Live Supervision – The Body

The 'fractal self' in supervision

CONFER, Jan. 18th 2013

© Michael Soth 2013
The 'fractal self' in supervision

- Live supervision is an ideal context for illustrating a key feature of enactment: like a bar of soap in the bath, it is elusive. It shape-shifts between multiple self-states, different people, various levels of experience and awareness (somatic, emotional, imaginal, mental).
- The harder I grasp and try to pin it down, the more likely it is to slip from my grip. But in the group context, it is then likely to slip into somebody else, and specifically into somebody else's bodymind process.
- By attending both to the relational and the bodymind field in the group context, there may be a way in this session to demonstrate the following principle: *The more levels of parallel process can be held in awareness in the here and now, the more likely it is that transformative containment of enactment can occur*.
- Michael will illustrate how he extends the notion of parallel process to both interpersonal (transference–countertransference) processes as well as intra–psychic
Fractal Zoom: self-similarity = same shape at all levels
Fractals – Fractal Self
fractal = graphical equivalent of parallel process

‘self-similarity’ at different levels:

- **fractal image:**
  - same non-linear shape and pattern at different levels of magnification
  - focus in – zoom

- **therapeutic relationship**
  - same relational dynamic (pattern/shape)
  - at different levels of experience (body–emotion–image–mind–intuition)
Overview

• Fractal: self-similarity = at all levels (in a system)
• Parallel process in supervision (established definition)
• Parallel process as a relational organising principle for 21st century psychotherapy (& SV)
• The ‘wounding’ enters the therapeutic space
• Michael’s extended model of parallel process:
  – multiple levels of parallel process: primary scenario, bodymind, internal object relations, interpersonal (incl. transference), therapist’s countertransference, supervision, supervision context
• In practice: how to perceive, understand and engage enactments as systemic bodymind (parallel) processes
• The transformative principle of parallel process
Parallel Process in Supervision

- **Supervisor**
  - **Therapist**
  - **Client**

**Supervision Matrix**

**Therapy Matrix**

- Dynamic jumps from system to system

**Supervision in the Helping Professions** – Peter Hawkins & Robin Shohet (1984)
What is the dynamic that jumps?

- parallel process = unconscious processes
- transference – countertransference dynamic
- what is unbearable/dissociated/disowned, and can’t be thought and talked about (mentalisation), will get enacted as parallel process

Standing in the Spaces: Essays on Clinical Process Trauma and Dissociation – Philip M. Bromberg
Psychoanalytic Theories: Perspectives from Developmental Psychopathology - Peter Fonagy and Mary Target
The Shadow of the Object: Psychoanalysis of the Unthought Known – Christopher Bollas (1987)
What is: ‘parallel process’?

- unconscious processes in one system get paralleled in another related system
- different levels/sub-systems of a larger system
- nested systems – domino effect
- parallel process continues until the enactment of its dynamic finds containment … somewhere
- *the* relational question: how to transform enactment?
parallel process as a relational organising principle for 21st century psychotherapy (& SV)

- unconscious processes as parallel process (i.e. transference and countertransference)
- enactment as parallel process
- character & object relations as parallel process
- body and mind as parallel process

(Reich’s functionalism, Wilber, systems theory holism, complexity theory, neuroscience eg Damasio)
The ‘wounding’ enters the therapeutic space (here-and-now)

Three parallel relationships:

- past dynamic (primary scenario)
- internalised dynamic (object relations)
- external dynamic here & now (current relationships incl. transference)
How ‘the wound’ enters the consulting room and the relationship, Therapy Today, December 2006 - Michael Soth

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the Wound Enters the Therapeutic Relationship</strong> &amp; de-constructs the dualistic ‘medical model’ therapeutic frame</td>
<td></td>
</tr>
<tr>
<td>The client’s wounding comes into the consulting room and enters the ...</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>... client’s ‘here &amp; now’ experience as non-verbal process</td>
</tr>
<tr>
<td>2</td>
<td>... client’s <em>perception</em> of the therapist  (= transference)</td>
</tr>
<tr>
<td>3</td>
<td>... client’s bodymind <em>experience</em> of the therapist  (= embodied transference)</td>
</tr>
<tr>
<td>4</td>
<td>... therapist’s awareness  (= situational countertransference)</td>
</tr>
<tr>
<td>5</td>
<td>... therapist’s bodymind experience  (= embodied countertransference)</td>
</tr>
<tr>
<td>6</td>
<td>... supervisor’s experience  (= ‘parallel process’)</td>
</tr>
</tbody>
</table>
How does the ‘wounding’ dynamic jump (or get carried) from system to system?

- **psychological: via identification, either ...**
  - via empathy reaching in ... or ...
  - via therapist being ‘taken over’ by projective identification

- **psychosomatically: via bodymind messages**
  - subliminal cues / mirror neurons
Multiple levels of parallel process

- client’s developmental history
- client’s bodymind
- client’s internal world
- client’s external relationship – therapy
- supervision
- group supervision/audience
Extended Model of parallel process

- **Supervision Matrix**
  - Supervisor
  - Therapist
  - Client (outer)

- **Therapy Matrix**
  - Client (inner)

- **Internal Relations**
  - Client (inner)
  - Client (outer)

- **BodyMindMatrix**
  - embodied character

- **Primary Scenario**
  - developmentally wounding relationships

- **supervisor - therapist dynamic parallels**
- **therapist's countertransference parallels**
- **client's interpersonal (transference) parallels**
- **client's internal dynamic parallels**
- **client's body-mind dynamic parallels**
- **client's formative family dynamic**
Over-simplified Summary:

What does not get consciously owned and communicated via the minds, gets enacted unconsciously subliminally via the bodies.
Parallel process on bodymind and psyche levels

identification – via empathy and/or projective identification

‘subliminal’ cues; mirror neurons

Therapy Matrix
Supervision Matrix
Group Matrix

psyche
bodymind
Unconscious dynamics enacted via parallel process

- disowned / dissociated wounding gets communicated ...
  - via enactment
  - implicitly
  - subliminally (right-brain attunement)
  - through non-verbal cues
  - through bodymind self-states
  - dissociated and evacuated because it feels unbearable (Bion – on projective identification = bite-size chunks)
  - it cannot be held in embodied awareness and contained
  - when auto-regulation is impossible, interactive regulation is needed
In Practice – Perceptions:

Perceiving enactments / parallel processes

- **verbal (ego–ego) alliance versus non-verbal working alliance**
  - right-brain-to-right-brain perception (*not* only attunement)

- **watch oscillations in alliance – charged moments**
  - notice charged bodymind fragments in the whole system

- **notice conflicts in countertransference**
  - = loss of therapeutic position
  - the client's conflict becomes the therapist's conflict

- **gathering the fragments – notice bodymind ‘charge’**
  - spontaneous versus reflective processes across bodymind system
  - parallel processes throughout system of therapeutic relationship
  - (past – internal – external) – 5 parallel relationships
In Practice – Understanding:

Understanding enactments / parallel processes

- fantasies about originally wounding relationships
  - identifying with bodymind subjectivity of all people involved
- ideas about internalisation and internal object relations
  - 5 steps of character formation occurring simultaneously here & now
  - internal objects as flesh-and-blood persons (anchored in bodymind)
- fantasies about transference
  - multiple enactments simultaneously – transference as bi-directional
  - transference to therapist – transference to therapy (unconscious construction)
- fantasies about countertransference
  - tension between projective identification and dialogical modality
  - tension between one-person and two-person psychology
  - tensions between therapeutic modalities
- enactments as paradoxical
  - construction of therapist as an object implies also de-construction
In Practice – Intervention:

Engaging/intervening in enactments

• there is no way out of enactment, only a way in
  – notice how therapeutic responses feed into enactment
  – notice how client’s construction of therapeutic space mis-translates therapeutic responses (‘internal therapist’)

• types of intervention – some examples:
  • reflection of feeling? (unconscious, denied and defended against)
  • interpretation? (evacuation – Bion; interpretation deepens enactment?)
  • disclosure of countertransference dilemma
  • directive / breaking of trauma escalation
  • switching attention
  • focus on spontaneous processes
  • experiential exploration (Gestalt)
  • many types of paradoxical interventions
  • surrendering to ('acting into’) enactment
The more various levels of parallel process can be held in awareness in the here and now, the more likely it is that transformative containment of enactment can occur.
email for PowerPoint summary, references and hand-outs:

michael@soth.co.uk
Appendix – additional material

- Three relational revolutions
- Working alliance oscillating through 3 kinds of contact
- 3 parallel relationships

• Further material on request:
  - 5 parallel relationships
  - Diamond Model of therapeutic modalities
Three relational revolutions

- transference  (Freud 1905)
- countertransference revolution  (1950’s)
- enactment  (in degrees, since 1995)

To what extent is enactment avoidable?
To what extent is enactment a mistake?
Why is enactment inevitable?
Why is it necessary?
The three revolutionary moves
(re-framing the supposedly counter-therapeutic)

How the concepts of transference, countertransference and enactment have developed

- From being seen as insignificant to being seen as pathological interference to being seen as potentially useful information to being seen as potentially transformative

1. transference, then
2. countertransference and maybe now
3. enactment can increasingly be embraced as valid and necessary, as ‘royal roads’
Three kinds of contact in the therapeutic relationship:

1. resonance

- Therapist experiences: **RESONANCE**
  - (explicit empathic flow and attunement, no doubts about working alliance)
  - a) spontaneously, without effort or intention
  - b) through therapeutic persona (good will, intention)
Three kinds of contact in the therapeutic relationship:

2. ambivalence

Therapist experiences:

DISSONANCE as well as RESONANCE
(explicit empathic flow disturbed or conflicted, doubts about working alliance)

therapist feels in doubts, unsure, worried, uncomfortable, ambivalent or in conflict about
a) understanding: "what's going on?", or ...
  b) intervention: "what should I do?"
(often torn between conflicting impulses)
Three kinds of contact in the therapeutic relationship:

3. enactment

Therapist experiences:

**INTENSE CONFLICT / PRESSURE**
(charged and conflicted moment - working alliance acutely/intensely threatened = loss of therapeutic position seems imminent or already happened)

therapist intuits that possibility for re-enactment of client's wounding and negative patterns is strong = tendency to go unconscious
Three kinds of contact in the therapeutic relationship: the spiralling process
Three kinds of contact in the therapeutic relationship:

- How to facilitate and/or contain the transition from 1) to 2)?
- How to facilitate and/or contain the transition from 2) to 3)?

The transition from 3) back to 1) happens spontaneously.
three parallel relationships

1) Primary Scenario (Jack Rosenberg)
   - originally wounding relationship
   - becomes internalised as ...

2) Character Structure (Wilhelm Reich)
   - frozen life history = energetic bodymind matrix
   - is manifested / externalised and enacted in ...

3) Therapeutic Relationship
   - transference & countertransference

PAST relationship(s)

INTERNAL & internalised relationship(s)

PRESENT here & now relationship(s)
REFERENCES/HAND-OUTS