

Issues Influencing Therapeutic Flow

In this essay I would like to explore the interplay of primary and secondary process and a dual state of consciousness as it plays out in the countertransference supervision groups I lead. From this perspective therapeutic flow can be characterized by an oscillating movement between form and formlessness. Formlessness moves towards a state of oneness. This should not be confused with fusion or a loss of self. Moving back and forth between form and formlessness creates a dynamic energy. Form creates a bridge from the inside formless ground of being to the outside social reality.

At the end of each supervisory session, I am left with a mosaic of images, sensations, feelings and thoughts. This mosaic builds, fragments, and coalesces into an ever-changing stream of consciousness. Sometimes, after a session concludes, the work continues to expand.

As with myself, each presenter goes through a similar process. The process of presenting a case often opens up insights for the presenter that may influence one's work with many cases. If the work of the presentation touches the unconscious of the presenter, where insights become an organic part of him or her, there is no need to remember what happened in the case presentation. I tell participants to forget what went on in a supervisory session as I do not want them to lose their own authenticity and artistry by imitating my work.

I would like to examine a series of three sessions where I and the group went through an important transformation.

In the first session I am challenging the group that they are staying away from primary process material. They are anxious and confused and do not completely understand my challenge. They protest that they are very happy with the way things are going.

In the second session a rare emotional blow up occurs. A member became extremely angry and explosive. She felt intruded and talked down to by another member and was on the verge of walking out of the session. She protested that her upset had nothing to do with the group. She was emotionally preoccupied with a particular problem long before she entered the session. I adhered to an axiom: anything that comes up belongs to the overall group dynamic. However, I had no intention of making this member a scapegoat and left the discussion open to the experience in the group. The distraught member was merely a messenger, I believe, carrying a group issue. I thought to myself: "Was she speaking for the group regarding issues of authority?" I was not secure in exploring this direction and could not find an opening to explore this direction.

I attempted to explore the group's challenge to my authority by opening up a discussion regarding the members' group experience. For some members, offering a particular impression of a case dynamic was akin to giving and receiving a gift. Many felt that the atmosphere of sharing helped support group cohesiveness. I did not detect any underlying explosive conflict. Therefore, I became more didactic and referred to the confusion of the previous sessions and my wish to clarify the group structure.

I reminded the group that they spent a good deal of time offering technical help to one another. Unless I opened up through example, we did little to further the non-verbal dialogue. Was this a challenge to my authority? No, they claimed I was both generous and open and non-dogmatic. One member regretted that he could not understand how I arrived at such powerful insight. Others replied, "When we see you role-play, further clarity emerges". They understood their patient in a far deeper way when they role played being their patient. Sometimes I will interject a parent figure and people are confused as to who I am playing out. "That is fine," I emphasized. It will have its own logic. Others immediately move to an intellectual level.

I try to push for the non-verbal, in spite of the resistance. I see that I am full of self-deception. I focus on the group and lose touch listening to my own process. Everything falls flat. There is no longer an attempt to get at the underlying group problem. But in fact, I get didactic. In general terms I encourage them to investigate the sensory experience of their body. I say "Do you feel tension and where does it emanate in your body? Does it lead to an affected state? Are you bored or loving or perhaps feel something different? Do not try to put the sensory-motor feeling states together. Let them be there until they begin to form their own gestalt."

I now suspect that the group feels judged and criticized by my attempt to further non-verbal communication. Some wondered whether I was being intellectualized. I retorted "The intellectualization is a defense while reflection offers you the freedom to move anywhere in your thought process." Is this a way that the group is continuing to explore the one-up one down dynamic that was stimulated when the group member felt criticized? Am I now the lightning rod for the one up/one down dynamic? I struggle with my own sense of judgment and prejudice. The group is continuing to undermine what I am trying to teach them and we are stuck in an authority issue. By this I mean, they search for one answer that will be a key to the entire case and lose the complexities of deep levels of therapeutic flow. As I write this draft I wonder if I am acting out the omnipotent giver who infantilizes his group members. I let this insight sneak in and I will see what happens in future sessions. The ultimate criterion that can answer these questions lies in the quality of the clinical work. Interestingly the next case that is presented is of a patient that has strong psychopathic tendencies.

The presenting therapist does not like the patient and would be relieved if he withdrew from treatment. I push the therapist to look at his own history to see if there are any similarities. He is disturbed by the associations that follow. He then suspects that he has a very strong unconscious identification with the patient that is interfering with the processing. The group searches for their own connection to the psychopathic self. Some are successful, others are too repelled by psychopathic behavior.

The group still wants more information regarding the structure of supervision. I try to emphasize the importance of the unconscious but it is not at the cost of clinical information and knowledge. They are both intrinsically related to one another. Thus, for example, when a presentation becomes chaotic and overwhelming, I wonder if we are living out the trauma of the patient. Past experience points to this phenomenon. On the other hand, we may encounter flatness and a high degree of protection. In this case, I suggest, we have a number of options for intervention depending on the temperament of the patient. We can search for a transitional object which permits us to meet on safe territory, we may also offer educational examples or simply be present so that the patient can develop a sense of safety and trust. This clinical knowledge becomes very helpful in offering a structure to the group so that we can proceed without being overwhelmed.

Finding the exact place where therapist and patient can meet and form a deep sense of relatedness does not come easily. Sometimes there is a good deal of trial and error. I recall one patient who rarely spoke to me for the first year and a half. Then by chance or some unconscious mutual readiness, we discovered our joint pleasure in eating a piece of pizza. By the end of our treatment we were aware of every pizza shop in the city, their prices and quality. Pizza became a way of rediscovering the pleasure of eating and sharing a sensual delight that may have opened up a space for more communication.

I go back to my concern regarding the group problem. There is no question in my mind that I have been judgmental and authoritarian of what I expected from the members. Yet most people do not see me as controlling the group, for they all believe that they are free enough to go in their own direction. I now realize that my criticism stems from my own conflict regarding my authority. For the most part, I try not to impose my ideas on others, at the same time I do feel that I must live with the notion that indeed I am an authority who knows what he is doing. For myself, it is hard to own a rational conception of my own personal power.

As I lead the group, I do have a vested interest in working on a non-verbal level. I am also aware that space must be made for information, helpfulness and conceptualization. Hopefully, I can strike the right balance. At the same time the group will have its own force and determine how they will use the framework. This determination will be influenced, in part, by the emotional makeup of each member and their energetic impact on one another. Each particular group of unique personalities creates a distinctive flow. My conception of moving from the inside to the outside, can only be seen as an ideal. Often there is confrontation and challenging that is part of our process. There can be a very mild flow with whirlpools or pockets of chaos.

Then I come to a very important distinction. I want to enforce individuality but also must determine when a style becomes an obstacle that interferes with process. Making a boundary between psychotherapy and supervision may be an important distinction in order to create safety. The biggest way to maintain safety is to focus the members on their individual personal experience in hearing a case rather than the role of the patient in creating these experiences. In most groups this becomes the biggest challenge of this type of supervision. Distinguishing between a thought and a feeling, an explanation and an exploration, and maintaining group members' own personal reactivity, has been one of the biggest challenges of my work as a supervisor. Maintaining a boundary of what is

appropriate for personal therapy and emotional material that relates to the case, is another boundary that I adhere to. Personal material becomes relevant, when it opens up the dynamics of the case.

However, exceptions can be made. Members are human and undergo their own personal trauma. Some sharing and support is necessary. An awareness of cultural and political phenomena cannot be avoided. The cultural climate is the place where we do our work. By the same token, the group is encouraged to develop their own particular style and way of working. Interventions by myself occur when the material is repetitive or dissociated, and some exploration of the group experience is needed. Group members do develop particular conflicts towards each other. As part of their training, they are encouraged to contain these feelings so that we maintain the group contract: working to be better therapists.

I help presenters find their own process so that the work can continue after the group session is over. However, when the group feels flat and repetitive, I may be required to deal with the underlying conflicts between the different participants. On the other hand, when the experience of community or family leads to socialization the group may encounter some built in obstacles to authentic communication. Being close to one another may create a form of internal censorship in order to avoid hurt feelings or social disapproval.

Every group develops its own particular climate and way of interacting. Each responds differently to the leader. My function as the leader involves an adherence to a flexible framework while at the same time holding to a belief in the value of unconscious communication.

As the leader I function on many planes of consciousness. I may be poetic, spiritual, playful, and paradoxical. I can also be didactic. I am also sensitive to group dynamics. These states can emerge as a surprise and a form of excitement to both me and the group. I work with opposites or by contrast, I mirror or play or offer transitional objects. This approach may not be for every therapist. I hold to the conviction that there is an artist in all of us that can be developed and enlarged and work with non-verbal communication. I believe that structure is important, but it is not a substitute for a deep non-verbal relatedness.

A dual level of consciousness does go on regardless of any theoretical position. This approach is an attempt to articulate a complexity that often defies words. Therapeutic flow has a very unique expression depending on many factors. Flow has many shades of motion, and all may work, depending on a particular group constellation.