

AFFECT REGULATION IN PSYCHOTHERAPY SUPERVISION: A MULTIPLE CASE STUDY OF MOMENTS OF CHANGE

ABSTRACT

This qualitative study explores moments within four individual psychotherapy supervision processes that were experienced by supervisors and supervisees as crucial in terms of change. A multi-case study design was applied, and multiple sources of data were analyzed. On the basis of a constant comparative method, the following themes were identified that appeared in the same order within all moments of change: increasing tension, unexpected move and uncertainty, reestablishing connection, and new insights and plans. The study then tested the hypothesis that the themes contain elements of affect regulation, defined as attunement, disruption, and repair. To test this hypothesis, the four themes were first analyzed descriptively, and then coded for emotional expressions. The results confirmed the presence of affect regulation in every theme. The findings have significant implications for understanding and teaching psychotherapy supervision.

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INTRODUCTION

Various aspects of important moments in supervision have been studied by a number of authors. Hutt, Scott and King (1983), for instance, have analyzed the positive and negative experiences from a supervisee's viewpoint, Ellis (1991) studied critical incidents in clinical supervision, Worthen and McNeill (1996) focused on good supervision events from the perspective of the supervisee, Ladany, Friedlander and Nelson (2005) examined critical events in psychotherapy supervision, and Carter et al. (2009) formulated a concept map of the events that supervisees find helpful in group supervision. No study has so far been dedicated to studying the affective aspect of the moments in psychotherapy supervision that are experienced and considered most important in the process by both members of the dyad. The focus of interest in this study was those moments within the supervision process that were experienced as crucial in terms of change by both the supervisor and supervisee, independently of each other. The goal was to determine how each member of the dyad experienced these moments and whether affect regulation had taken place during these moments. The study was set in the context of four cases of individual supervision involving four relational family therapists and four supervisors, who in their practice combine contemporary attachment theory and an affect regulation framework.

This study first describes how recent developments in attachment theory have been applied to supervision. It then introduces the notion of affect regulation, reviews the extent to which the understanding of affect regulation has been used in supervision, and finally presents the subject and purpose of this study.

LITERATURE REVIEW

Attachment theory and its ethological, evolutionary perspective on the making and breaking of affectional bonds has proven to be a highly robust and highly heuristic explanatory paradigm for understanding close, intimate relationships. Bowlby's theory has increasingly come to be viewed as a potentially integrative, even meta-theoretical, organizational framework for psychological theory and practice (Watkins and Riggs, 2012). What began as a theory of child development is now being used to conceptualize and study adult couple relationships, work relationships, and relations between larger social groups and societies (Mikulincer and Shaver, 2007).

Attachment theory has been applied to supervision for more than twenty years. Watkins (1995) modified Bowlby's well-known notion in the sense that attachment

behavior is conceived as any form of behavior that results in a supervisee attaining or retaining proximity to a supervisor, who is usually conceived as stronger and/or wiser. The concept of a »secure base« within attachment theory refers to a relationship under which an individual can explore and learn about the world and develop his or her own capacities and personality while feeling secure under supervision. This concept was applied by Pistole and Watkins (1995: 469): *»In referring to a secure base in supervision, we mean a supervisor-supervisee relationship that serves to ground or hold the supervisee in secure fashion. The secure base can be seen as serving a protective function, letting supervisees know that (a) they are not alone in their counselling efforts, (b) their work will be monitored and reviewed across clients, and (c) they have a ready resource or beacon—the supervisor—that will be available to them in times of need«.* To date, numerous studies have confirmed the relevance of attachment theory in supervision (e.g., Neswald-McCalip, 2001; Bennett and Saks, 2006; Foster, Lichtenberg and Peyton, 2007; Fitch, Pistole and Gunn, 2010; Pistole and Fitch, 2008; Watkins and Riggs, 2012; Bennett and Deal, 2009; Wrape et al., 2017).

In recent decades, attachment researchers have expanded and clarified the notion of a secure base largely within the framework of affect regulation. Following their lead, this study first presents the contemporary understanding of this phenomenon, and then describes how the process of affect regulation is integrated into »the therapeutic model of Accelerated Experiential-Dynamic Psychotherapy« (»AEDP«) (Fosha, 2001; Fosha and Yeung, 2006; Fosha, 2009). This model later serves to establish whether the moments of change contain elements of affect regulation.

Affect regulation is not only the reduction of affective intensity and the dampening of negative emotion, but also involves an amplification and intensification of positive emotion (Schore, 2001). Regulation theory posits that the regulation of affect is foundational for optimal functioning. Mental states are organized by and around affect. Regulatory deficits are fundamental to all developmental psychological disorders, and the mechanisms of affect regulation are primary targets for therapeutic action (Hill, 2015). Affect regulation plays a central role in contemporary attachment theory; it is an essential mechanism of therapeutic alliance, and thereby the change process of psychotherapy (Schore, 2009; Schore and Schore, 2008; Hill, 2015).

Attention to affects and their regulation is one of the basic stances within »the therapeutic model of AEDP«. This model integrates experiential and relational elements within an affect-centered psychodynamic framework and places the somatic experience of affect in the relationship and its dyadic regulation at the center of how it clinically aims to bring about change (Fosha, 2001). This study followed the explanation offered by this model in understanding the affect regulation process. The process of moment to-moment dyadic affect regulation is made up of end-

less iterations of the sequence of attunement, disruption, and repair (Fosha and Yeung, 2006). Fosha (2009) defines attunement as the state in which the self and other naturally resonate, to the delight of both; the experience of attunement is a pleasurable one. Disruption means a lapse in affective states. It occurs when one partner's experiences cannot be coordinated by the dyad, and it is the realm of being on disturbingly different wavelengths. All the material excluded so as to maintain the previously coordinated state comes roaring back. If the disruption is repaired, it then becomes a major source of transformation. Successful repair results in the establishment of a new, expanded coordinated state wherein differences can be encompassed and integrated; achieving that state is a vitalizing energizing human experience. The dyad can consist of a mother and child, a therapist and patient, or partners in a relationship, and the process is one of emotional communication (Fosha and Yeung, 2006). In that sense, the dyad consists of both a supervisee and supervisor.

Research on affect regulation in supervision is currently still at a relatively early stage. Bennett (2008) offered a very good description of the role of affect regulation and the parallel process that develops in treatment and supervision dyads. The parallel process was originally described within a hierarchical "one-person model" and was considered a reenactment within the supervisory dyad of the therapist's unconscious identification with some part of the client's functioning. A contrasting, two-person view of a parallel process recognizes that the transference-countertransference matrix can be set into motion from either the treatment or supervisory dyad, and the process cannot initially be discussed because it involves unsymbolized, nonverbal, relational content that is outside of consciousness (Frawley-O'Dea and Sarnat, 2001).

Among other things, Kaib's (2010) study examined the role of affect regulation in mediating the relationship between attachment, the working alliance, and counselor development. Although her study did not prove significant relationships between affect regulation and either of the outcome variables in supervision (i.e., the working alliance or counsellor development), it did raise questions related to the role of affect in supervision. In the context of social work field instruction, Bennett et al. (2013) suggest that collaboration in the supervisory relationship may serve as a dyadic regulator of the positive and negative affect that emerges in professional practice and supervision. Within AEDP, an understanding and the use of affect regulation in supervision has been proposed by Prenn and Fosha (2017) The AEDP supervisor explicitly focuses on the transformational interactions that take place within an emotionally regulated and regulating supervisory dyad and uses various skills to regulate affect (e.g., slowing down, moment-to-moment tracking, self-disclosure, experiential exploring of an affect-laden word, etc.).

In this respect, the study presents an innovation. No study to date has examined moments of change in psychotherapy supervision through a prism of affect regulation, and none has shown exactly what occurs during these moments from the perspective of the supervisory dyad participants. The purpose of this study was explorative; first it examined the experience of participants and then, based on the sources cited above, it tested the assumption that regulation of affect takes place within these experiences.

To explore the participants' experience, the following research question was used to guide the study:

- RQ: What kind of affective experience do members of the supervisory dyads have at those moments of the supervision process that they experienced as moments of change?

In addition, the following hypothesis was set up and tested:

- H: Experiences of moments of change contain elements of affect regulation defined as attunement, disruption, and repair.

METHOD

Design of the study

In order to explore the phenomenon of moments of change in supervision, a multiple case study research design was applied. The multiple case study is a special effort to examine a number of cases, parts, or elements. One small collection of people, activities, problems, or relationships is studied in detail. Each case to be studied has its own problems and relationships. Special attention was paid to the phenomena exhibited in these cases, with the goal of better understanding how this whole—the entity with cases—operates in different situations (Stake, 2005). In a multiple case study, due to its several research subjects, each individual subject is less important in itself than the comparison each offers with the others (Thomas, 2016).

This study used several sources of data and several methods of data analysis.

Participants in the study

The participants in the study included four therapists and four supervisors. All the therapists hold bachelor's degrees (three in social work, and one in education), and all of them have additional training in relational family therapy (Gostečnik, 2017), for which affect regulation is one of the fundamental premises. The therapeutic processes considered involved clients with various problems that

underwent therapy voluntarily and free of charge at one of the two centers staffed by the therapists. All the therapists were women twenty-seven to forty-five years old that had practiced therapy from one to nine years. Supervision was provided to the therapists by four supervisors: one male and three females. One of the supervisors holds a bachelor's degree in philosophy, one in psychology, and two in social work. All the supervisors are trained relational family therapists that practice an affect-oriented model of relational supervision (Rožič, 2015). Three of them hold supervision licenses issued by the Social Chamber of Slovenia. At the time of the study, the supervisors were thirty-three to forty-six years old, all them with five to ten years of experience in conducting supervision. Informed consent to participate in the study and permission for audio recording and for the study to be published was obtained from all the participants.

Procedure

In order to explore issues from two different perspectives (supervisor and supervisee) within four dyads, the study involved six phases.

Phase 1: Case selection. The researcher invited four therapists and four supervisors that worked in two therapy centers to join the study, and explained how the study would be carried out and what they would have to do, but did not disclose the aim of the study. All those invited agreed to participate in the study.

Phase 2: Data collection. For the purposes of the study, four supervision processes (dyads) were audio recorded. Information was collected over a period of six months. During this time, each of the therapists carried out one therapy cycle that comprised twelve one-hour sessions, which took place once a week over a period of three to four months. Every therapy session, or at least every other one, was followed by a supervision session. After each supervision session (and additionally at the end of the process), all the participants completed a questionnaire and returned it to the researcher in a sealed envelope.

For the purposes of the study, four types of questionnaires with open-ended and multiple-choice questions were developed. These were administered at the end of each supervision session, and a final supervision process evaluation questionnaire was completed by the supervisor and supervisee. The post-session questionnaires were identical for both participants and asked for the following information: the most important thing about the last session, the most important sentence spoken by another person, and the most important sentence spoken by themselves. The back page featured a table of feelings (shame, anger, joy, sadness, disgust, fear, and other) on the left side and two columns on the right side (before and after

the session). The table included more negative than positive feelings to allow a better description and measurement of the changes that, within the therapeutic context, were mainly connected with negative feelings. The participants were thus asked to indicate how they had felt before and after the session. At the end of the supervision process, the participants also completed the evaluation questionnaire. Its first part consisted of questions relating to their roles, and in the second part the participants described how they felt in the role of supervisor or supervisee. The participants also had to indicate their feelings before the beginning and at the end of the process (in a table as described above), new thoughts and understandings about therapy or supervision, the key moments in the process, perception of the supervisory relationship, what made this relationship new or different from others, what was crucial about this relationship, and how this made them feel. They were also asked to list any new insights that this relationship had offered them about themselves, whether and how the relationship had changed their views of interpersonal relationships, and, finally, what had specifically changed in their therapeutic/supervisory attitude throughout the process.

Phase 3: Selecting moments of change. After the supervision processes had ended, the researcher asked all the supervisees and supervisors to select a maximum of three supervision sessions that seemed of key importance to them in the entire supervision process. If the supervisor's and supervisee's selection matched in more than one session, they were instructed to reach a consensus on the key session. If the members of the dyad did not agree on any of the selected sessions, this dyad was not considered appropriate for further analysis because it did not contain the phenomenon studied. Once the key session was selected, the researcher asked the supervisors and supervisees to each select the most important segment within the selected session, and this section of supervision was transcribed. If the members of the dyad had selected two different segments within a session, this dyad would have been inappropriate for further analysis because the aim was to examine the moments that were key in terms of causing change for both participants at the same time.

Phase 4: Interpersonal process recall (IPR). In this phase, the goal was a more detailed examination of experiencing moments of change. Kagan and Kagan (1997) discovered that by watching a video of an interaction the people recorded could recall their thoughts and feelings related to the event in astonishing detail and depth, and generally offered a very good verbalization or explanation of the deeper motives, thoughts, and feelings they had during interaction but did not talk about. IPR was carried out in the study in steps, as presented within the context of supervision by Bernard and Goodyear (2004): the researcher and supervisor/supervisee listened to the recorded supervision session together. At any point when either of them thought that something important had happened, the recording was paused.

The person pressing pause was the first to speak about what was going on at that point. It was important that the researcher did not respond as a teacher or coach by suggesting what the participant should have done. Once the dynamic of the selected section had been well explored, the playback resumed. It can therefore be said that IPR is a kind of semi-structured interview. In this study, the IPR was recorded with each participant in turn and each interview was transcribed.

Phase 5: Data analysis. To answer RQ, the constant comparative method was used (Thomas, 2016), in which the following information was repeatedly processed: audio tapes and completed questionnaires (collected in Phase 2), four moments of change (selected in Phase 3), and four IPR audio tapes (from Phase 4). The participants' moments of change were studied within each individual dyad: the answers from the questionnaires for the session were analyzed, they were compared with the answers from the other sessions, the differences were underlined, and the key findings were transcribed. The audio tapes from all the sessions were listened to, and especially detailed attention was directed toward the sessions within which a change had occurred. The selected session was compared with others, the differences were underlined, and the key findings were transcribed.

All four moments of change were studied in detail as well as the recordings and answers of the participants that were provided as part of IPRs, and the key findings were transcribed and studied in detail. At the end of the first step of this phase, the key findings with regard to each dyad were therefore collected. In the next step, these findings or concepts from the individual cases were then refined, their properties were identified, and a list of codes was generated within each subject. The next step included comparing codes from all the subjects and, finally, integrating them and formulating themes that appeared in the same (not preconstructed) order in all four moments of change analyzed.

Phase 6: Testing hypothesis. In the first step, relying on a good familiarity with the context of the supervisory relationship, data were analyzed descriptively, examining whether each individual theme contains sequences of the affect regulation process, as defined by Fosha (2009): attunement, disruption, and repair. Because the first step of testing the hypothesis was descriptive in nature and was carried out by the author, in the second step additional and independent confirmation was sought so that there had indeed been changes in affect during the selected four moments. The coding method that was used was developed by independent coders and was based on a coding system that had been tested several times. The method utilized was developed by modifying the Specific Affect Coding System, or SPAFF (Coan and Gottman, 2007). Erzar et al. (2012) drew not only from the guidelines of the original authors of SPAFF in developing new codes, but also from the coding system adapted from SPAFF by Giese-Davis et al. (2005).

The modified system consists of the following categories: neutral affect, positive affect, and negative affect. Neutral affect has a single code. Positive affect has five codes (interest, validation, affection, vulnerability, and joy) and negative affect has thirteen codes (tension, fear, sadness, open anger, frustrated anger, contempt, domineering, belligerence, defensiveness, whining, disgust, shame, and stonewalling). The researcher processed each audio section using Audacity 1.3 Beta (Unicode)\audacity.exe. Every twenty-eight seconds, she entered a two-second-long beep; during each beep, the three trained coders were to note down the code. The coders received transcripts of all the sections, with the ending of each thirty-second sequence and the beginning of the next one clearly indicated in the text. The coders were also given sheets with the individual sections marked out, along with code tables prepared in advance and the relevant number of sequences depending on the length of respective recordings. Their average length was seven and a half minutes. The coding sheets are available from the author of the study.

FINDINGS, ANALYSIS, AND DISCUSSION

Affective experience of the supervisory dyads

The research question was what kind of affective experience members of the supervisory dyads had at those moments of the supervision process that they experienced as moments of change. From the process of constant comparison there emerged four themes, which present the essence of experience of moments of change. All four themes appeared in all the subjects analyzed, in the following order: increasing tension; unexpected movement, uncertainty; reestablishing connection; and new insights and plans. An analysis of each theme is presented below, discussed in light of the research question and issues from the literature review. Each theme is presented with excerpts from the transcripts of the interpersonal process recall carried out with members of individual supervisory dyads; the recorded supervision dialogue is in italics; S stands for supervisor, T for therapist/supervisee, and R for researcher.

Theme 1: Increasing tension

The beginning is marked by the supervisee's increasingly difficult feelings and/or emotional blockages in the relationship with the supervisor. These are connected with the supervisor's and/or supervisee's experience of clients, himself or herself, or relations in therapy and/or supervision. The following affects can be

identified within the theme: anxiety, shame, guilt, worthlessness, fear, helplessness, loneliness, and anger.

Below is an excerpt from the IPR with the supervisee in dyad no. 1.

»T: . . . A hardworking early stage researcher prepares the test tubes and waits there. And then by accident the janitor comes in . . . (silence, sigh). Well, the janitor comes in . . . Hey, you've just looked at me the same way!!!!

S: As the client?

T: Yes!!! «.

At this point the therapist starts to laugh and stops the recording.

»R: As the supervisor gave you that look, you experienced it as the same look the client gave you. What went on inside of you at that moment?

T: I wanted to say to the supervisor to stop looking at me like that and to say something. But she just kept looking at me

R: The supervisor didn't support you regarding what you had been experiencing?

T: Right, she didn't support me. She just kept looking at me. I felt so helpless and wanted to say to her: Go on, say something! Don't just look at me, the same way as the client! But she kept on looking at me and it seemed as if she was thinking of nothing . . .

R: And if you dared to say anything that came to your mind, what would you have said to her at that moment?

T: Go on, say something! Was I right, wasn't I right, what do you think of my words?

R: Why couldn't you say that to her?

T: I assume I was ashamed. Yes, ashamed, did I do it right or not? Or was I scared? No, more ashamed, yes ashamed.«.

This supervisory session took place after the seventh therapy session, after which the therapist remained burdened with emotional weight. A clear parallel process was recognized here: during the therapy, faced with the client's "dead" expression the therapist started to be overcome by fear, which manifested itself through the therapist questioning herself whether she had made a mistake. It was with this question that she entered supervision, but with the supervisor she experienced the same situation. When the supervisor looked at her in a certain way (which the supervisor had not planned or done intentionally), the therapist found herself in the same emotional situation as in front of her client.

Theme 2: Unexpected movement, uncertainty

The atmosphere between the supervisor and the supervisee becomes emotionally charged with difficult feelings. One or the other can no longer endure the pressure he or she experiences inside, and uncontrollably says or does something

that seems »inappropriate« at that moment. This disclosure (regardless of who first revealed himself or herself) represents a threat to the safety already established and the relationship, which suddenly appears uncertain. The disclosure of uncontrollable affect is followed by a changed atmosphere, which still does not calm the supervisee. This uncertainty or insecurity is also felt by the supervisor and creates distress in him or her. The following affects can be identified within this theme: shame, sadness, uncertainty, fear, guilt, and anger.

Below is an excerpt of the IPR with the supervisee in dyad no. 2.

»S: Forgive yourself for making that mistake.

T: Oh . . . Come on!!!! But you can't live with your mistake for the rest of your life!!!!??!!

T (stops the tape): For me that was the final straw. I am still speechless.

R: Speechless because . . . ?

T: Because everything seemed so final and hopeless to me. And even now I don't have anything more to say to you.«

The recording continues.

»T: But for me that means I'm a bad therapist.

R (stops the tape): What was happening inside you right then?

T: Sadness and hopelessness, nothing else. The kind of sadness that pulls you into a swamp where you know there's no path back. And that I as her therapist was complicit here; that is, guilty. I kept telling the client that it wasn't so bad. But during the supervision I started to realize that in fact it actually was that bad.«

An understanding of the meaning of the moves, gestures, or moments that arise completely unexpectedly during the supervision process can be aided by Stern's (2004) understanding of the therapeutic process. Specifically, he determined that in the course of the movement process, less often, more sensationally, and less silently there emerges a qualitatively different and unexpected moment, which is a »moment of truth«; it is affectively charged and it can be called a »now moment«. These special moments, when they suddenly arise, threaten the status quo of the relationship and challenge the intersubjective field as it had been mutually accepted up until then. They set the stage for a crisis that needs some kind of resolution. It is precisely this crisis that occurred in all four moments of change. The words that the supervisee said distanced her from their relationship and drew her into her emotional process, where she dealt with her guilt or »mistake«. Until then the supervision process had taken place calmly, to the satisfaction of both parties. However, when the supervisor raised the theme of »*the husband as a mistake*«, the equilibrium between them was destroyed.

Theme 3: Reestablishing a connection

The supervisor becomes aware of his or her own feelings, calms himself or herself down, and at the same time develops new insights into the situation or a new understanding thereof, and attempts to reestablish contact with the supervisee. With a calm assessment of what is happening in the supervision and/or therapy, seeking connections between what is happening in the supervision and in therapy, he or she regulates the emotional dynamics of the supervisory relationship and expands the perspective on the situation. The affects identified within the theme on the side of the supervisor are calming, contact with oneself, and interest, and the ones on the side of the supervisee are caution, gradual calming, reducing fear, and increasing trust.

Below are two IPR excerpts: one with the supervisor in dyad no. 3 and one with the supervisee in dyad no. 4.

Dyad no. 3

»S: My supervisee was full of guilt—because of everything she did—I felt that it wasn't enough to talk only about parallel process. With all that guilt, she touched me and our supervision process. She was my colleague, my coworker . . . First I was mad at her but then I realized that there must be something better for us . . . And so I got in touch with my sadness . . . From here on, it was easy to find a connection or parallel with therapy. My attitude, my voice, my disclosure, . . . I was still sad inside, but in the meantime I felt so alive in my longing to belong, to have a home . . . And this became my connection with the therapist and her clients, too.«.

Dyad no. 4

»S: You can tell the husband that you wish he could take a break for once and depend on his wife, who is such a great woman. That he could see in her that he is a beautiful and good person too.

T (stops the recording): Well, this is where the supervisor caught me emotionally. I was quite lost for words. This is when I felt a sense of shame. Because, you know, after all I'm a good person too. Me and my client. It felt hard for me to give praise to the client.

R: What was going on inside you?

T: The supervisor said such nice things about the client, and I also heard them through myself, as if she were talking about me, too. This is where I was lost for words: as if I had received too little praise myself to be now able to give it to others . . . The supervisor both took away and gave me the words. When I am by myself, I calm myself and am able to praise this man, see him as a good person. But I couldn't do it, the supervisor was too fast for me and she mirrored me.«.

Here one can observe experiencing the process from both perspectives. In the first case, one sees the supervisor immediately after something unexpected has occurred in their dyad. At the same time that she was calming herself, the supervisor was already arriving at new insights and creating an emotionally safe space into which she invited the supervisee, who, in turn, was regulating herself at the same time. In line with Erzar and Kompan Erzar (2006), this process can be referred to as affective autoregulation, which in this case applies to the processes of self-regulation and mutual regulation. Tronick (1998) has suggested that in the process of mutual regulation each partner affects the other's "state of consciousness." Because each affects the other's self-regulation, each partner's inner organization is expanded into a more coherent and more complex state. This can be identified in both dyads within Theme 3.

The uncertainty the participants experienced in both dyad no. 3 and dyad no. 4 did not shatter the relationship because the supervisor took charge of his own responsibility very well. Even though equality in the relationship between the supervisor and the supervisee is advocated in relational supervision, the responsibility for processing the experience that unfolds between the supervisor and supervisee (Frawley-O'Dea and Sarnat, 2001) remains with the supervisor.

In dyad no. 4 one can see how, after something unexpected and emotionally uncertain arises in their relationship, the supervisee experienced herself as being »emotionally caught«. Or, as Stern (2004) says, the resolution occurs in a different special »moment of meeting«. When successful, the moment of meeting is an authentic and well-fitted response to a crisis. It is a moment that implicitly reorganizes the intersubjective field so that it becomes more coherent, and the two people sense an opening up of the relationship, which permits them to explore new areas together. This nodal event can dramatically change a relationship or the course of a therapy.

Theme 4: New insights and plans

The participants experience contact and harmony, and they are willing to talk about what happened to them and to learn from each other. They feel certainty and a calm trust in themselves and each other. The supervisee is relieved of uncontrollable and difficult feelings that he or she could not get through on his or her own before, and he or she develops new insights in relation to the therapeutic process. Within this theme, the following affects were recognized: calmness, safety, connectedness, and trust.

Below is an excerpt from the IPR with the therapist from dyad no. 4.

»R: *What was the most important thing for you in this supervision?*

T: *The permission or encouragement to finally start trusting myself and working by myself. The supervisor gave me something that made me see that I'm OK and that I can't get hurt. Then I was able to ask that most dreaded question in therapy: Were you abused? I was so frightened all the time that he was sexually abused and so afraid to ask him. Then my supervisor said something like: God help us—if he was, he was. And if he was, it should be discussed. So ask him! And so, after I started trusting myself and controlled my fear, I asked him at our next session. That's why this supervision session was the most important one for me.«*

Reestablishing trust in herself and controlling her sense of fear allowed the supervisee to start perceiving herself and her further work with the client differently than up until then. Within this context, Gill (2010) argues that, until people's nervous system is over-aroused, they cannot think, they are unable to reflect or to absorb, they are not able to internalize insights or the relational matrix, and therefore it is essential to establish a sense of safety to calm the fears that have triggered the hyper- or hypo-aroused state.

This was confirmed in all four dyads: when emotional safety was reestablished (within Theme 3), an opportunity for new realizations and learning opened up for the supervisees. Here, learning is understood in the sense described by Carroll (2014), who argues that learning in supervision is ultimately transformative and not just transmissive: that is, it results in a change of mindset or behavior, rather than simply being the transfer of ideas or knowledge alone.

The moments of change within the theme »New insights and plans« provided the supervisees with a new or different view of themselves and the entire system, and, what is especially important, they were allowed to think in a relaxed manner and plan further work with their clients. It can also be concluded that this theme is the point that connects the key supervisees' findings obtained during supervision with their further work with the client or that allows the supervisees to adopt a different stance toward the user.

The affect regulation process within moments of change

Descriptive analysis was used to establish whether sequences of the affect regulation process took place within each theme. Within Theme 1 (»Increasing tension«), a sequence of disruption was recognized. Fosha (2009) describes disruption as a lapse in affective states; it occurs when one partner's experiences cannot be coordinated by the dyad. All the emotional material excluded so as to maintain the previously coordinated state comes roaring back. This is exactly what happened in

Theme 1. Until now, the relationship between the supervisor and the supervisee developed following some kind of ordinary rhythm in which they both felt good, after which unpleasant feelings started building up in one or the other member of the dyad, tension increased, and the atmosphere between them was no longer as pleasant as it had previously been.

Theme 2 («Unexpected move, uncertainty») has clear characteristics of the sequence of disruption. An unexpected move or gesture on the part of one or the other threatens the sense of safety created so far in the relationship, which no longer seems safe at that moment. When a relationship is no longer a source of security, everyone feels more insecure and alone. As Fosha (2009) says, in the disruption, the separateness and uniqueness of the self declares itself. Whereas in Theme 1 tension increased for only one member of the dyad, now both members of the dyad experienced distress. The words that were said during this time, or a certain move made (e.g., a glance), had completely undermined the sense of safety. A topic, for example, had been opened that the dyad had not yet talked about; this created uncertainty not only in content, but also emotionally for both members, as though they were now completely on »disturbingly different wavelengths «(Fosha, 2009).

Theme 3 («Reestablishing connection») brings with it the beginning of resolving an imbalance whereby one can identify the characteristics of the sequence of repair. As Fosha (2009) states, successful repair results in the establishment of a new, expanded coordinated state in which differences can be encompassed and integrated. The supervisor and supervisee reconnect with each other, but the connection between them has been established in a new and unprecedented manner. In Siegel's (2010) words, each individual is respected for his or her uniqueness while becoming intimately embraced by the other. Neural pathways become coordinated and balanced, with resulting coherence in electrical flow and information processing. Riding the waves of these integrated neural firing patterns, the mind regulates this flow further toward integration as relationships flourish.

Theme 4 («New insights and plans») has the characteristics of the sequence of successful repair of disconnected attunement. Through the crisis they experienced in the sequence of disruption, both participants develop a new and different connection that they have identified as the most essential, key, important, and decisive. These findings are consistent with Fosha's (2009) claim that, if the disruption is repaired, it becomes a major source of transformation. She also points out that achieving the state of repair is a vitalizing and energizing human experience. For the participants in the study, repair was an experience of this kind; it opened a new perspective on what was going on in the supervision and therapy.

The characteristics of the sequence of attunement were not identified in any of the themes. The reason for this is that the participants located the beginning of

the selected moment of change at a point where the connection between them had already started to break down. Similarly, they located the end of the moment of change at the point of connection that occurred as a result of the disruption and which can thus be understood as the sequence of repair. Looking at the results of the questionnaires and IPR, it was determined that the participants identified the sequences of attunement before the moments of change. They all described these sequences in terms of interpersonal connection.

To sum up the descriptive analysis regarding the affect regulation, process Themes 1 and 2 have the characteristics of a sequence of disruption, and Themes 3 and 4 have the characteristics of a sequence of repair.

Coding of emotional expressions showed a change in codes; in the initial part of the interviews between the supervisors and the supervisees, negative affect codes predominated, but in the end they were replaced by at least one positive affect code.

The results of the descriptive analysis and the coding confirmed that the four selected moments of change contain the process of affect regulation.

CONCLUSION

This article offers an important contribution to supervision literature. It is based on qualitative data that captured the interactions between supervisors and supervisees, and it focuses on affect regulation and moments of change in psychotherapy supervision, which is currently a very important topic. These are exciting times of shifting paradigms and emerging frontiers. The neuroscience revolution that has already changed this field has revealed the primacy of affect in the human condition (Fosha, Siegel and Solomon, 2009). Using the findings of modern neuroscience regarding the importance of contact and creating emotional safety via affect regulation, this study thus provides fresh insight into the relationships established during supervision.

The aim of this qualitative study was to explore moments within four psychotherapy supervision processes that were experienced by the supervisors and supervisees independently of each other, yet mutually as crucial moments in terms of change. The goal was to determine how each member of the dyad experienced these moments and whether the experience of these moments represents an affect regulation process.

First, the study analyzed how change occurs in the interaction between the supervisors and supervisees from their perspective or experience. Furthermore, four themes emerged, which present the essence of experience of moments of change: increasing tension, unexpected movement and uncertainty, reestablishing connection, and new insights and plans.

In testing the hypothesis that experiences of the moment of change contain sequences of the affect regulation process, in Themes 1 and 2 characteristics of the sequence of disruption were identified, and characteristics of the sequence of repair in Themes 3 and 4. Characteristics of the sequence of attunement were not identified in any of the themes, which appears connected with the fact that all of the selected moments of change started with increasing tension and ended with a sequence of repair. However, in the questionnaire and in IPR the participants reported mutual harmony and connection, and it can therefore be concluded that the dyad participants built attunement throughout the entire process, already before the moments of change, when the relationship between them was weakened. An additional step in the hypothesis testing was coding of emotional expressions in all four moments of change, in which the changes in the codes were confirmed.

Using the sample of four dyads thus confirmed the hypothesis that, within those moments in psychotherapy supervision that are experienced by participants as crucial in terms of change, regulation of affect takes place.

LIMITATIONS AND IMPLICATIONS FOR RESEARCH AND TRAINING

The findings are only representative of the cases analyzed and cannot be generalized for all supervisory dyads. The limitations are also related to a small sample, which is why further research on this subject should include a larger number of participants. In addition, for greater generalizability of the findings it would also be reasonable to study the supervision dyads that operate within various supervision models.

For greater detail of the insights or results, it would be valuable to video record the sessions. A limitation was also revealed in relation to the coding: an examination of the coding tables for all four dyads showed clearly that, although the coding method evidently confirmed changes, it detected them in different expressions than the participants, who spoke during the interpersonal recall process (e.g., about shame, fear, horror, etc.). It can thus be said that the selected coding method has a limited scope; it clearly shows affective developments and therefore changes from one sequence to the next, but it fails to indicate fine emotional nuances in the participants' relationships or experiences, and the intensity of feelings. The coding itself would certainly be easier or improved if the coders watched video recordings instead of relying on audio recordings.

Although the study results were produced merely within the context of individual supervision, it would be reasonable in the future to extend affect

regulation research to group supervision. The study author is also aware of the somewhat artificial situation that was created with the instruction that supervision sessions should take place after at least every second therapy session. In practice, there are very few cases in which individual supervision is available to professionals after every session. Therefore it would also be interesting to follow changes when the supervisor and supervisee meet with more normal frequency (e.g., once a month).

This study focused on detecting changes in the sense of affect regulation and scrutinized only those moments that were relevant to the scope of its research interest or question. The author is aware that all the processes also included many others, including important moments and steps that were not analyzed.

Despite its limitations, the findings of this study provide a new perspective on the primacy of affect in the supervision field. Therefore, it also has important implications for researchers and clinical practitioners, and it can be incorporated into training novice supervisors and expert supervision practice. Specifically, an important finding is that regulation of difficult and painful feelings during the supervision is the most important experience for participants in this process. This finding also has implications for further supervisory practice by encouraging educators and supervisors to pay attention and to manage emotionally difficult moments or emotional blockages that arise during the supervisory relationship. The very moments that had threatened the emotional safety established within the dyads until then proved to be the most important in terms of change. Affect regulation that occurred within these moments allowed the awareness of one's own feelings, a stronger experience of interpersonal connection during supervision, an expanded perspective on the situation, and new insights for the supervisee's further work with clients. As Hill (2015) says, regulated affect optimizes flexibility and the capacity for adaptive responses to the changing demands of the environment and the needs of the self. When regulated, people are in a homeostatic state, functioning optimally. It would therefore be reasonable for supervisors to develop their expertise and skills of affect regulation in supervision relationships in order to contribute to more optimal work by professionals.

It is hoped that the findings of this study will promote further research in this area, which is especially important not only in the sense of caring for the supervisory relationship but also for the users of supervisees' services.

REFERENCES

1. Bennett, S. (2008). The interface of attachment, transference and countertransference: Implications for the clinical supervisory relationship. *Smith College Studies in Social Work*, 78 (2–3), 301–320. <https://doi: 10.1080/00377310802114635>
2. Bennett, S. & Deal, K. H. (2009). Beginnings and endings in social work supervision: The interaction between attachment and developmental processes. *Journal of Teaching in Social Work*, 29, 101–117. <https://doi.org/10.1080/08841230802238179>
3. Bennett, S., Mohr, J., Deal, K. H. & Jeongha, H. (2013). Supervisor attachment, supervisory working alliance, and affect in social work field instruction. *Research on Social Work Practice*, 23 (2), 199–209. <https://doi.org/10.1177/1049731512468492>
4. Bennett, S. & Saks, L. V. (2006). A conceptual application of attachment theory and research to the social work student–field instructor supervisory relationship. *Journal of Social Work Education*, 42 (3), 669–682. <https://doi: 10.5175/JSWE.2006.200500506>
5. Bernard, J. M. & Goodyear, R. K. (2004). *Fundamentals of clinical supervision (3rd edition)*. Needham Heights: Allyn & Bacon.
6. Carroll, M. (2014). *Effective supervision for the helping professions (2nd edition)*. Los Angeles: Sage Publications.
7. Carter, J. W., Enyedy, K. C., Goodyear, R. K., Arcinue, F. & Puri, N. N. (2009). Concept mapping of the events supervisees find helpful in group supervision. *Training and Education in Professional Psychology*, 3 (1), 1–9. <https://doi: 10.1037/a0013656>
8. Coan, J. A. & Gottman, J. M. (2007). The specific affect (SPAFF) coding system. In: Coan, J. A. & Allen J. J. B. (eds.), *Handbook of emotion elicitation and assessment*. New York: Oxford University Press, 106–123.
9. Ellis, M. (1991). Critical incidents in clinical supervision and in supervisor supervision: Assessing supervisory issues. *Journal of Counseling Psychology*, 38 (3), 342–349. <https://doi: 10.1037/0022-0167.38.3.342>
10. Erzar, T. & Kompan Erzar, K. (2006). The idea of mutual affect. *International Journal of Applied Psychoanalytic Studies*, 3 (3), 242–254. <http://doi:10.1002/aps.108>
11. Erzar, T., Rožič, T., Kompan Erzar, K., Čampa, B. & Mirt Čampa, V. (2012). Priredba kodirnega sistema SPAFF (Specific Affect Coding System) [Adaptation of the Specific Affect Coding System (SPAFF)]. *Psihološka obzorja [Horizons of Psychology]*, 21 (3–4), 47–56. <https://doi.org/10.20419/2012.21.368>
12. Fitch, J. C., Pistole, M. C. & Gunn, J. E. (2010). The bonds of development: An attachment-caregiving model of supervision. *The Clinical Supervisor*, 29, 20–34. <https://doi.org/10.1080/07325221003730319>

13. Fosha, D. (2001). The dyadic regulation of affect. *Journal of Clinical Psychology*, 57(2), 227–242. [https://doi.org/10.1002/1097-4679\(200102\)57:2%3C227::AID-JCLP8%3E3.0.CO;2-1](https://doi.org/10.1002/1097-4679(200102)57:2%3C227::AID-JCLP8%3E3.0.CO;2-1)
14. Fosha, D. (2009). Emotion and recognition at work: Energy, vitality, pleasure, truth, desire and the emergent phenomenology of transformational experience. In: Fosha, D., Siegel, D. J. & Solomon, M. F. (eds.), *The healing power of emotion: Affective neuroscience, development, & clinical practice*. New York: W. W. Norton & Company, Inc., 172–203.
15. Fosha, D., Siegel, D. J. & Solomon, M. F. (2009). Introduction. In: Fosha, D., Siegel, D. J. & Solomon, M. F. (eds.), *The healing power of emotion: Affective neuroscience, development, & clinical practice*. New York: W. W. Norton & Company, Inc., vii–xiii.
16. Fosha, D. & Yeung, D. (2006). Accelerated experiential-dynamic psychotherapy: The seamless integration of emotional transformation and dyadic relatedness at work. In: Striecker, G. & Gold, J. (eds.), *A casebook of psychotherapy integration*. Washington DC: American Psychological Association, 165–184.
17. Foster, J. T., Lichtenberg, J. W. & Peyton, V. (2007). The supervisory attachment relationship as a predictor of the professional development of the supervisee. *Psychotherapy Research*, 17 (3), 353–361. <https://doi.org/10.1080/10503300600823202>
18. Frawley-O’Dea, M. G. & Sarnat, J. E. (2001). *The supervisory relationship: A contemporary psychodynamic approach*. New York: The Guilford Press.
19. Giese-Davis, J., Altree Piemme, K., Dillon, C. & Twirbutt, S. (2005). Macrovariables in affective expression in women with breast cancer participating in support groups. In: Harrigan, J. A., & Rosenthal, R., & Scherer, K. R. (eds.), *The new handbook of methods in nonverbal behavior research*. New York: Oxford University Press, 399–445.
20. Gill, S. (2010). The therapist as psychobiological regulator: Dissociation, affect attunement and clinical process. *Clinical Social Work Journal*, 38 (3), 260–268. <https://doi.org/10.1007/s10615-009-0213-5>
21. Gostečnik, C. (2017). *Relational family therapy: The systemic, interpersonal, and intrapsychic experience*. New York: Routledge.
22. Hill, D. (2015). *Affect regulation theory: A clinical model*. New York: W. W. Norton & Company.
23. Hutt, C. H., Scott, J. & King, M. (1983). A phenomenological study of supervisees’ positive and negative experiences in supervision. *Psychotherapy: theory, research and practice*, 20 (1), 118–123. <https://doi.org/10.1037/h0088471>
24. Kagan, H. K. & Kagan, N. I. (1997). Interpersonal process recall: Influencing human interaction. In: Watkins, E. C. Jr. (ed.), *Handbook of psychotherapy supervision*. New York: John Wiley, 296–309.

25. Kaib, N. (2010). *Attachment Style, Affect Regulation, and Supervision Outcomes*. Doctoral dissertation. Washington: The George Washington University.
26. Ladany, N., Friedlander, M. L. & Nelson, M. L. (2005). *Critical events in psychotherapy supervision. An interpersonal approach*. Washington, DC: American Psychological Association.
27. Mikulincer, M. & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York: The Guilford Press.
28. Neswald-McCalip, R. (2001). Development of the secure counselor: Case examples supporting Pistole & Watkins's (1995) discussion of attachment theory in counseling supervision. *Counselor Education and Supervision*, 41 (1), 18–27. <https://doi.org/10.1002/j.1556-6978.2001.tb01265.x>
29. Pistole, M. C. & Fitch, J. C. (2008). Attachment theory in supervision: A critical incident experience. *Counselor Education and Supervision*, 47 (3), 193–205. <https://doi.org/10.1002/j.1556-6978.2008.tb00049.x>
30. Pistole, M. C. & Watkins, E. C. (1995). Attachment theory, counseling process, and supervision. *The Counseling Psychologist*, 23 (3), 457–478. <https://doi.org/10.1177/0011000095233004>
31. Prenn, N. C. N. & Fosha, D. (2017). *Supervision essentials for accelerated experiential dynamic psychotherapy*. Washington, DC: American Psychological Association
32. Rožič, T. (2015). *Supervizija v psihoterapiji: regulacija afekta v relacijski superviziji in terapiji*. [Supervision in psychotherapy: Affect regulation in relational supervision and therapy]. Ljubljana, Vienna: Sigmund Freud University Press.
33. Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22 (1–2), 7–66. [https://doi.org/psycnet.apa.org/doi/10.1002/1097-0355\(200101/04\)22:1%3C7::AID-IMHJ2%3E3.0.CO;2-N](https://doi.org/psycnet.apa.org/doi/10.1002/1097-0355(200101/04)22:1%3C7::AID-IMHJ2%3E3.0.CO;2-N)
34. Schore, J. R. & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work*, 36, 9–20. <https://doi.org/10.1007/s10615-007-0111-7>
35. Schore, A. N. (2009). Right brain affect regulation: An essential mechanism of development, trauma, dissociation, and psychotherapy. In: Fosha, D., Siegel, D. J. & Solomon, M. F. (eds.), *The healing power of emotion: Affective neuroscience, development, & clinical practice*. New York: W. W. Norton & Company, 112–144.
36. Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindfulness and neural integration*. New York: W. W. Norton & Company.
37. Stake, R. E. (2005). Qualitative case studies. In: Denzin, N. K. & Lincoln, Y. S. (eds.), *The Sage handbook of qualitative research (3rd edition)*. Thousand Oaks, CA: Sage, 443–466.

38. Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. New York: W. W. Norton & Company.
39. Thomas, G. (2016). *How to do your case study (3rd edition)*. Los Angeles: Sage Publications.
40. Tronick, E. Z. (1998). Dyadically expanded states of consciousness and the process of therapeutic change. *Infant Mental Health Journal*, 19 (3), 290–299. [https://doi.org/10.1002/\(SICI\)1097-0355\(199823\)19:3<290::AID-IMHJ4>3.0.CO;2-Q](https://doi.org/10.1002/(SICI)1097-0355(199823)19:3<290::AID-IMHJ4>3.0.CO;2-Q)
41. Watkins, C. E., Jr. (1995). Pathological attachment styles in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training*, 32 (2), 333–340. <https://doi.org/10.1037/0033-3204.32.2.333>
42. Watkins, C. E., Jr. & Riggs, S. A. (2012). Psychotherapy supervision and attachment theory: Review, reflections, and recommendations. *The Clinical Supervisor*, 31 (2), 256–289. <https://doi.org/10.1080/07325223.2012.743319>
43. Worthen, V. & McNeill, B. W. (1996). A phenomenological investigation of “good” supervision events. *Journal of Counseling Psychology*, 43 (1), 25–34. <https://doi.org/10.1037/0022-0167.43.1.25>
44. Wrape, E. R., Callahan, J. L., Rieck, T. & Watkins E., Jr. (2017). Attachment theory within clinical supervision: Application of the conceptual to the empirical. *Psychoanalytic Psychotherapy*, 31 (1), 37–54. <https://doi.org/10.1080/02668734.2016.1261927>

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REGULACIJA AFEKTA U SUPERVIZIJI PSIHOTERAPIJE: VIŠESTRUKA STUDIJA SLUČAJA TRENUTAKA PROMJENE

SAŽETAK

Ova kvalitativna studija istražuje trenutke unutar četiriju procesa supervizije psihoterapije koje su supervizori i supervizanti doživjeli kao ključne za promjenu. Primijenjen je dizajn studije s više slučajeva i analizirani su različiti izvori podataka. Koristeći stalnu komparativnu metodu, identificirane su teme koje su se pojavljivale istim redoslijedom u svim trenucima promjene: povećanje napetosti, neočekivani potez i nesigurnost, ponovno uspostavljanje povezanosti te novi uvidi i planovi. Studija provjerava hipotezu da sve teme sadržavaju elemente regulacije afekta definirane kao usklađenosti, remećenje i oporavak. Da bi se testirale ove hipoteze, četiri teme su prvo opisno analizirane, a zatim su kodirane emocionalne ekspresije. Rezultati su potvrdili prisutnost afektivne regulacije u svakoj temi. Nalazi imaju značajne implikacije za razumijevanje i podučavanje supervizije psihoterapije.

Ključne riječi: regulacija afekta, supervizija psihoterapije, višestruka studija slučaja, trenuci promjene.



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