down and as I did so I lost contact with them. I could hardly hear them. To this day I still don't know what anyone said. I was sinking into a world where pain and despair did not exist and I floated out of the room and away from them all.

I am not really sure how long I was gone but very slowly from somewhere deep within this disassociated place I began bit by bit to come back, to regain some contact with myself and where I was. Still a part of me was

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disconnected and confused. I looked up and as I did so caught someone's eye, I felt immediately overwhelmed and instinctively looked down and retreated back inside of myself. As soon as I did so I knew that I had a choice to make. I could stay apart and hold onto the feeling of protective safety that this separateness seemed to afford me, however lonely; or, I could make contact and open myself up to the possibility of being understood and accepted by another, however frightening and painful that might feel. In the midst of my decision I knew that whilst I was indeed experiencing a part of my client's intra-psychic and interpersonal struggle I was also right up against something that felt to be part of my own struggle also and as I recognised this, I knew if I wanted to advance the work with my client I needed to face and conquer this place within myself. To look up seemed so simple and yet at the same time it felt shameful, and impossible. Somehow by finding a strength and courage that I didn't know I had, I came back and connected with the group again, and as I did so I felt a freedom inside of myself as well as a deeper connection with my client which I carried back into my work with her and five weeks later something similar, to what had happened for me in the group happened for my client with me.

The group provided me with a space in which, because I felt safe and

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supported, I could allow myself to enter into and explore away from the client (to whom I had a different responsibility) the full extent of what was going on inside of me in relation to her. The feeling of safety that I felt, was supported by three things. Firstly I knew that everyone in that room would have experienced their own versions of what I was experiencing and in fact I had witnessed them doing so. Secondly I knew that we all subscribed to a way of viewing psychotherapy as an relational encounter where, as well as observing the client's relational world, we must be willing to enter into and engage with it and that we all accepted that an inevitable and healthy part of this is that primitive processes within ourselves would get stirred. Lastly what I was feeling and experiencing was supported in the relational literature. For example (Benjamin 2001 p.1) talks about the "inevitability of enactments and impasses" and Frawley-O'Dea and Sarnat (2001 pp 55-56) state the following: -.

"It is assumed that, often for protracted periods of time, analyst and patient will live out unsymbolized and uninterpreted relational patterns key to the patient's psychic functioning. At some points, neither party will have the capacity to stand back, to observe, or to make explicit what is occurring on the analytical relational scene. It is the ability of the analyst, in fact, to

submit to transference and countertransference enactments and, then to reclaim an observational space- to play fully with both participation and observation – that allows treatment to progress".

The fact that I shared some defensive similarities to my client meant that instead of being able to enter my client's relational world and then reclaim an "observational space", I was both resisting entering her world and at the same time getting very entangled in it. My ability to make sense of what was happening had become compromised. The group provided me with the strength and courage to go into the part of my client's world that I was scared to enter (her despair) and to then detach from the experience enough to reclaim the observational space that I needed to allow the treatment to progress. The support and encouragement that I took from the group on this occasion took place at the non-verbal level. This fitted with visceral sense that words were futile, with my client's abuse experience which she describes as beyond words, and with the primitive nature of what was occurring in the room between my client and myself.

Benjamin (2002, p. 2) states that when working relationally "the analyst must change, the analyst needs to surrender". The group helped me to surrender and I was then free to

help my client surrender.

Helena's Comment:

The centrality of relationship

Heather's aim to have a space where she could entertain difficult and strong feelings that were arising in her in relationship to her client puts relationship at the heart of her clinical focus. In her references to this relationship it is notable that she is not only referring to attuned and empathic types of relatedness, a common misconception about the meaning of relationship, but she also refers to primitive processes. By this she means those feelings that have not been integrated into the Adult emotional life of the client. These are the feelings that come from experiences that have never found symbolic and therefore meaningful expression. In her graphic description she makes it clear that she was locked into an experience that she *understood cognitively* but could not alter until she used the group in what I feel is a very profound non verbal experience. It becomes clearer that her use of the group as a type of non-judgemental self-object (Kohut, 1971), freed her from, not only the impasse between her and her client, but also changed her significantly. In her words she "surrendered" and in that moment changed.

Therapy as a two-way street involving a bi directional process

Her recognition that her own script issues were involved in the impasse

shows how the supervision enabled her to not only *think* of the therapy as a

two-way street but to *feel* it and in doing so to change.

Counter-transference is used, not merely as information but in

  thoughtful disclosure and collaborative dialogue

Heather's description of her physical symptoms suggests a type of projective

identification or transformational transference (Hargaden and Sills, 2002).

The supervisory experience does not seem to have been used openly in

dialogue with the client. However, it is clear from Heather's account that

her subjective experience of emerging from a silent prison seemed to her to

be a sort of release that allowed, or perhaps modelled, a similar shift in her

client.

Linn Lee:

I joined the four-year-old group in the autumn of 2005 when the existing

culture was well established. I was apprehensive because I knew, as Yalom

says, that "every group evolves a set of unwritten rules or norms that

determine the behavioural procedure of the group." (Yalom, 1995, p.112)

Most of the original group members were still there and knew each other

very well. On the first day I felt all those familiar and unpleasant feelings of

being the new girl, on the outside looking in, unable to join in.

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I was expecting this to be like no other group I had been in and I suppose that I was not surprised that I spent a lot of time that first year perplexed and trying to make sense of what was going on and how I felt about it. "The greater the stress, the more likely the person is to get into script." (Stewart and Joines 1987, p.110) I often left the group, after a long day, exhausted and feeling as if I would never belong. As I drove home I would fantasize how I could leave the group without losing face.

I believe that my reluctance to find and get started with a new therapist had an enormous impact on my experience of the group. At times I felt envy and longing when I learned of the strong relationships the others had both with each other and with their therapists. Clarkson writes of the parallel process in supervision and describes the "well-known phenomenon that the psychotherapist often behave in supervision in the same way the client behaves in psychotherapy" (1992, p.170). My lack of success in finding and feeling settled with a new therapist was what was also happening to me in the supervision group. I often felt like I was alone and exposed despite Helena urging me, every time we met, to find a therapist. I continued to play "Yes, but…" very skillfully.

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I often felt confused by the group process. Feelings were expressed by the others that I was unaware of having. Was this because I did not have them or because I could not voice them? I could not understand where they came from. Once again the envy would rise up in me and I would wonder if I could ever "get" it. Old script issues were being replayed for me each time I went to the group, useful but painful too.

Eventually I found a therapist and the unpleasant feelings began to lessen surprisingly quickly. I started to take a few risks (visible I was sure only to me and perhaps Helena) in the group.

I now find being in the group easier if I just stick to what is happening at that moment and do not try to make any kind of diagnosis or quick judgments. This is perhaps one of the main ways the group feels very different. In previous supervision groups I had been encouraged to think about diagnosis and a treatment plan but in this group we concentrate on what is happening to us and between us. I find that the most surprising things can emerge as if from nowhere if I stay with my own process. Strong feelings of fury, boredom, irritation, sadness, inappropriate amusement and

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disgust have not been unusual, all useful clues to the unconscious process taking place.

It seems that when it comes to expressing feelings anything is allowed. There is no judgment. However it does not feel as if there are no boundaries. We are often reminded to stick to one feeling at a time so as not to overwhelm the case presenter with too much. I have not seen anyone be hurt by the group but at times it can feel unsafe.   Sometimes there is a united feeling of "eureka" within the group when a client seems to be understood more clearly. However, often the group is divided by its contradictory feelings. The interesting thing is that the group feels like an entity at times, with a will of its own. There is a sense that the unconscious process is taking over. We are all "learning to develop a type of stereophonic listening to the conscious and the unconscious, to the cognitive and the affective." (Cornell and Hargaden, 2005 p. 243). This is important when we are working relationally because as Novellino and Moiso (1990 p.191) say "intuitive understanding of the patient and of his or her unconscious is brought about through the unconscious of the therapist, who can understand another person's unconscious to the same degree that his or her own unconscious mind is able to accept his or her own unconscious reactions".

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I finally brought a client to the group (and yes, it was on our last session before the summer break.) I found the experience to be both exhilarating and frightening. It felt as if the group understood my client and my difficulties. I took the time I needed, important for me as in the past I have frequently experienced not allowing myself enough space. Because I began to feel differently about my relationship with my client I realised that I had gained insight and compassion but it was not until I saw her again that I realized how much. The therapy I have been doing with her since that supervision has felt very different. We have both changed, "the relational model, based on reciprocity, implicates the therapist's unconscious life in the therapy with her patient." (Cornell and Hargaden, 2005 p. 243) She has been able to tell me, after nearly two years of therapy, of her suicidal fears. She also showed me how angry she was with me about our summer break by sabotaging our last session. I was surprised how angry I felt too. I believe that there has been a shift in me at a deep, unconscious level. I realise that by implicating my "emotional and intellectual life in an intense connection with the client's unconscious world" (Cornell and Hargaden, 2005 p. 239) I have gained a great deal.

Helena's comment:

The centrality of relationship and the emergence of unconscious process

Linn begins her account with a description of how she attached to the group and the very difficult feelings that emerged for her in this attachment. This process put her in touch with feelings that could not be avoided and clearly she needed to find a safe place to engage with her affective life, through psychotherapy. The group, by working in this way, makes it impossible for a therapist to hide behind intellectual understanding. Linn describes the difference from other TA supervision where it was more possible to avoid her internal world whilst focussing on the client.

Therapy as a two-way street involving a bi directional process

Linn's description of her process brings the significance of this principle to life. Linn was emotionally mature enough to recognize that she was unable to use this guiding principle until she was more consciously in touch with the meaning of her emotional responses..

Anna Young

I will describe my experience of the supervision group and then demonstrate how through presentation in the group, I was able to inform and enhance my work as a psychotherapist.

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I joined the group about three years ago. The group is like no other (for me) in that it provides a space wherein I can have time, reflection and other therapists' consideration. I therefore feel safe in bringing clients' experiences to the group. I feel heard and supported, and not judged so that, in bringing my client's and my own vulnerability, I will not feel shamed. I come away from the group feeling mature, experienced and respected.

When I meet with a client again (if I have presented that client) it is as though he/ she were at that meeting also, as the client appears to have encountered a similar shift to my own. I may not necessarily do something very different, but something in me will have changed. I find this hard to explain but it sometimes seems that the client too has experienced a shift. Perhaps there is a non verbal exchange in which the client has picked up a different attitude or awareness in me.

The other members' experience of my presentation is paramount to the workings of the group. Their rich and varied responses make up a multi-faceted quality that enables me to create a broader canvas on which to consider my work with a client. The group members are open and willing to

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share their thoughts and emotions, and I feel privileged to be an integral part of this process. Sometimes there is a charged atmosphere, disagreements, emotional responses, and I believe that our collective willingness to hear and be a piece of the whole is what makes this group unique.

 I often experience a feeling of "united-ness" or even "fusion" during the therapeutic contact with a client. This sense is accompanied by a feeling of embarrassment or even shame, and I struggle to understand and analyse what may be happening and feel an urge to move away from the situation. The emotional and reflective process that emerges in the group after the presentation of my client enables me to unpick these issues of symbiosis and confluence and to become more detached**.**

 I shall call this client, Stella, a young woman in her twenties**.** She had experienced several bereavements and abandonment whilst in her teens. The client had come into therapy because she felt "stuck" in her grief, and seemed unable to move through. She seemed in an isolated position, and unable to find a place in her life and to feel accepted. I hypothesised that the place at which she had arrived could be described as an impasse. By holding on to her "comfort blanket" of bereavement, she could stagnate emotionally. She could opt out of social situations, employment, new horizons and

challenges. We could describe the effect of the "comfort blanket" as a racket feeling, which served to keep her in a developmentally young place. To move away from this comfort zone she might need to explain herself and relate her narrative. I hypothesised that she might find this intolerable, and that freezing the sad experiences was preferable. This then was my theoretical reasoning.

I briefly presented the client and was taken aback by the level of sadness and grief that arose in the group. Some members were speechless and unable to articulate their experience of hearing my narrative. I was overwhelmed by the responses and was immediately in touch with my own narcissistic wound of bereavement and abandonment. I became aware that my own experiences were unintegrated, and had formed a split-off part (Hargaden and Sills, 2001, p.156). Working with this client I had experienced some feeling of resistance. Now I began to understand this as a resistance to my sadness. It was this unintegrated sad part of me which was reflected in the group process.

Over the next few days, I processed the experience within my personal therapy encountering the split-off part of my self. My acknowledgement of

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how I had arrived at a "Be Strong" position enabled me to tolerate in the here and now what had been intolerable in the past. I became aware that the client's transference had initiated my own counter transference of dis-allowing and resistance; hence the client's blocked position and inability to reflect. Her re-experiencing of her issues needed to take place with a therapist who would tolerate and support her. The supervision group enabled me to enter the client's world without shame or judgment, and the group's expression of sadness enabled me to lower my defenses and enhance my awareness, which in turn informed my practice.

Helena's comment:

Therapy as a two-way street involving a bi directional process

Anna's lack of consciousness which she describes as split-off and unintegrated parts of herself sounds like disassociation. Through the intense affective group expression she becomes aware of parts of herself previously unknown to her and in doing so makes an affective connection with her client. Without the emotional knowledge of her own loss and vulnerability Anna was useless to her client. In connecting with her sense of

abandonment and, most noteworthy, addressing the feelings in her therapy, she is able to do effective psychotherapy by making an affective connection with her client.

Both the vulnerability of therapist and client are involved

It is clear from Anna's account that she needed to engage with her vulnerability before she could connect with her client's vulnerable self. The supervision enabled her to do this by providing a space in which the client's unconscious expressions of grief and loss were communicated to the group who gave vivid emotional expression to the feelings that were not being considered in the therapy.

The co-construction and multiplicity of meaning

Anna makes particular reference to the multiple layered expressions in the group. This points to the richness of possible interpretations and moves away from linear based understanding.

Acknowledging the existence of the unconscious

Although Anna does not mention the unconscious her account demonstrates how a therapist can be carrying information unconsciously, in this case experiences that she cannot consciously connect with. The group responses also demonstrate how the unconscious can communicate itself through the expression of feelings without necessarily understanding initially why these

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feelings exist.

Brian Fenton

My initial interest in joining the relational TA supervision group was to learn more about working with schizoid, narcissistic and borderline processes. I soon came to realize though that this wasn't the kind of supervision group where I would study these processes one removed. Instead, it seemed that the relational methodology utilized took us straight into the heart of these processes, and that I would acquire an experiential learning, resulting in a deeper understanding of these dynamics, both in my clients and within myself.

Just staying in the group for the first year was a real challenge. The main problem for me was a mixture of not feeling quite right in myself as a therapist or as a person and a fear of being somehow found out. In spite of all the good work I had done in my personal therapy I couldn't seem to get to the root of my own anxiety. I can now see that in my TA therapy I had made important personal changes without really knowing or understanding significant parts of the self I was attempting to leave behind. Although cognitively I had understood myself, there were significant gaps remaining

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in my emotional narrative.

Feeling deskilled through the group's unfamiliar way of working initially didn't help my feelings of insecurity. The subject matter of the work ranged from dreams about clients to feelings of love or hate that emerged within the therapeutic couple. I did wonder what the point was. Presentation of client work didn't consist of bringing a detailed client assessment, with the client then being the focus of the supervision. We tended to bring a client who was on our mind, say what we were feeling about the work and about the client and why we had brought this case to supervision. The group task was to report back any feelings or thoughts that emerged, with an emphasis on feeling. This seems simple enough but in my experience of supervision the tendency is to report on thinking at an interpretative level rather than sticking to random feelings and thoughts. I often felt frustrated by this direction, desperate to "get out" my interpretation. I can see now that the focus on emerging thoughts and feelings is a route to the felt self, in particular those unconscious fragmented parts of us which lie outside our more integrated conscious self. The oddest of experiences began to take on significant meaning. This new understanding triggered my interest in the non verbal and non symbolic transactions between client and therapist.

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(Hargaden and Fenton, 2005)).

When I presented a case, it was not unusual for group members to report feeling hostile towards me or my client. I would often feel vulnerable and criticized and was sometimes unable to differentiate between colleagues being angry with me in relation to that moment and them plain not liking me. I came to realize these experiences were a manifestation of my unintegrated parts coming to the fore. At these times I felt overwhelmed by raw and primitive feelings; in those moments I was unable to differentiate self from other, and likely to perceive projection as reality (see Little, 2005**).** Not surprisingly I often left with difficult feelings, which, when further examined through self reflection and in my own psychotherapy, proved to be rich in personal meaning.

In an effort to deepen my understanding of my own unconscious process I entered analysis with a Freudian Psychoanalyst. The focus of the therapy was on our here and now dynamics with an emphasis on felt senses between us. I was introduced to an understanding of relating which included some pretty strange (but often accurate) notions of attack. Envy, desire, rage, self/other loathing all began to emerge, bringing previously unknown

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aspects of my ego states into the relationship for co-reflection. This reflection on my own process bore fruit with my client work, where I began to recognize similar feelings emerge in the field between my clients and myself. I found that the more tolerant I became of my experiences in supervision and therapy, the more I was able to locate, hold, and explore difficult edges in my practice. I could sustain more intimate exchanges with my clients, ones which involved strong feelings whilst at the same time, being open to explore the potential meanings involved in the exchanges. I realized that the feelings I was having after working with particular clients were not just about me and began to understand these feelings as temporary identifications and internalizations of clients and myself in relationship. Further, I could see that these experiences are implicit in various ways, in the co-construction of a self. This therapeutic experience enabled me to feel more comfortable in relational supervision and to make better use of it.

For me the immediacy and uncensored nature of the interaction between group members not only facilitates the emergence, for reflection, of previously unconscious dynamics within the therapeutic couple, it also highlights a main difference between the relational and traditional method. A traditional method of supervision would be more likely to talk *about* script,

while a relational method would attempt to *enter into,* and even alter in some way, the client's script process through the therapist.

How I developed clinically

I have found the encouragement to think beyond the parameters of traditional TA has widened my perspective and supported my practice. My therapy and training from years before began to crystallize and my view on what is helpful began to alter. I came to see that "being with" and trying to understand clients was valuable and potentially transformational in itself. By becoming aware, through the supervision process, of unconscious relational patterns, I came to see how clients, in their unique ways, attain a sense of mutuality in relationship. I became more attuned to noticing ulterior transactions between myself and my clients that were controlling the process between us. Unnoticed and unexamined ulterior transactions may result in the missing of therapeutic opportunity and contribute to a feeling that "we are going round in circles". I feel that I have deepened my understanding of ulterior transactions by having a clearer awareness, that each coupling is unique and that the emergent pattern of perceived mutuality includes our own dynamic unconscious. This helped me to search myself for my contribution to ulterior transactions, such as the gratification of my own

narcissistic needs and/or anxieties around confrontation. Learning to hold

these types of thoughts in mind created a space for me to contemplate what

they might mean for the therapeutic work.

I also noticed that clients who moved me developed in ways I didn't quite

understand and that sometimes in the movement I changed too. So, even

when not fully understood, these sensory exchanges are clearly of

developmental significance. I realized that in the main I had no conscious

control over when change occurred and that my most effective interventions

were not planned. This is highlighted in the supervision process where the

thoughts and feeling that emerge from group members can at first seem

outlandish and senseless, yet they lead us, for what can seem like reasons

unknown, to a transformation in both our understanding of our clients and

ourselves.

From my experiences of working in the group it seemed to me that while

script analysis and interpretation have a function in raising self-awareness,

the process of self development had another level, one that demanded a more

immediate experience between client and therapist. By coming to view the

nub of self/other differentiation as a *sense* that is acquired *directly* between

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two people, a developmental process requiring two minds, my understanding of what was helpful changed (see Diamond and Marrone 2005, Fonagy and Target 1998, Trevarthen 1979)**.** While psychological defenses protect us from painful parts of ourselves, they are also ways of dynamically refusing the mind of the other, leading to developmental dilemmas and impasses. The resolutions of which, it seems to me, are to be found in various forms within the experience of a here and now therapeutic relationship.

As a relational Transactional Analyst one of the questions I find myself most preoccupied by now is, how I can use my subjectivity in the service of the therapy. The supervision group has presented me with a space to explore these issues. I value my colleagues' willingness to share their thinking and experience, combined with their ability to be congruent and open. This has made the space a very productive one for me, stretching me to my limit and beyond**.** For my part I hope that my openness to the process, combined with my desire to know and understand (and ask if I don't) has contributed in some way to the personal development of the group members.

Helena's Comment:

Therapy as a two-way street involving a bi directional process

In Brian's account there is an emphasis upon his subjective world, how he experienced the group initially and how terrifying he found this. He refers to the shock in engaging with the affective life of clients and group members in such a direct way and how it plunged him into self doubt and some chaos. His account of his vulnerability when faced with the bi directional process alerts us to the role of personal therapy in relational work. Brian's frank account of his subjective experience in joining the group highlights the significance of the therapist's pathology in relational work. His willingness to enter his internal world at such a deep level indicates the type of commitment implicit in relational work.

In Brian's account of his personal therapy he shows how this influences his understanding of his counter transference. He is more able to recognize what and how his client is making him feel and needs him to feel, rather than thinking it is all about Brian.

Both the vulnerability of therapist and client are involved

Thus, in this way, Brian shows how his own vulnerability is directly linked to his understanding of his client's vulnerability.

Carol Faulkner:

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When asked to write something for this article I had conflicting thoughts as to whether or not I wanted to take part. To write something about the group seemed exposing, yet on the other hand I thought these feelings were not unusual in terms of supervision. During the fifty minutes sitting with my supervisor I am allowing her into to the privacy of my consulting room. Somehow in relational supervision I feel even more visible,

painfully so at times. With this in mind I decided to write about my subjective experience of belonging to such a group and the effect it has had on me personally and professionally.

During my first year I struggled at times to understand how relational supervision was going to work for me and my clients. I have been in this group for two years now and I feel as though I am still finding my feet.

The problem I am faced with now is finding the words to explain how relational supervision works.   I usually start off my day in this group feeling scared and excited at the same time, not knowing how the day is going to unfold. These feelings are there whether or not I intend to present a client. I am finding it difficult to explain the unconscious processing of relational supervision. The unconscious is by definition out of awareness

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(not conscious) therefore not known.

As a supervisee presents their client the space is left open so that we (the remaining members of the group) can explore our experience of listening. I find this process daunting. In that moment I believe we are encouraging ourselves to be more in touch with our unconscious psyche. Through this process we end up accessing thoughts and feelings within ourselves. I then find myself sitting there thinking; dare I have the courage to speak out, to put words to these unspoken feelings and thoughts that have been evoked in me? If I do reveal all that is being evoked in me, what will this say about me; let alone the client, and how will this information inform the supervisee about their client?

By entering into this space together we can explore our uncensored unconscious processes, our transferential responses, our thoughts, feelings and reactions to listening. This process of supervision has given me a tremendous insight into my own unpredictable unconscious self.

I felt elated the first time I experienced this process of exploring the group's unconscious transferential experience. Very soon I began to realize that not

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only was this process giving me insight into the client's unconscious world, but also information into how the client and myself use the space between us. Through relational supervision I have become more aware of the shift from the intrapsychic into the interpersonal realm where two people sit face-to-face trying to understand each other. Together we are struggling to find a common language, to put words to our unconscious experience.

In order for me to be fully present with my client I need to delve into my unconscious processes, to be aware of my baggage and not be afraid to enter into the dark recesses of my mind. In relational supervision I believe this is what we do. We dig deep into our unconscious as a way of finding our clients and ourselves. At times I have felt disturbed by this process of exploration, but having said that I have also found it hugely rewarding. "in order to find the patent we must look for him within ourselves" (Bollas, 1987)

I know my practice has been changed by this supervision; my relationship with my clients has deepened and feels stronger. I have changed; my therapy has changed. I am more willing to step into the unknown aspects of myself. I believe I have become more curious about what is going on within

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and between my therapist and myself, and my clients and myself. I want to understand more about our unconscious processes, about the transferential experiences. "In the end theory can be used only as long as it makes sense of the clients' experience, and when it fits what clients describe". (Jacobs, 1988 p10).

I am also aware of the ethical dilemmas that could emerge when working in this way. This is why I feel the need to continue with my own therapy in order to keep a check on my subjective experience. The client does not know what is supposed to happen in therapy; therefore it is my responsibility to remain aware of my own process.

I have no doubt that I have a long way to go. I do believe my theoretical knowledge has increased along with the understanding of my own unconscious processes. It feels good to be a member of this relational supervision group.

Helena's Comment:

Both the vulnerability of therapist and client are involved

Carol highlights the vulnerability involved in relational TA supervision where the type of space and exploration involved makes it hard to hide

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behind the diagnosis of the client. When we refer to a client as "borderline" or "in a Game" or having a "rackety response" it becomes easier to focus on the client, as a type of object, who requires our intervention in order to bring about change. But from Carol's description of her experience of relational TA supervision we *realize* that this way of thinking about a client requires both vulnerabilities to be on the line.

Acknowledging the existence of the unconscious

Carol emphasizes the simple but sometimes ill understood fact, that if it is unconscious, then we do not know it. Many TA concepts such as games, rackets and ego states can sometimes imply that we DO know the unconscious. It is relatively easy to appear to know and understand our clients quite well without ever having to feel anything. Relational TA supervision, in this format, with the emphasis upon exploration and "digging deep" within ourselves shifts the emphasis from the client as an object by involving the therapist's subjectivity and unconscious self in the process.

Carol raises the ethical dimension to this way of working clinically. Most people who have started working in this group have ended up either returning to psychotherapy or changing their therapist if they feel they cannot "dig deep" enough with their current therapist.

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Birgitta Heiller

I decided to join a group exploring clinical issues based solely on unconscious processes when I was about to ready myself to go for the TSTA exam. Once a month, a whole day was devoted to open exploration and mutual learning. At this stage in my professional development, where at least some certainty about the process of therapy should prevail, it offered a welcome forum which allowed for ambivalence and doubt. Accounting for, and actively experiencing, strong emotions like terror, envy, rage or erotic tension was actively encouraged, and this didn't stop at the exploration of the experience between a therapist and their client. What happened between supervisor and supervisees, as well as between group members, was equally important. Acute and often unpleasant feelings in response to a client presentation, to an exchange between colleagues, or to the reaction of the group facilitator were actively endorsed. It was the epitome of what Berne referred to as "Intimacy" (Berne 1964)

Preparing for the TSTA exam was an ongoing challenge in the first 2 years of my attendance in the group. The exam process necessitated stringent TA focused interpretations, and often my experience in the relational supervision group was perplexing and disconcerting. What was I now

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supposed to teach my trainees, or direct my supervisees towards, especially the beginners? When in the group, I was coming to grips with opening up an expanse of different meaning making, and purposely allowing for uncertainty and the need to stay with it.

When teaching my trainees, I had to supply them with some theory to hold on to. My supervisees justifiably expected some guidance with regard to practice, and how to utilize theoretical models in a way that would eventually lead towards a quantifiable outcome. After all, they needed to demonstrate their effectiveness as TA therapists in an exam.

One of the salient moments for me was at my first session in the relational TA group in 2002, when I met a fellow novice to the group whom I had examined, and passed as a CTA, at a conference only a few months prior. It was an unexpected encounter, which somehow challenged TA's hierarchical structure. Unsurprisingly, we were a bit cagey around each other to start with, and at some point acknowledged this openly. In a group that was designed to explore the Unconscious (for simplicity's sake, I am using the term here in its most general sense), we gradually realized how very often we were struggling with similar issues and the initial hesitance gave way to a mutually enriching collegial relationship.

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When joining the group, I had not realized quite how challenging this gradual transformation of my perception of me as a therapist, and even more so, as a supervisor and trainer would prove to be. I regularly left the group feeling emotionally drained and tired. I found the discrepancy between what I had been taught, and what I thought I ought to teach, and the experience in the group too vast to deal with.

The confirmation of this came when, upon passing my TSTA two years later, those feelings changed. It was almost as though I had only joined the group "for real" after the exam.

The problem of validating therapeutic approaches through research

Inherent in the relational work, be that in therapy or in supervision, is a dilemma which acutely faces all psychotherapy and counselling approaches. How do we prove our effectiveness? For research purposes, our interventions should follow a set format, so that their success can be evaluated. Our theoretical constructs should be subject to tests that can validate their relevance. We have to justify our existence as therapists, if we want to get the referrals or insurance payments.

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Certain modalities lend themselves more to the study of effectiveness and outcome than others (see, for example, Joines, 2006). So far, I am not aware of any experimental designs that focus on the value of allowing for indecision, staying with dialectics and diametrically opposed views of a particular situation, and the pain that goes with this. To my knowledge, research tends to focus on the client's perspective. How can the therapist's strife, doubt, or any strong "countertransferential" feelings be a factor in this process, how can they be facilitative to the therapy, and how can all this possibly be operationalised?

While the effectiveness of TA has recently been demonstrated (Novey, 2002), very different criteria were applied to the ones that would be needed here. There are probably innumerable intervening variables which contributed to this outcome, but thus far they remain unaccounted for.

Reconciling the relational style with other modalities

There are some aspects to the relational approach which I find difficult at times, which is reflected in my experience of being in this group. We have had various innovative formats. One of them was the focus, for a whole year, on a particular book (Hysteria, by Bollas 2000), looking at client

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presentations in the light of his work. This was an academically rigorous, but sometimes exhausting venture! More recently, we have systematically gone through a list of hallmarks of the relational style as listed by Benjamin (2002). This gave rise to lively debates, and much discussion of current case material in the light of Benjamin's criteria.

More often than not, the writings of relational analysts (Mitchell & Aron, 1999, Aron & Harris, 2005, Messler-Davies, 2002) or other relevant psychoanalytic authors, as well as some from the emergent tradition of relational TA (Little 2005) tend to concentrate on the difficult, hidden, unmanageable, frightening, perplexing, seemingly impossible feelings and impulses of both therapist and client. Primitive processes are the prime focus of attention. The willingness and ability to see the absurdity of situations, of the predicament of the human condition, in the way that these are addressed as in, for example, existential psychotherapy (van Deurzen-Smith, 1988, Cohn, 1997, and Yalom, 2002), is less often in the spotlight. There is a great deal of interface between the two theoretical orientations, but the style of writing is very different and has different foci. In this regard, the relational approach is definitely more closely informed by Psychoanalysis and Object-Relations Theory.

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I have also sometimes found it difficult to reconcile the work I do in other modalities with my presence in the relational supervision group. Some of my colleagues choose to work solely in this paradigm, while I use other approaches as well, drawing, for example, on the Energy Psychology methods for short term work, especially with trauma patients. On occasion I feel somewhat isolated and alienated from my peers as a result.

I continue to be fascinated and challenged by the variety of choices we have as therapists. What should the focus be – the life-affirming, resourceful aspects of every person, or the deepest, most primitive, potentially destructive urges and feelings? While not completely discarding it, Eric Berne wanted to move away from the psychoanalytic emphasis on the latter and follow the flow of the humanistic movement, focusing on growth, opportunities and options. He never achieved a happy medium.

These two increasingly divergent strands have the potential of holding TA together, or to split it apart. The relational paradigm could potentially square the proverbial circle by finding a framework in which the two can co-exist. It will need to incorporate co-creative and constructivist theory, as well as

aspects of Positive Psychology (Seligman 1990), while keeping in mind the relevance of primary process and the need for affect regulation (Schore, 2003 and Fonagy et al., 2004)

Ultimately, whatever the method, I have found that, while I remain the focus of the client's hopes, or the target of their wrath, ultimately I am a fellow traveller with whom they are exploring issues. I am starting to become more comfortable with working relationally but I reserve the option of using other methods, for instance by offering symptomatic relief where possible and appropriate (for discussion see Mollon, 2005). The key is to remain humble, and to admit failures, and to allow for a level of intense contact which is not welcome when simply deploying techniques, teaching concepts, or confronting the other with their "maladaptive patterns of relating".

It struck me recently that even the term "treatment planning" sounds absurd in the light of a relational view. Who is planning whose treatment? How do we know what we will end up being/ feeling/ experiencing at the end of therapy – be that in 6 weeks, 6 months or 6 years? This is hard to convey to those who want to see hard evidence for the effectiveness of a certain type of treatment.

A clinical example

In the following, I want to demonstrate the perceptive powers of the

supervision group and the difficulty I experience on occasion in making

sense of other group members' responses to a client presentation.

I recently brought a new client to the group, whom I had only seen for two

sessions at the time. She was signed off work with stress and, during the

initial interview, she recounted a lifetime of abuse and neglect, and a

tendency to blame herself for everything. She was currently in an

emotionally (and previously physically) abusive marriage. I felt deep

compassion and got very involved in her story. In the second session she

spoke of her grief around not having been the mother she had wanted to be

for her children, and again I felt tearful and conveyed to her how moved I

felt. Disturbingly, she rejected any expression of empathy and wanted to

leave the session early. When I presented the client in the relational

supervision group the other members' response "threw" me. They

experienced boredom, annoyance, even the urge to ridicule the person. The word "pathetic" was used. I felt deeply offended and hurt, on her behalf, as well as on my own I had virtually "acted" the client, so deeply had I got embroiled with her narrative and what I saw as her predicament, and I was left with a lot of confusion and feeling personally attacked by the "unempathic" response of the group

Over the next weeks, I found myself wanting to dismiss the responses the group had had towards this woman and got ever more immersed in her story. However, whenever I showed my empathy directly, she fended me off vigorously, and started calling herself pathetic and stupid. I hadn't made the connection immediately, but after some weeks of this self-flagellation I began feel annoyed and bored with her, exactly the feelings that my colleagues had experienced when I had presented her after only two sessions.

The feelings that the group members seem to have picked up at the time reflected her self-loathing and habitual putting down of herself, as well as anticipating the response of people around her, including myself, when exposed over time to her constant self-abasement and rejection of positive strokes long-term.

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As a result of reflecting on the process in the group I was altered and thereafter I changed my approach and am currently not conveying empathy verbally at all. This runs counter the notion of a stroke-centered therapy (Steiner, 2006), but it seems to suit this client much better at this stage and I no longer feel rebuffed. I feel less drawn into the story while remaining emotionally deeply involved and often unsettled. I monitor my own responses more closely. These days I sometimes experience a level of fear, which tells me about another important aspect of her experience, and possibly others' experience of her. Because this is still early days, I refrain from emotional self disclosure, keeping these feelings to myself, only quietly noting them.

The "route of transmission" of these unconscious ways of picking things up is as yet unknown, but it brings to mind Berne's initial studies on intuition (1977), and probably also links in with the concept of projective identification (Ogden 1982). The curious aspect here is that the phenomena described above were not occurring in the client-therapist encounter, but during case presentation in supervision, where the client is not present. More work will need to be done to link the current work on unconscious processes to Berne's early findings. I am keeping an open mind and maintain a level of

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curiosity and wonder. For the purpose of this article I cannot go into detail about the actual work with the client I simply want to highlight the dynamic of the powers in the unconscious of the assembled supervision group and their bearing on how I changed my approach.

Conclusion

Being in this relational supervision group has allowed me to let go of a lot of "shoulds" in my practice and the teaching and supervising of TA psychotherapy. It has opened me up to staying with uncertainties and the unknown, and has led me to hold out on foregone conclusions. It has at times been a difficult learning experience. But I am no longer tired at the end of the day, or, if I am, I have more pointers as to knowing why.

Helena's comment:

The centrality of relationship

Birgitta's description of her relationship to relational TA is an interesting one. She feels a certain dissonance with the subject and wonders if she can belong while retaining parts of her self which do not feel comfortable in this environment. I think this goes to the heart of realtionality itself, which is our ambivalence about being in relationship at all; an ambivalence which I think

is normal and part of being human that we are not sure if we want it. I think

Birgitta's honesty in this matter is very significant because it punctures any

sense that relational TA become a closed system to which one either belongs

or is rejected from. In the dialectics of relatedness it is possible to hold both

ambivalent and more certain feelings at the same time, to belong and not

want to belong and to have contradictory feelings about the theory. Birgitta

highlights various attitudes and theoretical perspectives which she believes

or feels to be beyond the remit of relational TA. When I read her account I

felt excited and interested in what she sees as different from the relational

perspective. I do not see why any of the theoretical models Birgitta

describes as different from relational TA cannot be engaged with from a

relational perspective.

Therapy as a two-way street involving a bi directional process

In Birgitta's clinical account she initially questions how the group can

express such different feelings from herself and wonders how this process

happens. Without being conscious of it, Birgitta had communicated aspects

of her client's unconscious world to the group who had picked up the

discounted feelings. This way of working involves a type of knowing which

is both intuitive and sensory and not easily translated into concrete

knowledge. Birgitta points to the incompatibility with more traditional ways

of thinking in TA where emphasis is more on content and empirical evidence. In that frame the language of feelings, sensory perceptions and intuition become like second-class citizens; in the relational TA frame they are considered to be equally important.

Counter-transference is used, not merely as information but in

  thoughtful disclosure and collaborative dialogue

Birgitta's translation of the groups' counter transference is less in collaborative dialogue and instead alters her experience, so that she changes her way of relating with the client, without ever, or at the moment, not putting this into words.

Jill Hunt

My Experience of Relational Supervision.

I am starting at the end having decided at our last meeting to finish with the group. This is an enormous loss to me as I have valued and enjoyed this different experience of supervision. Interestingly and paradoxically I think it is my experience in the group that allows me to leave. One of the things I learnt in the group was that it was okay to think and feel for myself and be congruent with my own experience, even when this did not accord with others and might have impact on others, sometimes negatively. I learned too

about how to hold my reality alongside other realities in a way, which did

not cancel out anyone else's experience and enriched the overall experience.

In this instance it meant that I was able to hold the tension between a

perspective of wanting to stay in the group alongside my decision to leave

without needing to make either one of lesser value to me and therefore make

myself feel better about my decision. I want to be at the group and I want to

create space and time for my personal life and family commitments. A recent

heart rendering tragedy has meant this feels more urgent for me. So I have

had to make difficult decisions, which means, as a colleague once said "I

have to let go of something good to let other good things happen.

Now back to the beginning. I joined an already established group in October

2002 on the suggestion of friends and colleagues who were already

members. I was looking for a way to help me stretch and develop myself as

a practitioner. I remember saying on many occasions that I wanted to use

myself more in my work. I had recently begun therapy with a Jungian

Analyst and admired his ability to understand me and my experiences

through it seemed his use of "himself". I sometimes thought: "how did you

know that from what I've just said?" Helena encouraged us to stay with and

express our congruent feelings in response to clients, to their stories, to the

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way in which colleagues brought their clients, to the responses from others in the group, without having to make a "meaningful thought through response". At times this was difficult when my urge was to verbalize a smart answer, one which would show how on the ball I was. Gradually I learnt to be more able to sit with and allow meaning to emerge from my instinctive responses. This meant allowing myself to be deeply impacted and to visit some shut off parts within myself. For example on one occasion I brought a client to whom I felt quite indifferent. I felt ashamed to admit this and even when faced with a variety of emotional responses from my colleagues I still felt unmoved. I felt ashamed that I continued to feel nothing. Internally I was saying to myself, "if I was a nice person and a good therapist I would be feeling something and *know* how I was feeling." I was encouraged to stay with the emptiness I felt. I became in touch with a bleak and lonely part of myself, who at that moment and, I realized, at others times too, didn't even really feel a part of the group. My overwhelming sense then was insight into my client: "this was how my client feels" This experience in the relational TA group enabled me to feel the emptiness when with my client without being critical of myself. This was important because eventually I found the words to reflect my experience of our relationship. My client's response was one of relief and of having their internal life seen.

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I enjoyed the group from the outset although at the beginning left with a sense of disquiet as though I had got something wrong (I now think this was linked to shame as mentioned above). I decided then to not allow this feeling to inhibit my participation in the group. There were people in the group who I did not know and who had been qualified for sometime longer that I had and I projected onto them an attitude that was critical of me. In hindsight I realize I began to look to them to tell me I was (al) right.

I used the group to further my understanding of clients in many ways; however it is impossible to separate that from what I also learnt about myself, at the same time. I had a client I brought several times to the group who challenged me ethically and on a personal level. I gained many insights with regard to this client. However what was perhaps more important to me was that I realized that I wanted to take refuge behind ethics, "how dare they ask that of me", rather than having to face the fact that I felt feelings of disgust and of wanting to attack back. Several times I deliberately chose to bring new clients whom I had only seen once. At such times I often presented the clients unaware that I was simultaneously enacting the client's mannerisms. This proved to be an interesting and enjoyable way of

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exploring the unconscious and through the group process I recognized that I had picked up feelings and experiences without being consciously aware that I had.

As I began to be able to hold my experience and reality in the face of someone else's completely different experience and reality and be interested in what was happening rather than to be trying to find consensus, I became aware that there were as many possible responses as there were people in the group and had the group been larger there would have been even more. We were all using ourselves and in touch with our varied individual experiences in responding to what was happening, at any given moment, in the group. This was not always an easy process, at times I felt furious with colleagues, or wanted to laugh at poignant moments and had to learn to be able to offer my reactions without acting on them. When conflict emerged I wanted to hide or smooth things over or take refuge behind Helena as the authority in the group.

This awareness freed me from my shame. I became able to hold in mind that almost everything that happened or was said in the group, when I brought my work with a particular client, would throw light onto my client, our

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dynamics, and myself if I remained open to a non- judgmental attitude to both myself and other group members.

One of the questions Helena asked us in writing this is what we thought we brought to the group. I believe that for a while now what I brought to the group was a lack of inhibition with regard to my feelings. The tragedy I mentioned earlier happened whilst I was a member of the group. I know that this will have changed me in many ways I do not yet know. My grief was never a problem and as Helena and the group saw this as a part of me so was I able to and accept that grief is an emotion that through my experience, I am particularly sensitive to.

This supervision experience has helped me not only in my work with clients but also in my supervision work, I am far more confident in encouraging my supervisees to gain understanding through their counter-transferential feelings and experience. For instance I encourage them to look at why something arose at that particular time with that particular client, rather than to become critical of themselves.

Helena's comment:

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The centrality of relationship

Jill's account emphasises the significance of relationship, not only with the client, but with the group and with me. Our personal lives are part of who we are and how we change and we must be able to bring our "selves" into supervision. However, I have observed some supervision groups become dominated by the personal lives of the participants to such an extent that supervision time was compromised. In this relational TA setting I made a point of stressing the relationships within the group and moved away, as much as possible, from personal stories taking up the time. This did not, as we hear from Jill, inhibit her self expression. Although we, of course, listened to the details of her experience, our main focus was on our here and now relationship with her and between us all. This is a vital point about how this group works because my experience is that people can hide behind personal stories and that others in the group can feel controlled by others' personal accounts, feeling it would be unempathic to express impatience or disinterest whilst secretly fuming that the time is being eaten up. The more therapy a person has done it seems the more contained they will be when presenting themselves for supervision. Jill was both contained and expressive.

Acknowledging the existence of the unconscious

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Jill's use of the group is focussed upon uncovering the layers of the unconscious. Her supervisory cases often felt like the verbal equivalent of a Monet painting or a poem though which she communicated a great deal of sensory information. Her way of absorbing information, seemingly through her right brain function, made it easy to associate and explore the unconscious.

Conclusions:

What is different about relational TA is that the supervisees are invited to enter the world of sensory perceptiveness, feeling and intuition. Thus the first port of call is not a conscious one as in: What do you want from supervision? Instead it is a deliberate moving away from cognition towards reflectivity and feeling. Another major difference is that after engaging with the group process we return to the guiding principles of relational TA as a way of reflecting, not only the process itself, but on how that process reflects the client's inner world and the therapeutic relationship. This way we do not end up ever pathologising the client only, but become aware of all of our pathologies, or should I say our humanness?

Drawing on the TA model of supervision of eight areas of supervisory practice, and based upon the analysis of the above seven perspectives, I will

now discuss how relational TA supervision is both different from and similar

to more traditional types of TA supervision as follows:

     1. Supervision philosophy and training structure

One significant philosophical issue that emerged as an initial stumbling

block (that was so difficult for some people that they chose to leave), was

that relationality is not, as is so often assumed, only about creating

expressions of empathic and attuned contact. Over time and through

discussion we have come to understand relational philosophy as "more

richly and provocatively associated with the dialectics of relatedness. Like

the densest poem one can read, it is full of paradox and depth of meaning

which does not lend itself easily to linear description" (Hargaden and

Swartz, 2007). As we discussed these more challenging philosophical

perspectives it became clear that participants needed to have robust egos

which would enable them to weather the storm of unpredictable and

unannounced affect emerging into the group. For instance, in one of the

early group meetings I suggested that someone's client was attacking them

and they became ferociously defensive of the client. They had interpreted

the idea of okayness and relationality to mean that their client could never be

seen as anything other than deserving of the sweetest attunement. It was at

first hard for them to understand that their client may have some mean streak

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in them, and what was more that they too may have that same streak.

The guiding principles of relational TA informed my philosophical basis when I formed this group and I set up a structure in accordance with these principles. Thus, my overall contract set the tone in a very different way from how I normally worked. Usually I would expect each individual to come having thought through the issue they wanted to explore and formed an idea of what they wanted from supervision. If they did not know what they wanted I would question them with the intention of facilitating their understanding. In setting up this new structure I moved away from this type of encounter.

Once the group participants accepted (and in some cases as you can see it took a year or m ore), that uncomfortable feelings would enter into the space and that these were a vital part of everyone's psyche, then, paradoxically, as some of them mention, they became more comfortable with their discomfort. What has become clear is that for people to feel able to be in this group they need to feel internally supported and that has meant that some people have either changed their therapist or gone back into therapy.

2. Contract fulfilled

The contract continues to be a significant part of relational TA supervision.

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First of all my proposed tripartite contract sets up the structure within which

people feel boundaried and safe. Individual contracts are addressed

retrospectively. In other word the destination of the journey is named but

after it has been achieved. So for instance sometimes I will say, "What are

you taking away from this supervision?" This often helps to stabilize

someone who may feel a bit overwhelmed by feelings, because it requires

them to think. At this point, thinking can take into account all the feelings

and reflections that have emerged. One of the consequences of this type of

retrospective contracting is that we are less likely to begin from a discussion

about the client's pathology.

   3. Key issues identified

   4. Reduction of probability of harm

   5. Increases developmental direction

What is different in relational TA supervision is that the key issues, reduction

of probability of harm and an increase in developmental direction are more

closely associated with an exploration of the unconscious process. In the

relational TA frame a space is created which moves away from linear

realities enabling unconscious material to unfold. Opportunities are created

for the therapist to borrow other peoples' emotional and reflective

experience and make them part of their own. For example a therapist who

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was rather dominated by her compassionate and loving persona found it difficult to tolerate the emergence of more hateful feelings in the group. By learning to tolerate and understand others' very different reactions she eventually became altered by the group process and also alerted to her need to expand her emotional repertoire.

This type of group process brings all of us into the immediacy of the client's experience. We become more concerned with sensory experiencing than with content. The group process provides a space of shared reverie and in the dynamic processes, the therapist's counter transference is reorganized and she is altered through the process, as described several times in the above accounts. Thus there is less likelihood that the therapist will cause damage through an ignorance of the significance of unconscious material. Instead she will be sensitized to the underlying possibilities which will increase her developmental direction as demonstrated through the personal experience of those in supervision.

    6.   Supervisor models process

In providing a space for shared reverie, as the supervisor, I found it very comforting to consider that we could take time and space without jumping to conclusions or feeling that I ''should'' know the answer. I discovered, and am still discovering, that working in this way implicates my vulnerability in

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ways where formerly I may have hidden behind the contract, or

pathologizing the client, whereas in this format I find that I, too, am on the

line, experiencing feelings I would sometimes rather not own on the one

hand, but at the same time recognizing their value on the other. It is

important that I do not shy away from expressing some of my feelings so I

can model acceptance of myself and my feelings.

Of course, I also get caught up in the process. For instance when I oversee

the process sometimes a group member will point out to me that I seem

different from usual, that I seem particularly controlling or tentative and so

on. Usually an examination of this reveals that I have unconsciously taken

on an aspect of the client's psyche or the therapeutic dyad. For example

when a supervisee presented a client who was psychologically split and who

had been partly reared by a forbidding and exacting grandmother I began the

process by being very formal in ways which some members found strangely

different from my usual style and which they experienced as forbidding. I

realized I had become a part object of the client's psyche, and in particular

my behaviour seemed to reflect features of the matriarch referred to in the

client presentation. Not only am I required in this group to recognize what I

am doing but also that I have this not so attractive potential within me,

otherwise I could not enact it! An important aspect of how the leader

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models the process in relational TA involves her willingness to examine her thoughts, feelings and behaviour and set up an atmosphere in which she too can be challenged.

7. Equal relationship

This process leads to a sense of equality. In the world of feelings we are all equal and no-one is better or worse than anyone else. Although, I am still the responsible leader working in this way makes it more possible to share this sense of responsibility as we all think and reflect together.

8. Understanding of ethical issues:

Working relationally brings with it a set of ethical concerns that are different if one is working more traditionally and many of the group members experienced this for themselves. They were unable to work in this frame unless they returned to do depth psychotherapy. This work cannot be learned by reading and through training alone. One's "self" is always on the line and that sets up an ethical requirement that relational transactional analysts attend to their primitive feelings in a therapy which addresses the unconscious.

Final Conclusions:

I believe that I have discovered that relational TA supervision is different

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from more traditional TA supervision, primarily because the structure is set up in a way which reflects relational TA principles. Also because meanings emerge from the here and now, they are not discovered in one person – and brought to the light through the clever analysis of the other. The structure and the contract influence how supervision develops. Yet working with a group in this way is not an entirely new departure. It is clear that we retain all the areas of TA supervision but engage with them differently. An important consideration is to realize that every member of the group had been schooled in traditional TA techniques and these impose a certain type of implicit discipline which is containing. For example if the process begins to feel too unfathomable or distressing or incoherent, a simple return to basic techniques such as: So what do you want now from this supervision?

One of the areas not discussed here is the transferential levels of relatedness between supervisor and supervisee. Within the accounts there is mostly an implicit sense of holding me, as leader, with respect and affection. I think this is probably quite a necessary element of relational TA supervision particularly because of the amount of trust required to engage with unconscious processes. I think it is probably a requirement of any supervision. But there is room for a deeper discussion of transferential processes.

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