In 2001, a group of representatives of different psychotherapeutical approaches led by psychology professor L. Castonguay and professor C. Hill held the first of a number of conferences at Penn State to delineate the characteristics of "good therapists." One of the conferences was devoted to corrective experiences.

THERAPIST ON THE EDGE – THE EXPERIENCE OF CORRECTIVE SUPERVISION

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„The wounds we bear show our merit as psychotherapists"
Claude Missiaen

"A corrective experience is such that lets a person gain an understanding of an event or relationship or experience them in a new and unexpected way" – settled the conferees – *"Corrective experiences are a part of therapy, but a part which often leads to transformation, and that makes them an important process for research"*, Dr. Clara Hill summarized. The publication entitled "Transformation in psychotherapy", edited by Louis Castonguay and Clara Hill, is the result of this conference.

In this article, focusing on the supervision process, I would like to follow the authors of the publication to present the assumptions of this phenomenon and to share my own experience in this area.

"TO BE A CAPTAIN"

In the pandemic period I happened to supervise a group of former staff managers. I brought up the topic of my difficulties, my fears connected with the sense of being "not good enough" in searching for ways to help them build critical strategies, to manage the fear for their own safety, as well as their employees'. With each passing minute I experienced even stronger emotions. My legs were numb and I had a great weight on my shoulders.

My supervisor said – "you were working with captains – so you were the captain of captains". I missed that word. Suddenly I saw the whole fleet, I recognised the mobilization and stress I felt for several weeks after that session, I felt my body relaxing, the stress leaving my muscles. Tears came to my eyes, and I felt relief. I felt I was not alone, that someone could see me, my loneliness and stress in the task. Instead of the expected search for intervention strategies, I experienced care, understanding, and presence.

It was an unexpected and surprising experience for me. Suddenly, everything was in its right place. In a single moment I discovered the complexity of my own reactions, the tendencies, and even the "compulsion" for characteristic behaviour in the face of danger and values accelerating my work.

The emotions that appeared in the supervisor's presence showed new meaning, creating a distance so much needed in this situation, by me and by people taking part in my supervision as well. I left the "fog", the weight, limiting my recognition of my own role in relation to the participants of the process, and at the same time my capability to recognise their real needs.

I can safely say that this experience made my relationship with them more real. It brought me back to "being present" with their fear, their stress, the "here and now", which changed my potential for accompanying them in their hardship.

Experiencing my supervisor's presence by my side, I felt what the participants of supervision processes may need. Over time, I learned to identify the conditions that should be met for all these elements of the process to come together and the role the supervisor should play.

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THERAPIST IN THE PROCESS

Recognizing similar experiences among other supervising therapists who work with addicted patients helped me to validate my thesis even more. This kind of work requires we deal with the personal, deep process of the therapist and not just a search for diagnosis-oriented methods of intervention.

The complexity of the patients' stories and the amount of emotional pain touches many sensitive places in the therapeutic process. I have observed this phenomenon in my projects of teaching the experiential approach to therapists working with addicted patients, both as individuals and in groups. The supervisions were a crucial element of these projects. Together with psychotherapists and supervisors, whose view on the process of change is similar to mine, we have taken part in a therapeutic adventure and have observed its effects together with the participants. This adventure has been the main inspiration for this article.

TWO DIMENSIONS OF THE EXPERIENCING PROCESS

The relationship with the therapist is a tool for therapeutic change. Closely examined, it shows a very practical area of psychotherapy. Carried out in a safe environment, personal exposure transforms former isolation into close contact with another human being. It is a necessary condition for a profound encounter with painful experiences. What had previously been "protected" with adaptive structures acquires new meaning. According to the FOT (Focusing Oriented Therapy) assumption, change can occur if meaning has not only been explained and understood anew, but also experienced anew through the body. A new meaning that is formed out of bodily reactions leads to a change of behaviour.

The base for the therapeutic process is, therefore, the processing of experiences, which results in profound and durable change. This way a new mode of reacting to experiences emerges, more free and adequate to situations and conditions. It is shaped by many small, often imperceptible, corrective changes that occur during the therapeutic session. In a safe, therapeutic relationship there is also a change in the patient's contact with their own experience. As a consequence of this emotional process, changes occur also at the level of brain function.

TRAILS OF CHANGE

On the neural level, trauma causes the dysregulation of neurobiological processes responsible for assessment and reaction to danger. Distortions of proper cooperation and information processing in neural networks between the hippocampus and cortex areas impede the proper integration and contextualisation of emotions and bodily reactions in autobiographical memory (Cozolino, 2018). A disintegrated process makes the body react in such a way as if the past trauma was taking place "here and now". Excessive arousal of the body reflects the improper regulation between the amygdala and the autonomous nervous system. It triggers a primal emotional reaction, memorised as danger which prepares the body for fight or flight. A corrective experience is nothing else but "repairing" this system. How is it carried out?

Neural network models and the changes occurring in these models may be presented in the form of a metaphor. Just as one match lights up the entire line of matches placed in a row, so the relief in one situation improves the interneural communication in neural networks. A change resulting from a single corrective experience can in the future trigger the newly made network pattern in emotionally similar situations.

This metaphor reflects the observed therapeutic changes. One move on a chessboard changes the whole system. The emotional change taking place in, for example, group psychotherapy, changes the nature of building relationships by its participants outside the therapeutic group.

When a situation from our life which blocks the flow of emotions is being processed, the neural networks in our brain undergo modification. New, automatic reactions are created. As Bessel van der Kolk pointed out, two neurotransmitters important for change are released in the process: dopamine, responsible for motivation, and noradrenaline, responsible for action (Levine, 2021). Brain remodelling takes place on the basis of our experiences and not on the "implemented" knowledge of them. Rather, the knowledge is helpful for therapists in understanding the trails of change and in using it in their work. This reconstruction takes place in a safe environment, with recognition of the patients' emotional capabilities and limitations, their ability to regulate themselves during the session and to maintain the effects if they occur. It requires from us much focus and involvement.

This is why I bring up this topic precisely in the context of supervision – it is one of many possible paths through which we can learn in a practical way and through our own experience.

INDIVIDUAL SUPERVISION

Supervision participants often mention difficult supervision experiences, the anxiety that accompanies them long before the session. The therapists enter the supervision process with their own pattern; they react to the patient, to the group, to the supervisor. Physiological reactions appear alongside thoughts and emotions. A careful tying of these reactions to their proper source "here and now" leads to a change in the fixed pattern. "Fragile spots" are exposed, along with usual mechanisms of protection which previously allowed a person to regain control of the situations. Current personal problems also appear in the process.

The supervisor's normalising of these reactions, accepting the supervisees along with their baggage, is the very beginning of corrective experience. We know very well that such processes contribute to the therapist's personal experience regardless of their approach, gender, orientation, etc. The more secure the relationship, the more ease there will be in exposing and discussing the difficulties.

In a similar relationship to those of patients and their therapist, supervisees also process their problems in their relationship with the supervisor. Moreover, just like in the therapeutic process, physical reactions, emotions, and exposed needs appear during supervision. It takes place suddenly, unexpectedly, in an unknown manner – it is fresh and new in the supervisees' professional environment or relationships, as I described in my personal experience in the introduction.

As it was put by Carl Rogers, corrective experiences often touch on paralysing conditions of worth - conditions which the child must meet to be loved. Therefore, the supervisor's authenticity deepens the authenticity of the therapist. Only these conditions, ensured by the triad, allow the supervisee to reflect on their own barriers and the means of managing them, and give them new meaning, as well as include them in their own process, thus eliminating the source of emotional, paralysing reactions.

Alongside security, a certain level of emotional arousal is a conditioning factor of change. Emotional arousal should not be too high or exceed the level of tolerance in a given moment. It should not be too low, either, since an optimal level of arousal promotes the creation of new neural connections.

The late Dr. Melissa Harte, psychotherapist and experiential supervisor, suggested that, before the process, we examine the level of "warming up" of our processing system (Harte, 2019). The mentioned phenomena serve as an explanation to this notion. Focusing on the experiencing along with the openness established in a safe relationship make the supervisee able to be closer to themselves and their own experience during the session, in such a way that allows it to let a new meaning be created.

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Krzysztof has six years of experience in working with addicted patients. In his supervision he brings up symptoms of burnout and the feeling of "being unfit for the job".

S. – What does it mean?

T. – I come into the "role", I try, mobilise… I'm more and more tired…

S. – Stay with this tiredness, check, what is so tiring…

T. – Pretending…

S. – ?...

T. – Pretending to be someone I'm not in this situation…

S. – …that you don't fully experience yourself…

T. – ...and that I must censor myself…

S. – It is painful to remain torn like this, between who you really are and how you authentically experience and the role you come into, that there is a great discrepancy and that you must censor yourself… hide...

T. – …because I cannot express myself the way I am… it is… was dangerous… I was exposing myself to cruelty…

S. – What is it about?...

T. – About my mum…

S. – It is hard not to stumble upon this kind of experience in our work… examining your own authenticity in a therapeutic relationship is a way of bringing other experiences closer, in yourself and in the relationship… and how is it now?

T. – The distance is smaller now… I am no longer afraid something is wrong with me…

The way a supervisee reacted previously was based on mobilisation and hiding from fear of exposure which blocked the way to authenticity not only in the therapeutic process, but probably in a broader interpersonal sense as well. That experience, recorded in the neuronal network, began to cause serious problems in the therapeutic relationship. Until it is "set free" (processed), we cannot be completely sure what is going on. The adaptive pattern often guides us toward an explanation which in turn triggers the critical parts that

try to “restore order”. However, it does not mean that we moved forward from the place where we had been “stuck”.

In this session a tension has been named, its sources recognised. It pushed Krzysztof into a different position. The word which has opened the way to the previously hidden sense was “cruelty” with its deep, hitherto deeply hidden meaning (there were things to be feared). Krzysztof moved from “here and now” to “there and then”, and back again.

This is precisely the path the impulse travels through the neural network. It checks, in a way, if everything is already in its place. Then, relief appears. The processing network learns how to react to such situations in a different manner. It also opens a way to a new area of therapeutic work for Krzysztof. Normalising such processes that are unavoidable in our line of work, leads to transformation.

* * *

Corrective experiences sometimes bring temporary destabilisation, an overcharge of the emotional immune system that triggers the will to flee, and sometimes anger, as a means of defence against danger. The supervisor’s “taking in” of those reactions has a soothing effect, especially if the supervisor “sees” the fragments responsible for getting stuck which demand attention and care (I have experienced this during my own supervision multiple times).

This positive experience shapes the supervision alliance, changes the attitude, guides toward hope for solution and change. A hope arises that working on it with others is possible and acceptable.

Recognising emotional barriers may be an important goal in the supervision process. Processing difficult situations and including them in the therapist’s own process allows for transforming them into resources in the form of their understanding of self, their capabilities, and all that which occurs between people, and as a result in the therapeutic relationship as well.

I have noticed that the more similar experiences of a therapist and a patient are, the more existential matters arise: questions about the therapist’s identity, their style of work, its sense. That is because more data related to cohesion and continuity of personal experiences are available. Some new doors are opened inside them. In this space, the energy of actualising tendency returns.

* * *

This vignette is about a supervision of a patient addicted to narcotics, with psychotic episodes, hospitalized several times. I had been working with Anita for a year, giving much space and attention to this process.

T – I don’t want to work with him. I have a feeling I won’t be able to help him, that I’m incompetent. I must take care of my own health; I work too much…

S – Tell me what you feel before a session…

T – Fear… that he would kill someone or himself…

S – Let’s stop here for a moment, what is this fear about, what do you see…

T – I don’t know why, but all those situations where I would back out of work, when it had been too heavy…

S – That’s how you would defend yourself… in this fear… and the fear itself?

T – The fear is about the entrance to a pub, when mum would send me to fetch my father… I was terribly afraid…

S – Where does this presumption come from, that you could manage things which had been too much for the adults?...

T – I was the daddy’s darling …

S – And you would go in with open heart…

T – And I wouldn’t succeed…

S – You were very little, you had no chance…

T – Now I’m feeling sadness and anger…

S – Stay with those feelings for a while…

S – How do you see your patient from this position, what you can tell him?

T – That I can sit beside him, that I understand him, and even that I’m sorry…

S – And what can he expect?

T – That I will be able to explain, so that he as well can better understand himself, advise, direct him to get help which would be adequate to his situation, should he choose to take it…

T – I feel as if I were between supervision and therapy…

S – Because you are…

T – Like on edge…

S – Because it is an edge…

S – How is it now?

T – They stand before my eyes again, all those situations where I would back out.

S – You needed to defend yourself very much, there was a lot of problems behind this door…

T – Yes, I knew when I had my heart open for this patient, and when I had it closed, I would stiffen, I wanted to back out and didn't want him to come again, and at the same time I was scared for him…

S – You arrived at your door, you can stay here for a while, but we won't be walking through, that's for your therapy… And how is it towards the patient now?

T – So far I wasn't able to draw a line in helping him… And now? Now I feel my face and heart. And I can meet with him.

One month later…

T – We've had our session. I have more compassion, I saw a patient in him, it really got to me how much struggle there is in my line of work. I looked for help. Something was completely different; I was not afraid of being among people… how did it happen? I don't know… Before this I have never been with my experience in such a way.

S – What does it mean?

T – I exposed myself…

S – Why was it possible?

T – I experienced a lot of support … I had never got this much…

In similar examples of transformation, we encounter, as Claude Missiaen puts it, the supervisee's own "therapeutic process", but not a therapeutic session. We encounter the process which later "includes" also the case of the patient. Then, the supervisor helps differentiate and reflect upon these processes in a secure way.

It is important to note in the supervision contract that we can – while recognising and recalling (in ourselves) a safe place – touch upon this "edge".

As a supervisor I did not always remember about this. It would happen especially when my presence by some experience would point to a potential for change. And it would, at times, meet with ambivalent reactions.

Therefore, the remaining condition, alongside the contract and goals of the supervision, is a common understanding of what the developmental process is, but also the supervisee's ongoing own therapy and the capability of discussing all that happens in our relationship.

GROUP SUPERVISION

Corrective experiences occur in group supervision processes as well. The longer they are, the more such experiences appear. It is facilitated by a common understanding of the experiential process of change, the supervision alliance, engagement of several participants, a developing and accepting approach, reaching for our own experiences of being stuck, of barriers and recognising their sources, and the attentive and understanding presence of others.

Orientation towards resolving a problem in such an environment accelerates the process and makes it more intense. Hearing and getting acquainted with the reactions of others promotes the normalisation of our own, often previously blocked emotions. It shortens the way to our own experiences and emotions and their meanings, hitherto beyond our attention. The whole process remains a live experience, which makes it easier to identify "impulses" appearing "here and now".

Taking the participants' reaction to one person's supervision process into account is a means of triggering a common experiencing of sense and a meaning of the problem in question. It may refer to a phenomenon, the supervisee's reaction, the problem, or even the session itself. This focusing-oriented structure invites the whole group to the experiencing process, to presence, to be ready to "take in" emotionally what every participant hears in one person's account, how they react to it, with no censorship or interpretation, limiting themselves to expressing feelings, emotions, references, metaphors, to symbolising their own reaction to "what" they are taking part in here.

The transformation is based on the common, expressed meaning of all participants to the process in question. Both groups and individual patients can be supervised in this way, following these steps:

1. *Tell me about the group, about processes, about significant events in the group's life, latest important*

experiences… (or) *about the patient, what you know about them…* (to a supervisee)

2. *Tell me what is going on inside you when you hear this, what are your reactions, emotions, what metaphors could describe it…* (to a group)
3. *Tell me what is going on inside you when you hear these reactions…* (to a supervisee*)*
4. *What are these feelings, what is happening, does a word appear that could describe it?...* (to a supervisee)
5. *What is this all about… Is there anything 'yours' in this… Stop for a while… …* (to a supervisee)
6. *Tell me, how is it now, what can you see from your present position when you look at the group (or a patient) you're working with… on your relationship with the group, tell me, what do you need here from us…* (to a supervisee)

This sense "felt" by the supervision participants helps the therapist recognise and name the meaning of this phenomenon. It helps to bring closer that which so far remained imperceptible. It supplies new data and exposes and broadens the problem's emotional background.

The fifth stage is an encounter with self, it sometimes touches upon an "edge", and it may lead to personal change (felt shift). Corrective experience shows (in a similar way to that presented in previous examples) the places that got us stuck, or those which require care and attention, possibly a more thorough examination in individual therapy. That is because, often, earlier "unlived" stories appear in this process. As a result, relief appears, something changes in the body, in the face, sometimes tears appear. The process starts on the spot, pushed forward by the actualising energy.

This kind of experience teaches us that we can be more self-aware. We can read the signals our body sends us, touch upon painful areas, and make way for primal emotions and return to balance. The patient or the group looks very different from this position, as does our own process. Usually the supervisee already knows "what to do", although the benefit taken from support and feedback enriches their clinical skill.

In group supervisions, the supervising questions with which the supervisee arrived would often change at this point. This is the effect or the "echoed" meaning of expressed, emotional reactions of the participants, of "hitting" the mark.

A similar approach can be used while watching or listening to recordings of sessions.

Herbert Rice, in order to describe similar group processes („A Quaker's View of Gendlin's Philosophy"), uses a metaphor of symphony: in this kind of work we can listen to everything at once or focus on each instrument individually.

After many sessions I like to repeat that this experience of group meaning (felt sense) offers new possibilities in our work. The supervisor becomes a sort of conductor who helps the supervisee hear the symphony and their own part, their own clear notes, but also those which require tuning.

These are usually encounters in which a unifying process takes place, and the participants experience the form of meanings and sense they explored together, a deep corrective experience. Similar processes occur during interpersonal trainings (see „Doświadczenie a psychoterapia"). They were also described in the context of changes occurring on the neural level by M. Lux. (2010)

We can observe these qualitative changes in psychotherapy education, in groups which have been through a lot together. For the supervisor or group therapist, this phenomenon gives hope, as the next session already has a known pattern and goal.

The meaning of psychotherapy and counselling also undergoes transformation. Every change requires activating multiple neural networks. Deeper changes of these patterns occur in intense, but not overloaded processes, and so the process is more important than individual experiences.

EFFECTS

For a time, I have been collecting effects of this kind of supervision work. Firstly, it brings a relief, something in the experience arrives "at its proper place", reactions become more "understandable" from personal perspective, usually from the position of our "being stuck". Supervision encounters often become a predicator of undertaking individual therapy or broadening the areas of it. All supervisees mentioned an increase of compassion, sympathy, understanding, and at the same time, perspective, a dispersed "mist".

Once again, brain processes provide an explanation. The right hemisphere is more tightly connected with the limbic system than the left hemisphere. It identifies emotions more quickly and adequately than the left hemisphere, which is more engaged in processing the known patterns and responsible for conceptualisation, but in these circumstances, specific for FOT, it is for a while "relieved from its post". In these situations, emotions become, as Greenberg put it, more adequate and adaptive and directed toward patients and their problems.

Thus, supervisees regained the ability to be present with the patients' suffering, to be engaged and interested. They recognised their own limits, as well as their patients'. They distinguished between pain and the disorder by which it was caused. This, in turn, caused an increase in confidence, a search for help, and a greater acceptance feedback and broadening of knowledge.

From this position the factual clinical problem appears in a different light. The work is then based on a fundamental, relationship-based tendency to coexist. This is one of the most crucial effects of corrective processes.

THRESHOLDS

In the contemporary way of thinking of addiction, of educating therapists, we focus less on this kind of work, often assuming that supervising correction applies mostly to clinical competence, conceptualization, techniques, "understanding". This methodological difference corresponds to the way we think about therapy for an addicted person versus addiction therapy. What appears along the way is the discussion of the therapist's developmental processes and their stages. Each and every one of us (regardless of modality), apart from the duty to broaden our clinical competence, takes the responsibility and willingness to face difficult situations and the risk connected to overcoming our own means of avoiding them.

Individual "stuck points" caused by the therapists' traumas block the processes, and the techniques alone not only do not lead to change but increase the need for "more effective" ones. However, if the corrective experiences enrich the therapist, and, as a result, they experience relationships differently, we observe a durable change. This change – which is probably the most important – refers also to the means of establishing relationships and helping.

There is a rise in awareness of the fact that psychotherapists need supervision in order to stop sleepwalking in their own unprocessed experiences while the patient sitting before them, often in pain, needs their presence.

Corrective experience, by changing the therapist, leads to systematic transformation as well.

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BIBLIOGRAPHY

1. Cozolino L., *The Neuroscience Of Psychotherapy: Healing The Social Brain* (2Nd Ed.) [e-book]. New York, NY, US: W W Norton & Co; 2010.
2. Elliot, R, Watson J.C, Goldman R, Greenberg L., *Psychoterapia skoncentrowana na emocjach* (Emotion focused psychotherapy), IPZ. Warszawa 2009.
3. Levine P., *Trauma i pamięć* (Trauma and Memory). Wyd. Czarna Owca. Warszawa 2021.
4. *Doświadczenie a psychoterapia* (Experience and Psychotherapy), ed. Maria Król–Fijewska, Wyd. Ośrodek Pomocy i Edukacji Psychologicznej Intra. Warszawa 2019.
5. Harte M., *Processing Emotional Pain using Emotion Focused Therapy*. Australian Academic Press. 2019.
6. Transformacje w psychoterapii (Transformations in Psychotherapy), Red. Castonguay, L., Hill C. Wyd. Zielone Drzewo. IPZ. Warszawa. 2017.
7. Kaczmarczyk, I., „Psychoterapia doświadczeniowa w leczeniu uzależnień" (Experience Focused Therapy in Treating Addictions). [w:] *Terapia Uzależnienia i Współuzależnienia* (Addiction and Co-addiction Therapy), Warszawa: 4/2018.
8. Kaczmarczyk, I., „Momenty zmiany w Psychoterapii doświadczeniowej" (Moments of Change in Psychotherapy), [w:] *Terapia uzależnienia i współuzależnienia* (Addiction and Co-addiction Therapy), nr 1 2020.
9. Lux, M., *The Magic of Encounter – The Person-centred Approach and the Neurosciences. Person-Cantered and Experiential Psychotherapies*, 9/2010, 274-289.
10. L. Greenberg workshop materials, materials from workshops organised by the INTRA Centre and conducted by K. Renders, C. Missiaen, M. Warner, and from the science and supervision seminar at the INTRA Centre.
11. „Podejście humanistyczno-doświadczeniowe w leczeniu osób uzależnionych" (Humanist-Experience Approach in Treating Addicted Persons) – Project funded by the Ministry of Health for the National Bureau of Preventing Drug Addiction, conducted by the Polish Society for Integrative Experience Therapy and Social Education INTRA. Warszawa 2020.
12. „Psychoterapia grupowa w leczeniu osób uzależnionych – III edycja" (Group Psychotherapy in Treating Addicted Persons – II edition) – Project funded by the National Health Program, conducted by the Motivation and Change Study. (Pracownia Motywacji i Zmian) Poznań 2019/2020.
13. „Terapia uzależnień on line" (Addiction Therapy On-line) – Project conducted for the KBPN by the Motivation and Change Study (Pracownia Motywacji i Zmian). Poznań 2020.