
Encountering the Wounded Healer: Parallel Process and Supervision Rencontre du guérisseur blessé : démarche parallèle et supervision

Kevin O. St. Arnaud
University of Alberta

ABSTRACT

This article investigates the clinical utility of the parallel process in the context of supervision. By examining trainees' transference reactions toward their supervisor, the client's psychological processes can be illuminated and clinical outcomes can be improved. However, exploring these transference reactions may touch upon the trainees' wounds, as psychological material of both trainee and client may appear in the transference. Through supportive exploration, supervisors can help trainees to become aware of how their wounds may negatively—or positively—influence their work with clients. However, supervisors must be careful to offer their trainees support without functioning as a therapist.

RÉSUMÉ

Dans cet article, on analyse l'utilité clinique d'une démarche parallèle en contexte de supervision. Il est en effet possible, en examinant les réactions de transfert des supervisés à l'égard de leur superviseur, d'améliorer la compréhension des démarches psychologiques des clients et les résultats cliniques obtenus. Cependant, le fait d'explorer les réactions de transfert peut révéler des blessures présentes chez les supervisés, car du matériel psychologique à la fois présent chez le supervisé et chez le client peut se révéler dans le transfert. Grâce à une exploration solidaire, les superviseurs peuvent aider les supervisés à devenir conscients de l'influence négative ou positive que peuvent comporter leurs blessures sur leur travail auprès des clients. Toutefois, le superviseur doit avoir la prudence d'offrir du soutien à ses supervisés, sans pour autant faire office de thérapeute.

Clinical supervision is a central and highly demanding facet of therapist education (Campbell, 2011). Supervisors are tasked with functioning as trainer, mentor, and clinician to help trainees observe and evaluate their experiences with clients (Holloway, 1995). As such, the role of supervisors is to foster their trainees' personal and professional development. However, the extent to which supervisors should offer direct therapeutic support to their trainees is a divisive issue (Wheeler, 2007). Furthermore, the boundary between personal therapy and supervision may be ambiguous, and personal and professional development are often entwined (Campbell, 2011).

In the early years of psychotherapy training, one's clinical supervisor was typically his or her personal therapist as well (Jacobs, David, & Meyer, 1995). It was argued that a trainee's transference reactions toward an individual acting as both

supervisor and therapist would yield amplified access to the trainee's counter-transference reactions to their clients (Mendelsohn, 2012). It was presumed that this would improve client outcomes by offering another route to examine the client's psychological difficulties. However, while a supervisor may no longer ethically provide therapy to their trainees (Association for Counselor Education and Supervision [ACES], 1993; Syme, 2003), they may—if cautious—utilize their trainee's transference reactions to gain insight into the trainee's relationships with their clients (Searles, 1955). Through the transference reactions toward his or her supervisor, the trainee “brings up” the client's dynamics into supervision. This is known as *parallel process*. By examining these “upward” transference reactions from client, to trainee, to supervisor, new perspectives on the client's situation may be illuminated. However, examining these transference reactions in supervision may touch on the trainee's personal struggles as well (Wheeler, 2007). That is, the psychological challenges, or wounds, of both trainee and client may manifest in supervision.

Jung (1951) proposed that the therapists' capacity to face and grapple with their own personal struggles confers a degree of therapeutic ability. This is the notion of the “wounded healer.” Similarly, Guggenbuhl-Craig (1999) contended that the therapist's psychological challenges may enhance their capacity to empathize with clients, while Gelso and Hayes (2007) suggested that the therapist's personal struggles may contribute to their sensitivity and insight with clients. However, while therapists' psychological wounds may augment their therapeutic capacity, the motivation to heal may mask unaddressed psychological difficulties. As such, it is the role of supervisors to carefully address these issues should they adversely impact the trainee's therapeutic practice. A balance must be struck that enables a degree of exploration and support for the trainee's personal concerns, without supervision becoming therapy (Wheeler, 2007).

TRANSFERENCE AND PARALLEL PROCESS

Transference, a phenomenon first noted by psychoanalytic clinicians, may be understood as the experiencing of feelings and attitudes toward a person in the present moment that reflect responses to another, significant person in one's life (Greenson, 1965). While the existence of transference has been a controversial topic, even for those within the psychoanalytic community (Fosshage, 1994), mounting empirical evidence has provided substantiation of the phenomenon by demonstrating the role of previous relationships in one's assessment and response to new individuals and relationships (e.g., Andersen & Glassman, 1996; Chen & Andersen, 1999). Indeed, contemporary experimental, cognitive, personality, and social psychology support the notion that transference is a basic characteristic of human psychological functioning (Singer, 1985). Humans process new information and anticipate new situations via previously established schemas and scripts (Singer, 1985; Westen & Gabbard, 2002). As such, transference occurs as a phe-

nomenon in all interpersonal dynamics, and is not unique to the therapist-client relationship (Andersen & Przybylinski, 2012).

Parallel Process

It was further noticed by clinicians in the psychoanalytic community that a client's psychological dynamics could be unconsciously communicated from trainees to their supervisor through the transference (Mendelsohn, 2012). The first reference to this dynamic was made by Searles (1955), who labelled it the reflection process. He suggested that processes at work in the relationship between client and trainee are often reflected in the relationship between trainee and supervisor, and that the trainee's unconscious identification with their client might explain this "reflection." Searles proposed that it was as if trainees were attempting to unconsciously communicate their client's difficulties to their supervisor. Clients, unable to express their internal dynamics, would unconsciously enact them with the trainee, who would then unconsciously re-enact these same dynamics in the supervisory relationship. Similarly, Ekstein and Wallerstein (1958) described trainees who seemed to act "in parallel" with their clients in supervision. They suggested that in most cases trainees appeared to "mirror" clients in supervision as a result of the similarities between their personal difficulties and those of their clients.

This parallel process was originally thought to be unidirectional. Psychological dynamics arose in the therapeutic relationship between client and trainee and were then transported "up" through the transference into supervision (Searles, 1955). However, it was eventually found that counter-transference reactions from supervisors toward their trainee also showed parallels in the trainees' counter-transference reactions toward clients (McNeil & Worthen, 1989). That is, not only did trainees bring therapeutic dynamics "up" into supervision, they also brought supervisory relationship dynamics back "down" into therapy.

Doehrman (1976) studied the occurrence of parallel process in four trainee therapists, and found that relational themes could indeed move from the supervisory relationship to the therapeutic relationship, and vice versa. She suggested that trainees unconsciously identify with their supervisors and subsequently re-enact their supervisor's behaviour with clients. More recently, Tracey, Bludworth, and Glidden-Tracy (2012) examined 17 client/trainee/supervisor triads and found that trainees altered their behaviour in accordance with the bidirectional parallel processes. That is, trainees altered their behaviour in supervision to match their client's behaviour from the previous therapy session. Similarly, the supervisor's behaviour was shown to correspond with the trainee's behaviour in the previous therapy session. For example, in one therapy session, a client acted in a self-effacing manner and the trainee was found to "compensate" by acting in a critical manner. In the following supervision meeting, the trainee then enacted the client's self-effacing behaviour, while the supervisor was found to behave more critically toward the trainee than was usual. These findings correspond with Bromberg's (1982) proposal that supervisors may feel a pull to enact a reciprocal stance to

that presented by the trainee. That is, supervisors may unconsciously respond to trainees with a compensatory attitude.

Consequently, although the notions of transference and the parallel process originated in the psychoanalytic community, they have been taken up as useful concepts by other clinical approaches, though with differing theoretical underpinnings (e.g., Prasko Diveky et al., 2010; Raichelson, Herron, Primavera, & Ramirez, 1997; Schaeffer, 2007). For example, it has been suggested that structural similarities between therapy and supervision, as opposed to unconscious dynamics, undergird the parallel process. Gediman and Wolkenfeld (1980) noted that both therapy and supervision involve a set time, routine, contract for services, and interpersonal dynamic. They suggested that since both are helping practices, the dual role of the trainee as helper and help-seeker may also contribute to a type of “parallel process.” Similarly, Watkins (2012) proposed that “parallels” may reflect nothing but similarities in the realities present in each of the respective therapy and supervision situations. As such, despite contrasting perspectives, parallel process is still often recognized as an important part of supervision across orientations (Mendelsohn, 2012; Raichelson et al., 1997; Schaeffer, 2007). Tracey et al. (2012) proposed that the thoughtful utilization of the parallel process in supervision can provide insights regarding the client’s struggles and serve as a potential avenue for influencing the therapy. Likewise, Mothersole (1999) suggested that these parallels can have useful implications for the therapeutic process and should be examined in supervision. However, by examining the trainee’s transference reactions toward his or her supervisor, the trainee’s psychological difficulties, or wounds, may also emerge (Wheeler, 2007). That is, the difficulties of both trainee and client may manifest in the transference.

THE WOUNDED HEALER

The notion of the wounded healer is an ancient motif that can be found in numerous civilizations and societies (Laskowski & Pellicore, 2002). In many traditional cultures, the shaman embodies the role of the wounded healer (Miller & Baldwin, 1987). Within this context, the shaman’s personal struggles are linked to the development of knowledge and are recognized as symbols of their therapeutic ability (Miller, Wagner, Britton, & Gridley, 1998). The shaman is often believed to have direct contact with the gods and to stand at the intersection between life and death, health and illness. In other words, the shaman’s healing power is thought to rest in his or her ability to connect these two worlds—to take on the wounds of his or her people and to transcend them (Miller et al., 1998).

In addition to the shaman, the archetype of the wounded healer is often linked to the myth of Chiron in ancient Greece (Conchar, & Repper, 2014). Chiron—a centaur and renowned healer and teacher—was accidentally struck by one of Hercules’s poison arrows, leaving an incurable wound. However, because Chiron was immortal, he struggled with an unbearably painful wound that he ultimately could not treat. Striving to find a cure, he continued to heal the sick and injured

while remaining eternally wounded himself (Groesbeck, 1975). This archetypal theme suggests that individuals' efforts to alleviate their personal struggles may grant a degree of therapeutic aptitude (Laskowski & Pellicore, 2002; Zerubavel & Wright, 2012).

In modern times, Jung (1951) was the first to consider the wounded healer as the therapist whose personal difficulties enhanced his or her capacity as a healer. Guggenbuhl-Craig (1999) similarly argued that certain individuals are both motivated to become therapists and augmented in their capacity to empathize with clients by reflecting on personal challenges and struggles. Means (2002) suggested that skilled therapists have often been wounded through experiences such as divorce, loss, physical injury, illness, and so on. These wounds may provide an "empathic bridge" between therapists and client, enabling them to better understand or appreciate the client's perspective.

Similarly, Wolgast and Coady (1997) suggested that experiencing and transcending personal difficulties may partially contribute to a "therapeutic character" and grant a level of intuitive understanding of a client's difficulties. Sedgwick (1994) proposed that the more a therapist can identify with a client's struggles the more personalized the counter-transference and the greater the potential for healing, while Miller and Baldwin (1987) suggested that the therapist's awareness of his or her own wounds may lead to an acceptance and a sense of wholeness that can be modelled by clients. Similarly, Wheeler (2007) argued that without the capacity to feel at a deep level—to be open to one's own pain—therapists are limited in their capacity to relate to others and be therapeutic. It is only when therapists can stay in touch with and experience their own wounds that the client can, in turn, go through the same onerous process (Groesbeck, 1975). Others have likewise proposed that difficult life experiences may contribute to the therapists' skill, sensitivity, and insight (Gelso & Hayes, 2007). As Jung (1961) stated:

What does he mean to me? If he means nothing, I have no point of attack. The doctor is effective only when he himself is affected. "Only the wounded physician heals." But when the doctor wears his personality like a coat of armor, he has no effect. I take my patients seriously. Perhaps I am confronted with a problem just as much as they. It often happens that the patient is exactly the right plaster for the doctor's sore spot. Because this is so, difficult situations can arise for the doctor too, or rather, especially for the doctor. (p. 133)

Jung pointed out the benefit of therapists opening themselves to their personal wounds in order to facilitate the therapeutic process. Interestingly, he noted that identification with clients can in fact be healing for therapists as well.

However, the notion that wounded therapists may have enhanced therapeutic potential is controversial (Conchar & Repper, 2014). While some propose that personal struggle may be an essential part of becoming an effective therapist (Barnett, 2007), others suggest that wounded therapists may in fact be impaired. The helping professions, such as psychotherapy and counselling, are known to attract individuals with a history of psychological troubles (Miller et al., 1998).

Compared with other professionals, therapists report higher rates of challenging life events and emotional troubles. Painful childhood experiences and adverse family dynamics in particular have been documented as motivating factors for many individuals choosing to become therapists (DiCaccavo, 2002; Zerubavel & Wright, 2012). Many therapists report having been the one to address emotional needs in their family of origin by providing “parenting, nurturing, and caretaking” (Guy, 1987, p. 22) for siblings or parents experiencing difficulties. Consequently, while a difficult background may provide a valuable source of strength for those in the role of therapist (Wolgien & Coady, 1997), the motivation to heal may mask unaddressed psychological difficulties. Because these difficulties may have a damaging influence on clients if left unexamined (Miller et al., 1998), it is necessary to distinguish between the wounded and the impaired therapist. Lamb et al. (1987) defined *impairment* as

[a]n interference in professional functioning that is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior, (b) an inability to acquire professional skills in order to reach an acceptable level of competency, and (c) an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning. (p. 598)

Therefore, a fine line exists between the therapist’s wounds as benefit or as detriment to the therapy (Baker, 2003). The more therapists are able to identify with a client’s negative experiences, the more likely they will be able to empathize; but the more one identifies with their clients, the more distressed and impartial they may become (Wheeler, 2007). Without a thorough examination of their own difficulties, therapists are left vulnerable to re-experiencing their wounds if activated by a client’s presenting concerns (Miller et al., 1998). In addition, the wounded healer runs the risk of projective identification. That is, therapists may project their needs onto a client and base treatment around those issues rather than the presenting concerns of the client (Baker, 2003). While it has long been recommended that therapists seek their own psychotherapy, no therapist can entirely repair the wounds of the past, and life goes on with new losses and challenges. A balanced perspective would acknowledge that while the therapists’ wounds may contribute to the therapeutic process, they may also hinder it. As such, clinical supervision is often a critical element of ethical practice (Vasquez, 1992).

SUPERVISION AND PARALLEL PROCESS

Clinical supervision is a crucial and highly demanding feature of therapist education (Campbell, 2011). The supervisor must facilitate the trainee’s development of therapy skills, case conceptualization, emotional awareness, and self-evaluation. As Holloway (1995) pointed out, supervisors are faced with the challenging task of being a trainer, mentor, and clinician who helps trainees to

observe and evaluate their experiences with clients. Supervisors are faced with the difficult task of considering the therapeutic context, the relationships between client, counsellor, and supervisor, and the interpersonal and intrapsychic process of all three (Wheeler, 2007).

McNeil and Worthen (1989) proposed that comprehensive supervision should involve an awareness, understanding, and utilization of the parallel process. Likewise, Tracey et al. (2012) suggested that the parallel processes can provide both the supervisor and trainee with another perspective on what is transpiring in the therapy. Slight alterations in what the trainee or supervisor says or feels when discussing a client can yield important information. If supervisors recognize signs of transference or countertransference, they can discuss and demonstrate compensatory perspectives with the trainee. A trainee may then bring this “back down” to the client by altering his or her behaviour in subsequent therapy sessions, with the aim of similarly altering the client’s behaviour. As such, this can result in “downward” learning from the supervisor through the direct, experiential learning of the trainee (Crowe, Oades, Deane, Ciarrochi, & Williams, 2011). Moreover, as Schmidt (1979) noted, discussing the trainees’ feelings in the supervisory relationship has the added effect of modelling how to work through similar issues with clients. Thus, supervisory use of the parallel process can provide clues regarding the client’s psychological difficulties, and may serve as a potential avenue for impacting the therapy process (Tracey et al., 2012).

Indeed, research conducted by Martin, Goodyear, and Newton (1987) found that the most beneficial supervisory sessions, as identified by both supervisor and trainee, were characterized by use of the parallel process, and involved the identification and resolution of personal and countertransference issues. Similarly, Friedlander, Siegel, and Brenock (1989) found that supervision interactions were “brought down” by trainees in subsequent therapy sessions to the benefit of their clients. McNeill and Worthen (1989) outlined two case studies that demonstrate the benefit of recognizing and utilizing the parallel process in supervision.

In McNeill and Worthen’s (1989) first case, the clinical supervisor noticed that his trainee was highly passive and unable to confront his clients. Although the supervisor made numerous attempts to model confrontation skills and the trainee understood their importance, the trainee continued to avoid confronting his clients and showed a reluctance to discuss the issue in supervision as well. The supervisor thus raised the issue of the trainee’s avoidance of confrontation in both therapy and supervision. The ensuing discussion revealed that the trainee had viewed confrontation as negative and something to be avoided. However, in this case, the supervisee noted that he did not perceive his supervisor’s confrontation to be hostile or anxiety-provoking, which led to a new insight and re-evaluation of his previous belief. The supervisor further illuminated the parallel between the trainee’s experience in supervision and his client’s potential reactions to therapeutic confrontation. This use of the parallel process resulted in less passivity and avoidance on the part of the trainee, which led to his use of confrontational interventions and modelling with clients (McNeill & Worthen, 1989).

In the second example, McNeill and Worthen (1989) reported the case of a trainee, Tom, who was working with a college student, Melissa. In listening to a recording of his session with Melissa, Tom's supervisor noticed that Tom's voice sounded "seductive," and alerted Tom to this observation. Tom was dubious of this interpretation and felt that he was simply acting out of empathy for Melissa; however, he did not express this to his supervisor. In subsequent weeks, Tom noted little progress in his work with Melissa. During their next supervisory session, Tom's supervisor noticed that Tom was now using the same seductive voice he had used with Melissa with him in supervision, and alerted Tom to this observation. Tom again felt hesitant to accept this interpretation, and suggested that he was only hoping to gain the respect and liking of his supervisor. Tom's supervisor suggested that perhaps he was similarly trying to get Melissa to like him, and that this was being done at the expense of therapeutic progress. With this discussion, Tom came to see that his behaviour had been counterproductive, as he was unwilling to approach difficult issues with Melissa for fear she would not like him and terminate therapy. With this realization, Tom decided to take the risk of approaching more difficult areas in his work with Melissa. As a consequence, Tom noted greater progress with Melissa, who reported symptom improvement and satisfaction with therapy at termination. Tom reported that this supervision intervention was critical to his work with Melissa (McNeill & Worthen, 1989).

Supervision and the Wounded Healer

As noted in both of McNeill and Worthen's (1989) case studies, the trainee's personal difficulties and psychological traits can manifest in the parallel process. Indeed, in Wagner's (1957, p. 41) "process centered supervision," the supervisor makes use of what is occurring in both the trainee/client relationship and the trainee/supervisor relationship to enable trainees to use their own struggles to facilitate therapeutic outcomes. That is, process-centred supervision uses the parallel process to recognize and utilize the trainee's personal difficulties to the benefit of the client. However, the challenge for supervisors is to notice when the trainee's unconscious re-enactment of therapy in the supervision session (the upward parallel process) may be distorted by the trainee's personal difficulties or wounds (Crowe et al., 2011). If supervisors fail to notice these clues, they may respond to trainees in a similar manner to the way the trainees did with their clients. This can contribute to the continuation of a relational pattern that may threaten both the supervisory relationship and the therapeutic alliance (Mothersole, 1999). Therefore, since a trainee's wounds can impact their practice (for better or worse), they should not be avoided in supervision (Wheeler, 2007).

In fact, as many as 59% of mental health professionals report that personal distress has negatively influenced their practice at some point during their career (Vasquez, 1992). Accordingly, supervisors have an important role to play in recognizing their trainees' struggles and bringing these to their attention. While the supervisor may recommend psychotherapy, the trainee has the responsibility to determine how their personal issues should be ameliorated (Wheeler, 2007).

Indeed, while supervisors must enter the emotional worlds of their trainees, they must do so without turning supervision into therapy (Holloway, 1995). Ethical standards prohibit the supervisor becoming the trainee's personal therapist (ACES, 1993), and numerous authors have emphasized the problems that may arise when clinical supervisors function as their trainee's therapist (Corey, Corey, & Callahan, 1987; Stadler, 1986). For example, Kitchener (1988) noted that confidentiality may be compromised, trainee autonomy sacrificed, the therapeutic process hindered, and objectivity impaired as a result of merging roles that have divergent obligations. Indeed, supervision brings ethical challenges via (a) the power differential, (b) the therapy-like features of the relationship, and (c) the conflicting roles of the supervisor and trainee (Sherry, 1991). The potential problems that may arise from the power differential inherent in the supervisory relationship have been pointed out by many theorists (Goodyear & Bradley, 1983; Loganbill, Hardy, & Delworth, 1983). Because supervision is typically required for clinical registration and course practicums, a trainee may not have the option of withdrawing from the relationship. As such, the ability of trainees to protect themselves from supervisory abuses of power may be limited (Sherry, 1991). These difficulties are only compounded if the supervision takes on the character of therapy. Weithorn (1984) noted that while the role of supervisor requires evaluation and consideration of public safety, the role of therapist requires the best interests of the client, and such evaluations may be very harmful. As such, acting in dual roles as therapist and supervisor is problematic and unethical due to the potential harms that may result from these incompatible duties (Kitchener, 1988).

Nonetheless, there are appropriate times for supervisors to utilize their counselling skills with trainees. In fact, one of the key responsibilities of supervisors is to protect their trainee's clients by evaluating limits, blind spots, and personal difficulties. However, approaching the topic of the trainee's personal difficulties is only possible when a strong supervisory relationship that explicitly guards personal disclosures has been established (Wheeler, 2007). Indeed, just as the therapist's empathy and responsiveness are essential for establishing the therapeutic relationship with a client, so too are the supervisor's empathy and responsiveness essential for establishing a supervisory relationship with a trainee (Fleming & Benedek, 1966). Moreover, as the therapeutic relationship forms the basis of change in psychotherapy and counselling (Gelso, 2009; Wampold & Imel, 2015), so too does the supervisory relationship form the basis of growth in supervision (Watkins, 2011).

The supervisory relationship should be approached as a developmental, educational bond between supervisor and trainee, which is forged upon a shared commitment to the work of supervision and a reciprocal openness to vulnerability (Watkins, 2011). Consequently, the exposed vulnerability of both the supervisor and trainee should be acknowledged and respected as an important part of supervision and the professional development of a trainee. Moreover, it is incumbent on supervisors to alert their trainees to the phenomenon of the wounded healer, thereby normalizing supervisory discussions pertaining to the wounds that most therapists bring to their work. This openness strengthens the supervisory relation-

ship and enhances the empathic and reflective learning environment that is clinical supervision. Moreover, Rabinowitz, Heppner, and Roehlke (1986) found that as trainees become more experienced in their work as therapists, their openness to dealing with their personal issues in the context of supervision increases. Similarly, Reising and Daniels (1983) found that more experienced trainees show greater readiness for a more personal, confrontational relationship with their supervisors.

While supervision is distinct from psychotherapy, there are a number of similarities (Neufeldt & Nelson, 1999), and supervisors can utilize different skill sets to address trainee difficulties (Wheeler, 2007). In certain instances, nonjudgemental reflection on the part of the supervisor may be sufficient to foster awareness in the trainee that a personal issue may be impacting their practice (Neufeldt & Nelson, 1999). In other cases, temporary concerns may simply require the supervisor to teach and share personal experience; situational difficulties, such as when a trainee is working with a client with severe abuse or trauma, might warrant deeper support and stronger guidance. Part of the supervisor's role is to teach trainees to develop emotional awareness and to use this introspective capacity to reflect on their interactions with clients (Neufeldt & Nelson, 1999). In fact, Casement (1985) has argued that one of the main responsibilities of the supervisor is to foster the development of an "internal supervisor" in their trainees. The function of this internal supervisor is to reflect upon, analyze, and review the therapeutic work with clients. In order to facilitate the development of this introspective emotional awareness, the supervisor must shift between providing feedback and helping the trainee to reflect on their struggles (Neufeldt & Nelson, 1999). In so doing, the supervisor aims for trainees to appreciate that personal issues must be addressed when they are interfering with their work, and that this is an integral part of responsible clinical practice.

Supervisors may also need to overtly alert trainees to the possibility that their wounds are causing them to avoid exploring a difficult issue or to move past certain problems too quickly. In these instances, supervisors should open a dialogue that invites trainees to explore their personal difficulties, or recommend ways in which trainees might address their struggles (Wheeler, 2007). However, the trainees' wounds may be so intensely activated that modifications to supervision and practice are required (Neufeldt & Nelson, 1999). In such cases, Lamb et al. (1987) recommended increased frequency of supervision, reduced client load, and, in serious cases, a leave of absence. However, in extreme instances where a trainee is so impaired as to seriously disrupt their clinical practice, and remedial activities have not resulted in improvement, formally dismissing him or her from training may be required (Forrest, Elman, Gizara, & Vacha-Haase, 1999).

CONCLUSION

The goals of effective supervision are to aid trainees in their personal and professional development as therapists and to help clients achieve good therapeutic outcomes. The parallel process offers supervisors one potential avenue through

which to facilitate these aims, and can be the focus for some of the most impactful learning experiences in supervision (Martin et al., 1987; McNeil & Worthen, 1989). Moreover, research suggests that there is a relationship between awareness, examination, and utilization of the parallel process in supervision and beneficial therapeutic outcomes (Friedlander et al., 1989; McNeil & Worthen, 1989; Tracey et al., 2012). However, trainees' personal difficulties or wounds may also appear via the parallel process in supervision. In these cases, supervisors must nonjudgmentally draw attention to trainees' unrecognized or resisted experiences as they emerge. If examined and integrated, these struggles may become advantageous to trainees by enhancing their capacity to empathize with clients, and thereby improve therapeutic outcomes (Gelso & Hayes, 2007; Groesbeck, 1975; Wheeler, 2007).

While supervisors cannot function in dual roles, trainees' personal difficulties may impact their clinical practice and should not be ignored in supervision. As such, supervisors require a broad range of skills and qualities to help trainees reflect on their struggles without supervision becoming therapy. These include empathy, compassion, flexibility, and an awareness of the power dynamics inherent in their position (Wheeler, 2007). Supervisors should aim to help trainees develop emotional awareness and use this introspective capacity to reflect on their interactions with clients (Neufeldt & Nelson, 1999). However, while supervisors must pay attention to their trainees' difficulties, they must also be aware of their own struggles. Supervisors must be aware that their personal wounds may likewise be transmitted "down" via the parallel process into their trainees' clinical work. Indeed, everything that applies to trainees as wounded healers applies to supervisors as well (Wheeler, 2007). Supervisors can thus normalize supervisory discussions pertaining to their trainees' personal struggles by alerting them to the ubiquity of the phenomenon of the wounded healer. By doing so, the trainees' vulnerability can be respected and valued as an important part of their professional development as therapists.

References

- Andersen, S. M., & Glassman, N. S. (1996). Responding to significant others when they are not there: Effects on interpersonal inference, motivation, and affect. In R. M. Sorrentino & E. T. Higgins (Eds.), *Handbook of motivation and cognition* (Vol. 3, pp. 262–321). New York, NY: Guilford.
- Andersen, S. M., & Przybylinski, E. (2012). Experiments on transference in interpersonal relations: Implications for treatment. *Psychotherapy, 49*, 370–383. <https://doi.org/10.1037/a00291166>
- Association for Counselor Education and Supervision (ACES). (1993). *Ethical guidelines for counseling supervisors*. Alexandria, VA: Author.
- Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association. <https://doi.org/10.1037/10482-000>
- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice, 13*, 257–274. <https://doi.org/10.1080/14753630701455796>
- Bromberg, P. M. (1982). The supervisory process and parallel process in psychoanalysis. *Contemporary Psychoanalysis, 18*, 92–110. <https://doi.org/10.1080/00107530.1982.10745678>
- Campbell, J. M. (2011). *Essentials of clinical supervision* (Vol. 28). Hoboken, NJ: John Wiley & Sons.
- Casement, P. (1985). *On learning from the patient*. Hove, UK: Brunner-Routledge.

- Chen, S., & Andersen, S. M. (1999). Relationships from the past in the present: Significant-other representations and transference in interpersonal life. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 31, pp. 123–190). San Diego, CA: Academic Press. [https://doi.org/10.1016/s0065-2601\(08\)60273-7](https://doi.org/10.1016/s0065-2601(08)60273-7)
- Conchar, C., & Repper, J. (2014). “Walking wounded or wounded healer?” Does personal experience of mental health problems help or hinder mental health practice? A review of the literature. *Mental Health and Social Inclusion*, *18*, 35–44. <https://doi.org/10.1108/MHSI-02-2014-0003>
- Corey, G., Corey, M., & Callahan, P. (1987). *Issues and ethics in the helping professions*. Pacific Grove, CA: Brooks/Cole.
- Crowe, T. P., Oades, L. G., Deane, F. P., Ciarrochi, J., & Williams, V. C. (2011). Parallel processes in clinical supervision: Implications for coaching mental health practitioners. *International Journal of Evidence Based Coaching and Mentoring*, *9*, 56–66.
- DiCaccavo, A. (2002). Investigating individuals’ motivations to become counselling psychologists: The influence of early caretaking roles within the family. *Psychology and Psychotherapy: Theory, Research and Practice*, *75*, 463–472. <https://doi.org/10.1348/147608302321151943>
- Doehrman, M. J. (1976). Parallel processes in supervision and psychotherapy. *Bulletin of the Menninger Clinic*, *40*, 9–104.
- Ekstein, R., & Wallerstein, R. S. (1958). *The teaching and learning of psychotherapy*. New York, NY: Basic Books. <https://doi.org/10.1037/11781-000>
- Fleming, J. & Benedek, T. F. (1966). *Psychoanalytic supervision: A method of clinical teaching*. New York, NY: Grune & Stratton.
- Forrest, L., Elman, N., Gizara, S., & Vacha-Haase, T. (1999). Trainee impairment: A review of identification, remediation, dismissal, and legal issues. *Counseling Psychologist*, *27*, 627–686. <https://doi.org/10.1177/0011000099275001>
- Fosshage, J. L. (1994). Toward reconceptualising transference: Theoretical and clinical considerations. *International Journal of Psychoanalysis*, *75*, 265–280.
- Friedlander, M. L., Siegel, S. M., & Brenock, K. (1989). Parallel processes in counseling and supervision: A case study. *Journal of Counseling Psychology*, *36*, 149–157. <https://doi.org/10.1037/0022-0167.36.2.149>
- Gediman, H. K., & Wolkenfeld, F. (1980). The parallelism phenomenon in psychoanalysis and supervision: Its reconsideration as a triadic system. *Psychoanalytic Quarterly*, *49*, 234–255.
- Gelso, C. J. (2009). The time has come: The real relationship in psychotherapy research. *Psychotherapy Research*, *19*, 278–282. <https://doi.org/10.1080/10503300902777155>
- Gelso, C. J., & Hayes, J. A. (2007). *Countertransference and the therapist’s inner experience: Perils and possibilities*. Mahwah, NJ: Routledge.
- Goodyear, R. K., & Bradley, F. (1983). Theories of counselor supervision: Points of convergence and divergence. *Counseling Psychologist*, *11*, 19–20. <https://doi.org/10.1177/0011000083111010>
- Greenson, R. R. (1965). The working alliance and the transference neurosis. *Psychoanalytic Quarterly*, *34*, 155–181.
- Groesbeck, C. (1975). The archetypal image of the wounded healer. *Journal of Analytical Psychology*, *20*, 122–145. <https://doi.org/10.1111/j.1465-5922.1975.00122.x>
- Guggenbuhl-Craig, A. (1999). *Power in the helping professions*. Putnam, CT: Spring.
- Guy, J. D. (1987). *The personal life of the psychotherapist*. New York, NY: Wiley.
- Holloway, E. L. (1995). *Clinical supervision—A systems approach*. Thousand Oaks, CA: Sage.
- Jacobs, D., David, P., & Meyer, D. J. (1995). *The supervisory encounter*. New Haven, CT: Yale University Press.
- Jung, C. G. (1951). Fundamental questions of psychotherapy. In H. Read, M. Fordham, G. Adler, & W. McGuire (Eds.), *The collected works of C. G. Jung* (Vol. 16). Princeton, NY: Princeton University Press.
- Jung, C. G. (1961). *Memories, dreams and reflections*. London, UK: Fontana.
- Kitchener, K. S. (1988). Dual role relationships: What makes them so problematic? *Journal of Counseling & Development*, *67*, 217–221. <https://doi.org/10.1002/j.1556-6676.1988.tb02586.x>

- Lamb, D. H., Presser, N. R., Pfost, K. S., Baum, M. C., Jackson, V. R., & Jarvis, P. A. (1987). Confronting professional impairment during the internship: Identification, due process, and remediation. *Professional Psychology: Research and Practice, 18*, 597–603. <https://doi.org/10.1037/0735-7028.18.6.597>
- Laskowski, C., & Pellicore, K. (2002). The wounded healer archetype: Applications to palliative care practice. *American Journal of Hospice and Palliative Medicine, 19*, 403–407. <https://doi.org/10.1177/104990910201900611>
- Loganbill, C., Hardy, E., & Delworth, U. (1983). Supervision: A conceptual model. *Counseling Psychologist, 10*, 3–42. <https://doi.org/10.1177/0011000082101002>
- Martin, J. S., Goodyear, R. K., & Newton, F. B. (1987). Clinical supervision: An intensive case study. *Professional Psychology: Research and Practice, 18*, 225–235. <https://doi.org/10.1037/0735-7028.18.3.225>
- McNeill, B. W., & Worthen, V. (1989). The parallel process in psychotherapy supervision. *Professional Psychology: Research and Practice, 20*, 329–333. <https://doi.org/10.1037/0735-7028.20.5.329>
- Means, J. J. (2002). Mighty prophet/wounded healer. *Journal of Pastoral Care & Counseling, 56*, 41–49. <https://doi.org/10.1177/154230500205600106>
- Mendelsohn, R. (2012). Parallel process and projective identification in psychoanalytic supervision. *Psychoanalytic Review, 99*, 297–314. <https://doi.org/10.1521/prev.2012.99.3.297>
- Miller, G. A., Wagner, A., Britton, T. P., & Gridley, B. E. (1998). A framework for understanding the wounding of healers. *Counseling and Values, 42*, 124–132. <https://doi.org/10.1002/j.2161-007X.1998.tb00417.x>
- Miller, G. D., & Baldwin, D. C., Jr. (1987). Implications of the wounded-healer paradigm for the use of the self in therapy. *Journal of Psychotherapy and the Family, 3*, 139–151. https://doi.org/10.1300/J287v03n01_13
- Mothersole, G. (1999). Parallel process: A review. *Clinical Supervisor, 18*, 107–121. https://doi.org/10.1300/J001v18n02_08
- Neufeldt, S. A., & Nelson, M. L. (1999). When is counseling an appropriate and ethical supervision function? *Clinical Supervisor, 18*, 125–135. https://doi.org/10.1300/J001v18n01_08
- Prasko, J., Diveky, T., Grambal, A., Kamaradova, D., Mozny, P., Sigmundova, Z., ... Vyskocilova, J. (2010). Transference and countertransference in cognitive behavioral therapy. *Biomedical Papers, 154*, 189–197. <https://doi.org/10.5507/bp.2010.029>
- Rabinowitz, F. E., Heppner, P. P., & Roehlke, H. J. (1986). Descriptive study of process and outcome variables of supervision over time. *Journal of Counseling Psychology, 33*, 292–300. <https://doi.org/10.1037/0022-0167.33.3.292>
- Raichelson, S. H., Herron, W. G., Primavera, L. H., & Ramirez, S. M. (1997). Incidence and effects of parallel process in psychotherapy supervision. *Clinical Supervisor, 15*, 37–48. https://doi.org/10.1300/J001v15n02_03
- Reising, G. N., & Daniels, M. H. (1983). A study of Hogan's model of counselor development and supervision. *Journal of Counseling Psychology, 30*, 235–244. <https://doi.org/10.1037/0022-0167.30.2.235>
- Schaeffer, J. A. (2007). *Transference and countertransference in non-analytic therapy: Double-edged swords*. Lanham, MD: University Press of America.
- Schmidt, J. P. (1979). Psychotherapy supervision: A cognitive-behavioral model. *Professional Psychology, 10*, 278–284. <https://doi.org/10.1037/0735-7028.10.3.278>
- Searles, H. F. (1955). The informational value of the supervisor's emotional experiences. *Psychiatry, 18*, 135–146. <https://doi.org/10.1080/00332747.1955.11023001>
- Sedgwick, D. (1994). *The wounded healer*. Hove, UK: Brunner Routledge. <https://doi.org/10.4324/9780203359921>
- Sherry, P. (1991). Ethical issues in the conduct of supervision. *Counseling Psychologist, 19*, 566–584. <https://doi.org/10.1177/0011000091194006>
- Singer, J. L. (1985). Transference and the human condition: A cognitive-affective perspective. *Psychoanalytic Psychology, 2*, 189–219. <https://doi.org/10.1037/0736-9735.2.3.189>

- Stadler, H. A. (1986). To counsel or not to counsel: The ethical dilemma of dual relationships. *Journal of Counseling and Human Service Professions, 1*, 134–140.
- Syme, G. (2003). *Dual relationships in counselling and psychotherapy*. London, UK: Routledge. <https://doi.org/10.4135/9781446218624>
- Tracey, T. J., Bludworth, J., & Glidden-Tracey, C. E. (2012). Are there parallel processes in psychotherapy supervision? An empirical examination. *Psychotherapy, 49*, 330–343. <https://doi.org/10.1037/a0026246>
- Vasquez, M. J. T. (1992). Psychologist as clinical supervisor: Promoting ethical practice. *Professional Psychology: Research and Practice, 23*, 196–202. <https://doi.org/10.1037/0735-7028.23.3.196>
- Wagner, F. F. (1957). Supervision of psychotherapy. *American Journal of Psychotherapy, 11*, 759–768.
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. New York, NY: Routledge. <https://doi.org/10.1037/pst0000037>
- Watkins, C. E. (2011). Toward a tripartite vision of supervision for psychoanalysis and psychoanalytic psychotherapies: Alliance, transference-countertransference configuration, and real relationship. *Psychoanalytic Review, 98*, 557–590. <https://doi.org/10.1521/prev.2011.98.4.557>
- Watkins, C. E. (2012). Some thoughts about parallel process and psychotherapy supervision: When is a parallel just a parallel? *Psychotherapy, 49*, 344–346. <https://doi.org/10.1037/a0029191>
- Weithorn, L. A. (1984). *Ethical problems with the dual relationship of clinical supervisor/psychotherapist*. Paper presented at the annual meeting of the American Psychological Association, Toronto, Canada.
- Westen, D., & Gabbard, G. O. (2002). Developments in cognitive neuroscience II: Implications for theories of transference. *Journal of the American Psychoanalytic Association, 50*, 99–134. <https://doi.org/10.1177/00030651020500011601>
- Wheeler, S. (2007). What shall we do with the wounded healer? The supervisor's dilemma. *Psychodynamic Practice, 13*, 245–256. <https://doi.org/10.1080/14753630701455838>
- Wolgien, C. S., & Coady, N. F. (1997). Good therapists' beliefs about the development of their helping ability: The wounded healer paradigm revisited. *Clinical Supervisor, 15*, 19–35. https://doi.org/10.1300/J001v15n02_02
- Zerubavel, N., & Wright, M. O. (2012). The dilemma of the wounded healer. *Psychotherapy, 49*, 482–491. <https://doi.org/10.1037/a0027824>

About the Author

Kevin O. St. Arnaud is a counselling psychology doctoral student at the University of Alberta and works as a psychotherapist in a primary care clinic. His main research interests are focused on positive and transpersonal psychology. Currently, he is particularly focused on the relationship between peak experiences and psychological well-being.

Address correspondence to Kevin St. Arnaud, Department of Educational Psychology, 6-102 Education North, University of Alberta, Edmonton, Alberta, Canada, T6G 2G5. Email: kos@ualberta.ca.