Mirjana writes about her developing awareness of unconscious processes through her training in supervision, and in particular through her involvement in the Median group and the Supervision of supervision. She notes the contrasting versions of how she was perceived by her supervisees in the training supervision group that she conducted, which gave her a clue on how there were both idealising and persecutory images that were being reflected back to her. She notes that unconscious processes are evident in parallel processes (namely the way in which patient/therapist interaction is mirrored in the supervisory relationship, which in turn can also be mirrored in the supervision of supervision context). Although she does not explicitly mention it, there are the vital emotions that can also be mirrored, namely those of love and admiration, hate and persecution, jealousy, envy and competitiveness. She notes that an awareness of unconscious processes (including parallel processes) requires a keen sense of self-awareness. She also notes that the unconscious has a structure/logic and language, and that presumably these are related to the notion of psychosexual stages (and in particular to pre-oedipal and oedipal dynamics), and to ideas about persecutory and depressive anxieties. She goes on to give an account of her training supervision group which seemed to suggest a cyclical process of idealisations and persecution followed by further idealisation and persecution. She then goes on to wonder about how to spot and to identify parallel processes, and how unresolved transferences on the part of trainees and supervisors can get in the way of naming and locating these parallel processes. The ability to accurately identify and to deal with parallel processes is seen by her as residing at least initially in supervisors providing the three core conditions of equality, safety and challenge. What she says here is that “from the supervisees point of view equality meant that supervisors have the courage to face his or her own deficiencies and knowing that their practice is not perfect and to
show superiority in knowledge but not in the attitude. Safety meant assured confidentiality and absolute freedom to say anything. Challenge meant the opportunity to gain new awareness and insight. What she later mentions is also the idea of supervision working best “when it is respectful, collaborative and pragmatic”. These provide the foundation on which parallel processes can be identified in the way that a still pond will show the ripples for what they are! She then talks about what is involved in learning to be a supervisor, namely that it is both about learning theory and technique, but also about identifying and managing unconscious processes, and in particular noting the proclivity in supervision for supervisees to experience guilt and shame in relation to their practices. She also notes that training to be a supervisor is a different task to being a therapist, and requires an acute awareness of contractual issues, boundaries, supervisee development, clinical issues (including I am assuming patient wellbeing), assessment (of both patients and the supervisee), organisational issues and ethical issues (as well as an understanding of unconscious processes, including the need to process counter-transferences). She then finally talks about the experience of having her own supervision group supervised, and the different dynamics that this brings up, including that of training and qualification.