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Parallel Process and the Evolving View of the Therapeutic Situation

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In the 60 years since Harold Searles (1955) wrote "The Informational Value of the Supervisor's Emotional Experiences," there have been no advances in psychodynamic psychotherapy that would invalidate his insights. He proposed that rather than being a "dispassionate mentor" whose passing emotional reactions are "merely incidental" to supervision, the supervisor, like the therapist, is inherently an emotional participant in the therapy; the supervisor's inner responses to the supervisory situation can potentially shed light on the patient and the process of therapy.

In the years following Searles's paper, writers and researchers on psychoanalytic therapy confirmed his observations and expanded on his ideas. While Searles called the phenomenon *reflection*, subsequent writers labeled it *parallel process*, a term which has endured in the literature. Such processes prominently include oscillations between the therapist's observation of versus identification with the patient, which are recapitulated in the interactions between therapist and supervisor (Arlow, 1963; Frances & Clarkin, 1981). Ekstein and Wallerstein (1958) suggested that impasses in treatment may stem from an emotionally distorted therapist–supervisor relationship, a proposition for which Doehrman (1976) later found empirical confirmation. The theoretical implications of parallel process and the empirical evidence base for the phenomenon have been summarized by McNeill and Worthen (1989).

Differences between Searles's view of parallel process and that of more recent writers are more of degree than kind. The examples he cites center on patients' deficiencies or negative affects, such as confusion, disorganization, despair, anger, hostility, and greed, although he does devote a paragraph to the idea that positive emotions may be played out in parallel as well. Searles's emphasis reflects the historical preoccupation of psychoanalytic psychotherapy with anxiety provoking negative affects and the defenses against them, often to the exclusion of positive emotions such as love, joy, forgiveness, and compassion (Vaillant, 2008). While it is a long-established notion that positive affect propels therapy and should not be interpreted, modern thinkers are more aware that patients' strengths, not their deficits, make therapy possible and emphasize the need to pay explicit attention to them in their interpretations. The advent of "positive psychology" (Seligman & Csikszentmihalyi, 2000) is one among various manifestations of this evolution. Were he writing today, Searles might have devoted more attention

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to examples of how the interaction of therapist and supervisor may reflect the strengths of the patient or progress in the therapy.

Searles's hypothesis about the mechanism of parallel process focuses on the therapist's contagion of the patient's anxiety. When taking on such anxiety, in partial identification with the patient, the therapist may also adopt the patient's defense mechanisms, which leads to interactions with the supervisor that parallel those in the therapeutic setting. Such interactions might involve projecting disavowed affects onto the supervisor, who then acts upon them as his or her own or employs defenses against them. In either case, the result is an enactment in the supervisory setting of interpersonal difficulties experienced by the patient in therapy and in social interactions generally.

One might expand on Searles's hypothesis with a variety of themes:

- Competitiveness—The therapist experiences shame about the supervisor's potentially superior ability to treat a difficult patient and unconsciously moves to defeat the supervisor, as he or she is defeated by the patient.
- Sadism—The therapist's unconscious attempts to make the supervisor uncomfortable serve to disavow and project his or her own anxiety and distress.
- Communication—The therapist views the supervisor as not truly understanding his or her dilemma with the patient and unconsciously demonstrates the situation.
- Fondness—The therapist's fondness for his or her patient stirs up similar feelings in the supervisor toward the therapist, which validates the therapist's view of the patient's likeable and adaptive qualities.

From a broader perspective, Searles's paper reflects and furthers the historically evolving view of the therapist from that of a dispassionate, objective interpreter of patients' neurotic manifestations to that of the therapist as engaged with the patient in a mutually emotionally rich therapeutic process. The first step in this evolution was appreciating that pronounced emotional reactions of the therapist were not simply manifestations of his or her unanalyzed neuroses, as in the classical concept of countertransference, but might result from the empathic attunement of the therapist to the mental content of the patient (Racker, 1957). The validation of the therapist's inner responses as potential sources of understanding has been reflected over the years in concepts such as interpersonal psychotherapy, participant observation, enactments, the object relations viewpoint, and intersubjectivity (Mitchell, 2000).

It is understandable that Searles, as a clinician with an enduring interest in the psychoanalysis of chronically psychotic people, would appreciate the importance of the therapist's subjective experiences and be among the first to extend this insight to the subjective experiences of the supervisor. His exquisite sensitivity to the tenuous personal boundaries of people with schizophrenia led him to believe in the therapeutic importance of understanding the patient's inner state and allowing himself to experience it during sessions. An extreme though perhaps not rare example of this occurred during a famous Searles case conference where, at the patient's suggestion, he handed over his own eyeglasses in exchange for the patient's glass eye, which the patient had offered Searles after popping it out of its socket. Whatever one might think today of the place of such an intervention in treatment of schizophrenia, it betrays no hint of self-protectiveness on the part of the therapist. Indeed, the courage to be affectively engaged while remaining aware of such engagement, which Searles espoused and extended to the situation of the supervisor, is now a universally valued trait of psychodynamic psychotherapists.

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