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Essential Dimensions of Supervision, Consultation, and Training in Existential–Humanistic Therapy

What are the essential dimensions of supervision and training from an existential–humanistic (E-H) therapeutic perspective? A reflection from one of the coauthor's supervisees vividly alludes to some of these:

> Sessions with you helped me profoundly, not just as a therapist but also as an individual, learning to be more present with myself. Your presence showed me how using myself (as opposed to strategies and treatment tools) helps my work with my clients. Whenever I brought either my client's issue or my struggle with a client, we eventually turned the attention to me, instead of getting caught up in the details of the case. This was very different from my experiences in [other] consultations and supervisions. Through this process of self-reflection, I was able to become more aware of how I am triggered by my client and work on myself, which in turn helped me become more present with my clients in therapy.

http://dx.doi.org/10.1037/14951-002
Supervision Essentials for Existential–Humanistic Therapy, by O. T. Krug and K. J. Schneider
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Supervision in E-H therapy aims to not only help supervisees master the key principles of E-H practice but also, as the previous reflection suggests, to develop their emotional maturity. In addition to this overarching aim, other essential dimensions and aspirations can be gleaned from the supervisee's reflection: (a) E-H supervisors create a safe, collaborative, and supportive relationship in which supervisees clearly understand the expectations of the supervisory enterprise and feel safe to explore their own lived experiences relevant to the work; (b) E-H supervisors "walk the talk"—in other words, they embody presence, empathy, acceptance, and support when engaging with supervisees; (c) E-H supervisors help supervisees learn to cultivate relational and intrapsychic presence to grasp the feelings and lived experiences of their clients; (d) E-H supervisors work with supervisees' personal contexts to develop their emotional maturity; and (e) E-H supervisors cultivate, within supervisees, a belief in the effectiveness of the approach and in themselves as a *catalysts* for healing and change. This chapter provides a bird's-eye view of these dimensions; the next chapter illustrates the particulars with specific examples. Both chapters include personal reflections from students and supervisees.

THE ROLE OF THE SUPERVISORY RELATIONSHIP: WHERE CLINICAL COMPETENCY AND EMOTIONAL MATURITY TAKE ROOT

E-H therapists believe a safe, secure, and collaborative therapeutic relationship is essential to cultivating healing and change in clients. Schneider and May (1995) compared the therapeutic relationship to Virgil's journey with Dante into hell. Virgil, as therapist, does not intend to "cure" Dante; instead, he aims to be a fellow traveler "alive and present in Dante's world" (p. 23). Similarly, E-H supervisors believe a safe, secure, and collaborative supervisory relationship is essential so that supervisees' personal growth and professional competency may flourish. Like Virgil, E-H supervisors are fellow travelers, collegial, nonhierarchical, present, and real with their supervisees.

Within this relationship, supervisees can experientially learn the principles of E-H practice and reflect on their world view and biases that may

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be facilitating or impeding the effectiveness of their therapy. E-H supervisors try to tailor the supervision experience to the particular needs of each supervisee, just as E-H therapists do for each client. Supervisors model evidence-based qualities of presence, empathy, and congruence and provide several didactic and experiential modalities from which supervisees can learn and practice E-H therapeutic principles. These teaching methods help supervisees: (a) experience the principles of presence, as *lived* in their supervisors; (b) learn how to cultivate relational and personal presence; and (c) work effectively with their clients' emotional struggles and protective behavior patterns. In addition, supervisors provide exercises and engage in dialogue with supervisees to explore their biases and world views that are pertinent to effective therapy. As a result of this modeling, skill building, and personal reflective focus, supervisees frequently become more competent, confident, calmer, and accepting of themselves and their clients.

The findings of Fauth, Gates, Vinca, Boles, and Hayes (2007) resonate with the focus described. In a comprehensive review of the psychotherapy training literature, they concluded "traditional psychotherapy training practices which emphasize didactic teaching methods, adherence to manual-guided techniques, and/or applications of theory to clinical work via supervised training cases, do not durably improve the effectiveness of psychotherapy" (p. 384). They went on to highlight the "heretofore overlooked organizational/treatment culture in the ultimate success of psychotherapy training" and demonstrated how this culture can be enhanced through the development of present-centered skills. These skills consist in what they call (a) "responsiveness," or the capacity of clinicians to "recognize, attend, and empathically respond to clients' needs, as expressed implicitly or explicitly within the psychotherapy session"; (b) "pattern recognition," or the expansion of the capacity to "respond to the most important events and experiences within a given psychotherapy session"; and (c) "mindfulness," or the deepening of "moment-to-moment awareness and acceptance of one's experience" (pp. 385–386). To facilitate these capacities, the researchers recommended a training environment that shifts from an emphasis on didactic-verbal learning to one that stresses individual and

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social (or "comindful") meditation practices, role-play exercises, and critical observation of video demonstrations (pp. 386–387).

That said, the E-H supervisory approach is often new and challenging for supervisees. A collaborative, experiential supervisory model that includes a focus on personal world views and biases should be helpful in mitigating supervisee shame. That is why supervisors need to clarify their expectations of the supervisory process with their supervisees. A rationale for various experiential learning, such as working with self and world constructs and supervisee's personal context, needs to be provided, as do a rationale and description of the evaluation process. A normalization of such concepts as self and world constructs, protective patterns of behavior, and personal contexts also helps mitigate the onset of shameful feelings in supervisees. The aforementioned supervisee suggests this need:

> Being present during supervision with you was challenging for me yet most rewarding. You demonstrated to me what I needed to learn and experience through your own presence as you sat with me in my struggles, rather than showing me your techniques or knowledge. This changed the meaning and experience of our relationship significantly, at least for me.

This supervisee's reflection highlights an aspect of the E-H supervisory relationship that differentiates it from many supervisory models—it is not intended as a *transactional relationship* in which the supervisor *teaches* the approach and the student *learns* how to do it. Quite the contrary, the intention of the E-H supervisory relationship is to be a *transformative relationship* in which the principles of practice are *lived* in the relationship in a manner quite similar to the *transformative* aspects of an E-H therapeutic relationship.

For my supervisee and me (Orah Krug), our way of relating did change the meaning and quality of our relationship. It helped my supervisee first appreciate and eventually embody qualities of presence, empathy, and congruence in her life and in her work. For my part, I was transparent with some of my own therapeutic challenges and missteps. I believe my transparency helped her appreciate that, despite my status as a senior teacher/supervisor, I am not immune to making therapeutic mistakes and losing

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my therapeutic footing. By revealing my lack of therapeutic perfection, I believe it helped her appreciate me as a fellow traveler, earnestly working, but sometimes failing, to understand the lived experiences of my clients.

TEACHING THE CORE PRINCIPLES OF EXISTENTIAL–HUMANISTIC THERAPY

E-H therapists and supervisors cultivate presence to process, or put another way, they use the phenomenological method to have a direct encounter with the implicit, kinesthetic, affect dimensions of clients and supervisees, their *music* and *movements* beyond their words. This method allows them to be attuned to clients' and supervisees' lived experiences and feelings rather than to project onto clients or supervisees a particular theory or set of assumptions. Similarly, instead of receiving a manual of techniques to rely on, supervisees learn to value the human factors of therapy, relying on themselves and the therapeutic relationship to facilitate healing and change.

The work has qualities of immediacy and intimacy as supervisees begin to experience the therapeutic encounter as a living laboratory. Supervisees learn how to build a safe and collaborative therapeutic relationship in which clients can experience ways of being and relating that may be out of conscious awareness. Remember how the "tissue behavior" of the client described in the Introduction was out of conscious awareness yet reflected a long-standing life stance? As Yalom suggests, working in the here and now is the *power cell* of therapy and supervision, in which therapists and supervisors understand the therapeutic and supervisory relationship as a microcosm of clients' and supervisees' relational and personal worlds—where the past is alive in the present moment. Thus, the therapeutic and supervisory relationship itself becomes the *agent of change* by which interpersonal and intrapsychic problems can safely manifest and be illuminated and worked through.

Existential–humanistic therapists and supervisors attend to process as much as to content, with a particular focus on the concrete behavioral and relational manifestations of the meanings clients and supervisees have

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made about themselves, others, and their worlds. For example, my client's tissue behavior manifested her life stance as, "I won't ask for anything; I'll just make do." Similarly, my supervisee's tendency to rescue her clients is likely a concrete manifestation of meanings she's made about herself and others. How does one *teach* presence to process, empathy, and deep attunement to supervisees? Didactic teaching of these principles certainly has relevance, but the major emphasis must be on experiential learning because one cannot teach a *way of being*; one can only experience it. Consequently, after teaching, supervising, and training therapists for many years, the authors have formulated a brief list of lessons learned based on our students' feedback:

1. Supervisees need more experiences *of* being and fewer explanations *about* being. Working in the here and now creates immediacy in the therapeutic setting and in the supervisory setting. In the here and now, we are in our experience of being. In the *then and there*, we are *talking about* our experience—abstracting and analyzing it. Too much *then and there* takes the life out of therapy and supervision.
2. Learning opportunities need to bring theoretical principles of practice to life. As my (Orah Krug's) supervisee described, I brought the theoretical principles of cultivating presence and tracking process to life as she brought her clients into the supervision room. I helped her focus on her subjective and intersubjective experiences, her protective patterns, and the feelings behind them. I also created opportunities for her to role-play her clients so she could be more deeply attuned to their personal worlds and cultivate empathy for them.
3. Ground the principles of practice in personal experiences of being. There is a danger in using human features such as empathy in a technical way that can result in a mechanical understanding of the concept: that is, learning to *act empathic* instead of being empathic. But if empathy, acceptance, presence, and compassion are experienced by supervisees in a personal way, for example, if the supervisor embodies them, they do not become techniques *to do* but valued *ways of being.*
4. When supervisors model deep attunement to supervisees' implicit experiences and processes underlying the stories about the clients

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and themselves, supervisees experientially learn the value of presence, acceptance, empathy, and compassion. Supervisees learn that presence to what is most alive in the moment (process) will illuminate their own and their clients' self and world constructs (context) because the pasts of clients, as well as supervisees, are alive in the present moment.

5. By appreciating that contact is always informed by context, supervisees are more readily able to identify their own (and those of their clients) disowned experiences hidden behind protective stances that are embodied or enacted in the therapeutic relationship. Supervisees learn that in an atmosphere of safety and intimacy, dysfunctional relational patterns can be illuminated, disowned experiences incorporated, and new relational patterns formed. This is how the therapeutic relationship is the context for healing and change and how the supervisory relationship is a context for growth and development.
6. It is valuable for supervisees to focus on three dimensions of experience and process: (a) the personal or subjective dimensions of both client and therapist (i.e., a focus on *self*), (b) the interpersonal or relational dimension (i.e., a focus on the *in-between* field of client and therapist), and (c) the ontological or cosmological dimension (i.e., an existential focus on *the world*). We believe that being present to all three dimensions of experience and process is crucial—all three dimensions are *actual* in the present moment and provide entry into the feelings and personal world of the client.

TEACHING ABOUT THE CLIENT AND THE TECHNIQUES

Existential–humanistic supervisors don't generally "teach about the client"; instead, they help supervisees learn how to brush away their presuppositions about the client and, with presence and acceptance, experience the personal world of the client. Supervisors help supervisees learn how to attend to and illuminate the client's process (or implicit ways of being and relating). By attending to what's happening in the here and now, supervisees learn to see the concrete manifestations of the meanings their

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clients have made about themselves, others, and their personal worlds. Such evidence is found in clients' relational styles, behaviors, voices, body languages, and so forth. Supervisees learn how to cultivate an attitude of *being with*, *not doing to*, an attitude of *unknowing.*

How is this attitude applicable, for example, when one is working with a client who describes himself or herself as "depressed"? If therapists understand the parameters and characteristics of depression but don't overlay them onto clients, they are truly free to engage with an attitude of discovery and curiosity, wondering: "What is the meaning of these *depressive* symptoms? Why are they present now in my client's life? What do they want to tell my client?" Therapists are not *treating* the client for depression with a list of manualized techniques. Instead, they enter the client's emotional world with the intention of experientially helping the client to understand the meanings of the *depressive* symptoms. In what way may these depressive symptoms be serving to protect the client from disowned feelings or experiences? To explore these deeper meanings and embodied life stances, therapists attend to the client's interpersonal and intrapersonal processes, perhaps focusing on the questions: "In what ways is my client living his or her life right now? How does my client relate to me? How does my client want to live his or her life in the future? To what extent is my client able to access his or her subjective and intersubjective experiences, and if he or she limits self, how does he or she do that?"

When supervisees ask those questions, for example with a person who presents with depression, a way to be with the client begins to form, allowing the supervisee to explore the person's particular experiences of depression, the meanings made about self, others, and the world at different points in the clients' life. It also allows the supervisee to appreciate how they may react differently to similar experiences. This process helps supervisees be attuned to their personal world views or biases that may be interfering with their ability to be empathic and accepting of their clients' choices and behaviors.

One of the greatest challenges faced by therapists in training is to find their "pou sto" (e.g., their place to stand with clients; Bugental, 1999). When supervisees find themselves disoriented in the therapy hour, it is

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often a result of changing beliefs about personality development, the conduct of therapy, and psychopathology. The psychotherapeutic field is beset with numerous therapeutic approaches, treatment plans, and techniques that cause many students to seek a theoretical orientation that is most consonant with their own values. Based on our personal mentoring experiences with Rollo May, James Bugental, and Irvin Yalom and from our students' feedback, we believe the E-H approach addresses students' concerns and helps them address some of their most significant challenges. One such challenge is to glean structure from the particular perspective without obscuring the real, living person in front of them.

If E-H therapy principles are valued as foundational for therapeutic effectiveness, then assessments and therapeutic stances will be formulated as the therapy process unfolds instead of following the typical sequence (e.g., traditional assessment, followed by treatment formulation after the intake session). This approach resonates with Rollo May's essential stance of pursuing the person in the formulation rather than the formulation in the person. Certainly, psychosis or suicidal intentions must be addressed immediately, but even with these issues present, it is imperative that interventions be made without losing sight of the person who comes for therapy.

As supervisees learn to cultivate relational and personal presence, they come to appreciate how the therapeutic relationship becomes a living laboratory. By cultivating presence and following implicit process with acceptance, compassion, and engagement, they help clients experience and face their problematic ways of relating or being.

One supervisee summed up how we (the authors) teach about the client and the techniques:

> I learned not to conceptualize my client's struggle as a problem to be resolved which objectified my client in the process—which is what I was trained to do. Now I'm able to see how my client's way of being and relating could be her mode of self-protection that constricts her from experiencing life more fully, but allows her to function. I see my role as therapist to help her become aware of it so she can decide if this is how she wants to live.

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FACILITATING DEVELOPMENT OF SUPERVISEES' EMOTIONAL MATURITY

Research has shown that therapist qualities such as empathy, attunement, acceptance, and congruence are some of the most powerful predictors of therapeutic effectiveness (Elkins, 2012). The coauthors believe we are the tools of our trade and consequently hold the personal growth of supervisees to be integral to professional competency. How do we cultivate these qualities? The intimate journey of life-changing therapy requires supervisees to trust the subjective and intersubjective realms and cultivate fluid access to both realms. An outward focus on techniques and treatment plans does not promote this subjective and intersubjective awareness.

On the other hand, a focus on intrapersonal and interpersonal process does. *Intrapersonal process* refers to the subjective realm; *interpersonal process* refers to the intersubjective realm or the space *in-between.* As the supervisee suggested, her supervisor cultivating presence with her enabled her to learn experientially the power of presence and learn ways to access her subjective and intersubjective awareness. Another supervisee reflected on his appreciation of the power of therapeutic presence:

> I'm now able to appreciate the focus on being present, what I believe to be the most fundamental "skill." It allowed me to shift from my usual "doing mode" to "being with" my client so I could fully appreciate and empathize with what my client is experiencing. I learned the difference between being fully present with the client in comparison with just relating on a cognitive-matter-of-fact level.

A focus on supervisee's personal context also helps to cultivate these personal qualities. Within the safety of the supervisory relationship, supervisees explore their protective patterns or life stances, and how they may be hindering the supervisees' ability to engage effectively with their clients. Sometimes supervisors will point out how supervisees' protective patterns are manifesting concretely in the supervisory relationship. For example, a supervisee may have a rescuing type of relationship with her child that is out of her awareness. This rescuing behavior may manifest in the supervisory relationship, leading the supervisor to illuminate it and explore

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with the supervisee how it may be manifesting in her therapeutic relationships. Role-playing a client is another way for supervisees to grasp the lived experiences of their clients and understand how they may be triggered by their clients' ways of being. A by-product of this exploration often elicits within the supervisee greater empathy, appreciation, and acceptance of the protective patterns and life stances of clients. These models of experiential learning are described more concretely in Chapters 2 and 3.

It should be noted that a focus on supervisees' personal context is not considered a breach of the teach/treat boundary but rather a valuable aspect of developing supervisees' emotional maturity. What does the term *teach/treat* mean? It refers to the intention of supervision, which is to teach supervisees the theory and practice of a particular approach using actual cases to bring the work to life. Typically there is a significant focus on the client's disturbance and, depending on the approach, a focus on how best to *treat* the client. This type of supervision model may not value helping supervisees understand how their own personal challenges and protective patterns may be impeding therapeutic progress.

In contrast, E-H supervisors believe in developing the person who is the therapist. One way to accomplish this is by helping supervisees understand how their world views and protective patterns may be slowing therapeutic progress. As we said, this focus is not seen as a breach of the teach/treat boundary but rather as an intention to develop the emotional maturity of the therapist. Because we understand that individuals *always* make contact with others from their personal context, that is, contact is always contextualized, the term *countertransference* is inadequate to describe how one's personal context is *always* influencing one's perceptions and consequently limiting, to some extent, one's capacities for presence. This principle suggests that countertransference is not something that occasionally occurs and then vanishes; rather countertransference is actually a perpetual fact of limited presence, to a greater or lesser extent.

Therefore, E-H supervisors endeavor not to cross the treatment boundary line (e.g., we would not engage a supervisee in an exploration of a deeply embodied trauma) but do engage supervisees in explorations of disowned aspects of themselves that are impeding and perhaps derailing the

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therapeutic work, as described in preceding paragraphs. An engagement in this exploration helps supervisees experience aspects of their personhood that need to be managed, reclaimed, or worked with rather than be unconstructively enacted with clients. Supervisees typically have a deeper appreciation for how their personal contexts affect client contact as a result of this exploration. They come to understand the need for constant vigilance so as not to "get caught in one's context." A quote from one of our supervisee's illustrates this: "I am now aware of how my clients' ways of relating may trigger some of my personal issues and how to use this constructively to assist my clients."

Of course there may be times when a supervisee's personal concerns overwhelm the parameters of the supervisory relationship. Because E-H supervisors are keenly attuned to their supervisee's process, it is quite likely that a supervisor would readily recognize a supervisee's emotional overwhelm and quickly work to calm, soothe, and reduce it. Once the supervisee is more settled, the supervisor would suggest that further exploration of such personal concerns be handled within a therapeutic context. If the supervisee is not currently in therapy, the supervisor would do all he or she could to provide appropriate referrals to the supervisee, preferably with a therapist with an E-H orientation.

To sum, if supervisors place a significant value on developing supervisees' emotional maturity, the supervisees likely will develop the personal qualities that determine therapeutic effectiveness. We believe the assumption that Carl Rogers (Rogers & Russell, 2002) made about therapists readily applies to supervisors: supervisors are like gardeners, *they can't make something happen*, but they can provide a soil that is rich in experiences that supports and nurtures personal growth. Several statements from our therapists in training suggest how supervisory education, focused not only on skill building but also on personal growth, results in transformative change:

> I've seen my work improve tremendously. I'm more spontaneous, more authentic and more attuned to my clients. I'm able to respond to their body language in a new way. I'm braver about bringing up what's

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actually happening in the room. I'm also more relaxed and trusting myself more.

Where do I even begin? In short, it has been an awakening experience for me. I'm not certain where this process will go, but I am experiencing my being to the fullest, for the first time in a long, long while.

CULTIVATE SUPERVISEES' BELIEF IN A CAPACITY TO FACILITATE HEALING AND CHANGE

We believe that therapists need to have a "good enough" belief in their ability to facilitate change. How supervisors can help develop this belief is an aspect of supervision that is not often explored but warrants greater attention. Our experiences working with our supervisees, as well as our personal experiences with our mentors, helped us develop this aim of training (Krug, 2007).

Two related contentions constitute this general construct. First, therapists in training must have a theory or model of change they come to believe is effective. Common factors research has validated the significance of this belief to foster therapeutic effectiveness (Norcross & Wampold, 2011; Wampold, 2007, 2008). Second, supervisees need to believe in their ability to act as a catalyst or a midwife in this process of change. These two related beliefs, when developed and integrated by supervisees, provide the pou sto or place to stand with clients. Supervisees need to have a pou sto with clients; it helps them remain steady, strong, and calm when the therapeutic seas get rough and choppy.

But how do supervisees come to value their clinical approach along with a belief in their ability to be a midwife for change? The most crucial factor is the attitude of their supervisors. If their supervisors have unwavering faith in their therapeutic approach and in their ability to be catalysts for change, then the supervisees will likely develop a positive attitude toward the approach and a belief in its effectiveness. Yet more is needed than mere trust in the supervisors for this belief to take hold. Supervisees must also have personal successes with the approach.

If supervisees regularly employ the approach and repeatedly experience positive outcomes, their perception that the approach has value likely

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will increase. A sense of therapeutic efficacy (that is, supervisees perceive themselves to be effective facilitators of healing and change) seems to be a by-product of this reiterative process. In short, theory informs practice, and practice informs theory. Thus, when both parts are present, a belief in the potential of change and a belief in one's ability to be a catalyst for change, the conviction in one's power to facilitate change begins to develop. The more that conviction takes hold, the more the therapist embodies it; at some point, that ineffable quality of healer begins to be present in the therapist. We sensed that quality of healer in May, Bugental, and Yalom when we first met them and consequently were drawn to learn from them. But we believe all highly effective therapists have that quality, no matter what therapeutic approach they embrace. This is the nucleus of change—where the human elements of therapy transcend all techniques and modalities. Virgil walking alongside Dante as he journeys through hell beautifully illustrates this: Virgil is a fellow traveler, present and alive with Dante, not a disengaged practitioner who treats Dante from a manual of techniques. For this reason, education in E-H therapy values the human elements of therapy and understands psychotherapy as an art as much as a science. The psychotherapeutic field, in general, is truly remiss if it fails to do the same.