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## ***Skupinski in protiskupinski fenomeni kot vzporedni proces med psihoterapevtsko in supervizijsko skupino***

### ***Group and Anti-group Phenomena as a Parallel Process between Psychotherapy and Supervisory Group***

#### **Povzetek**

Članek opisuje koncept vzporednosti med procesom v psihoterapevtski in supervizijski skupini. Podaja pregled relevantnih teoretičnih prispevkov, ki obravnavajo izbrano temo. Raziskuje tezo o vzporednosti konstruktivnega skupinskega procesa ter razvoja protiskupinskih fenomenov v terapevtski in supervizijski skupini. Nekateri pojavi in psihološki procesi, ki se pojavijo v terapevtski skupini med vodjem skupine in člani skupine, se prenesejo in ponovijo v supervizijski skupini med supervizorjem in supervizanti. Kadar se v supervizijski skupini pojavijo isti problemi, kakor jih obravnava terapevt v skupini s pacienti, je ključnega pomena možnost za identifikacijo s supervizorjem v situaciji tukaj in zdaj. Tako gre lahko konstruktivni ali destruktivni proces v obe smeri. V primeru proti-supervizijskega procesa sta vloga in ravnanje supervizorja odločilnega pomena. Avtorica izpostavi nekaj možnih determinant protiskupinskih elementov v supervizijskem procesu.

#### **Ključne besede**

skupinska analiza, zaupanje, empatija, regresija, projekcijska identifikacija, zavist

#### **Abstract**

The article focuses on the concept of parallel process between psychotherapy and supervisory group. There is an overview of relevant theoretical articles on the issue. The author explores the parallel between the constructive group process and the development of the anti-group phenomena in therapy and supervisory groups. Some of the phenomena and psychological processes that occur in the psychotherapy group between the group leader and his or her members of the group is brought in and repeated in the supervisory group between the supervisor and the supervisees. Identifying and experiencing the supervisor in the here-and-now situation when intervening in similar problems as occur in groups with patients might be compared to the corrective emotional experience for patients. So the process can be turned constructively or destructively both ways. In the case of an anti-supervisory process, the role and action of the supervisor is crucial. The author suggests some possible determinants of the anti-group phenomena of the supervisory process.

#### **Key words**

group analysis, trust, empathy, enactment, regression, projective identification, envy

## Introduction

Psychotherapists practicing group and individual therapy are currently interested in issues of education, training and supervision in the professional field. The theoretical models of psychotherapy (from Freud on) and the training process (Loganbill et al, 1982; Russell et al, 1984; Worthington, 1987; McNeil and Worten, 1989) and more recently Ladany, Firedlander and Nelson (2005) are being developed and empirically investigated. A component of training for group therapists that is often overlooked or not given enough emphasis is the concept of parallel process in supervision. It is important for the supervisor and the supervisees to identify recognize and intervene in the multiple forms of the parallel process. Supervision of group psychotherapy is a complex and multiple processes varying from progressive to regressive forms. Tylim (1999) writes:

“The group supervision of groups can be regarded as a special didactic tool for group psychotherapists in training. In this fashion group psychotherapists are bound to learn about running therapy groups by being part of the supervision group.”

In the supervision process members acquire the skills and learn about the development of the individual psychodynamic and the group process. While a lot of attention has been given to both constructive and destructive forces of the therapy process much less attention has been given to the same phenomena in supervisory process. This article proposes some determinants that influence the development of the supervisory process.

## Therapy and supervision as a parallel process

For trainees, the learning process of psychotherapy or group therapy occurs through learning theory, undergoing personal therapy and last but not least in supervision, where a supervisee gains understanding of psychological functioning of his or her patients, acquires insight into the communication process, learns how to deal with processes like projective identification, mirroring, resonance, scape-goating and the theoretical aspect of interventions. The psychoanalytic model of supervision assumes that psychotherapy and supervision are similar processes. There have been several models concerning the extent to which a supervisee works on his or her personal, transference issues, from the point of view that a supervisee is sent to individual therapy when counter-transference issues reach the stage that there will be no change or learning without working on the emotional and unconscious elements of the supervisees concerning the therapeutic process of his or her patient(s). Currently, most supervisors consider the parallel process that arises between psychotherapy and supervision as the most central issue in making the learning process effective.

Different authors working within a psychoanalytic frame of work have described the parallel process phenomena (Doehrman, 1976; Ekstein and Wallerstein, 1972, cited in Friedlander et al, 1989). Supervisees tend to present themselves to the supervisor as their patients have presented to them. Through identification with the supervisor, the process of supervision tries to support different ways of learning, both cognitive and emotional. With the internalization of new knowledge and skills, changes occur and the supervisees bring that back to the therapy with their patients and the opposite changing process begins.

The parallel process in the supervisory relationship (Loganbill et al, 1982; Stoltenberg and DeLworth, 1987, cited in McNeill and Worten, 1989) is a process in which one ascertains certain elements of the relationship between the supervisee and his or her client. Psychoanalysts doing

supervision observed in supervisory sessions some phenomena similar to transference reactions in therapy. Searles (1955, cited in McNeil and Worthen, 1989) named it the reflection process. The relationship between the therapist and the patient is often reflected in the relationship between the therapist and the supervisor. Thus the supervision itself is, it is suggested, often centered on the interaction process among the patient, the therapist and the supervisor. One aim is to then give the supervisee an insight into how difficult it is to accept new ideas from the supervisor and to make changes, and so to make space for feelings of empathy for the patient who is supposed to make changes in his or her therapy.

Searls and Hora (1955, 1957, cited after McNeil and Worten, 1989) understood the parallel process as an unconscious identification with the client. The supervisee unconsciously shows the supervisor the patient's behavior and the emotional atmosphere to enable him or her to understand the problems of working with the patient. Ekstein and Walerstein (1972, cited in McNeil and Worten, 1989) defined the parallel process as a metaphor in which the patient's problem in psychotherapy may be used to express the therapist's problem in supervision. Therapy and supervision have similarities that reflect in parallel processes. The supervisor in order to be an effective teacher is supposed to use both the supervisee's experience in therapy and in supervision to enable him or her to learn most. Supervision should not become personal therapy and the boundaries must be set clearly. The personal attitudes of the supervisee have to be dealt with only to the extent that they are connected to the supervisee's relationship with his or her patient and with the supervisor.

As Altfield (1999) states, the parallel process is a concept to explain phenomena that occur in the supervisory process and not in the therapy process. So the boundaries might be broken in supervision and the content from therapy comes into supervisory sessions because of the supervisee's need to unconsciously demonstrate to the supervisor his or her problems and his or her position in therapy.

There are authors who argue the opposite and write that the parallel process can also occur in the opposite direction. As with counter-transference cases, the supervisor can contribute to the parallel process (Ekstein and Wallerstein, 1972; Doehrman, 1976, cited in McNeil and Worten, 1989). This reverse parallelism occurs as a result of the supervisor's lack of skills, experience or problems resulting from the supervisor's own unresolved conflicts about his or her role as an authority.

Group psychotherapy and group analysis is even more complex with regard to the complexity of the psychological processes and interventions in the group and in the conductor. The group setting for learning group psychotherapy is an essential method of gaining experience in personal therapy in the group and supervision in the group. Supervision for doing group therapy should be thought in the group setting. Only the group is the place to experience all the complexities of the group phenomena and for the beginner supervisee in group therapy to find the potential place to comprehend and analyze the therapeutic phenomena that are presented by the members of the group.

Effective group psychotherapy is the development, maintenance, and understanding of the supervisory alliance (Kleinberg, 1999: 177):

“The supervisory setting becomes the place to develop and learn group analytic process and treatment strategy. The quality of the supervisory alliance can impede or enhance the training of group psychotherapists. Establishing a safe and collaborative climate, identifying learning needs

and formulating a responsive supervisory contract are critical steps in the teaching process.”

To be able to fully profit from supervision experience, the most efficient learning is from one's own emotional processes. Altfeld (1999) proposes an “Experiential Model for Psychotherapy Supervision” where supervision is conducted in the group and the supervisees’ interactions are used as the matrix out of which supervision occurs. Traditional supervision is according to Altfeld too cognitive and therefore often felt too critical. More experienced supervisees do not need any help in diagnostic or technical problems but more with their counter-transference problems. The boundary between the content for supervision and the emotional content for personal therapy of the supervisees is often not clear. Helping higher trained supervisees means helping them acquire an insight into their counter-transference problems. Altfeld uses a model of supervision that is based upon object relations theory and on exploring group-as-a-whole phenomena. Altfeld says (p. 239):

“The central thesis of this model is that material presented in a group-supervisory setting stimulates conscious and unconscious parallel processes in group members. Through here-and-now responses, associations, and interactions among supervisory members, the counter-transference issues that have eluded the presenter can make themselves known, and do so in a relatively nonthreatening way.”

### **The group and supervisory group on the group-as-a-whole level**

Group analysis is a therapeutic approach, founded by S. H. Foulkes, where attention is put on the constructive, creative and optimistic parts of the psychotherapeutic process of the members in the group. This functioning of the group is named the group-as-a-whole level. Individuals are put into small therapeutic groups in order to cure their inner conflicts and problems. The theoretical frame of the approach says that no individual exists only by him or herself but in the networks of their social groups. The therapist’s focus is on both, on the group and on the individual.

In the group analytic approach, the group represents a common shared ground which determines the meaning and significance of all events and upon which all communication and interpretations, verbal and nonverbal, take place (Foulkes, 1984). A group analyst follows the process of communication and not information as such (Matjan Štuhec, 2002).

The approach compounds several basic concepts and ideas. The matrix is the place where all the communication and relationships take place. It is the network of all individual mental processes, the psychological medium in which they meet, communicate and interact. (Foulkes and Anthony, 1965).

Group analysis works through typical phenomena that could not be found in individual psychotherapy. One of the most important of these phenomena is location. This describes how any event in the group involves the total network of interrelations and intercommunications (Foulkes, 1984). The event is based on the theory of gestalt and figure in which the figure in the gestalt is emphasized. It is the therapist who locates the happening in the group in the dynamic background of the group process. Within this process the psychopathologic behavior of a group member is brought into the focus of the therapist’s work. Social and also personality disorders of the individuals in the group are identified acknowledged and treated in that way. The second important group phenomena are condensation. It describes the sudden discharge of deep and primitive content following associated ideas in the group. It is the action of collective unconscious (Foulkes, 1984). The

third concept, the concept of the translation, refers to the identifying and putting into words the nonverbal, emotional and up to that moment unconscious happenings in the group. This process is the equivalent of making the unconscious conscious in individual psychoanalysis (Foulkes, 1984). The fourth concept, the concept of resonance describes continuing and repeating a theme among the members but each one on his personal level. Personal level means a different degree of developmental level, different degree of regression and different kind of needs. It is the therapist's task to deepen communication on all these levels.

A member in a group sees, looks, shows and recognizes him or herself in the group in a way that can be compared to the use of a mirror. The process of mirroring refers to the possibility and capacity of a person to reflect in the other person. Through processes of identification and projective mechanisms members become aware of their unknown (unconscious) parts of themselves (Zinkin, 1983).

## **Supervision of group psychotherapy in Slovenia**

In Slovenia, the model for supervision is a mixture of the traditional model and the experiential one. The supervisor is not supposed to be a real authority or boss at work. Beginners and more advanced psychotherapists and group therapists look for supervisors outside their working areas. Although supervision is much more cognitive work than therapy, to be effective and to offer supervisees the optimal learning process, the supervisory process demands identifying the unconscious and emotional material that is brought into the supervisory group by the members of the group. This is necessary because whenever a group is formed, whether for therapy, work, sports, entertainment, or supervision, the group and anti-group phenomena and the group or anti-group forces are at work. When the supervisory group process is developing in a mostly constructive direction, there is less need and importance to identify the unconscious material to help the group understand its own functioning. But before any group develops to the working level, a whole developmental process is unfolded. Many factors have to be met, outside factors like the group setting and inner conditions, like the composition of the supervisory group and factors dealing with the supervisor's personality and his or her way of conducting the supervisory group.

In order to re-establish and maintain the supervisory alliance in the supervisory group, supervision in Slovenia is usually done after a supervisory contract with each individual member with special emphasis on:

- the frequency and regularity of supervisory sessions (usually 90 minutes once in two weeks in a group of therapists that is not bigger than five),
- preparing and bringing therapy material in paper form for each member of the supervisory group,
- the way of working that means being active in producing associations and ideas about the presented therapy material of a fellow supervisee,
- financial obligations.

Frequently a supervisor can monitor the members of his or her supervisory group's work on a group-as-a-whole level. The supervisees regularly bring their written therapy material; present a group session without too much embarrassment, shame from being exposed, anxiety from being criticized. Associations and ideas are produced about what is going on in the therapy session of the colleague, the atmosphere allows attentive listening to other members and to the supervisor and importantly, the members can accept different ideas without too much defense, digest those

remarks that seem relevant to them internalizing them for future use. The learning process of group therapy parallels the development of the supervisory group. The supervisory group is usually slow-open, here and there a member decides to leave and another enters the group. In the case of working on a productive level of group development, the supervisory group is able to accept a new member in an appropriate time. There is no need to repeat the same data of the supervisees' patients again and again, and the supervisees participate in making diagnostic premises, help the presenter clear the presented content, are attentive to the counter-transference problems and show them to the presenter in an acceptable way. The more advanced members use their knowledge to help the less advanced.

### **The group and supervisory group on anti-group level**

All leaders of different kinds of groups, including therapeutic and supervisory groups, are familiar with the phase in the group dynamic where destructive forces flood the atmosphere and threaten the functioning of the group, making any further treatment impossible. The concept of the anti-group (Nitsun, 1996) fills a gap in the theory of group analysis by highlighting the destructive processes of human behavior in groups:

“The anti-group is a broad term describing the destructive aspect of groups that threatens the integrity of the group and its therapeutic development.”

The anti-group is not static but rather a process with changing characteristics that need to be identified and handled in a proper time, before the destructive elements from the anti-group forces destroy the group. It is of prime importance that the group therapist recognizes the destructive elements in the group and starts with appropriate therapeutic interventions. In this way the destructive forces can be changed into the creative possibilities that are contained in the destructive energy. There are many overt and covert reasons for an anti-group process to develop like fear and mistrust or fear from being exposed due to the narcissistic characteristics of the group members. Anti-group phenomena differ from one group to another and can appear in many different forms. There is a manifest and a latent form of it. It can function on an individual, subgroup or group-as-a-whole level. The main aspect is about aggression that is contained within the group itself and derives from the psychopathological characteristics of individual members and pathological features of the group. The anti-group process is dialectic, opposed to and exchanging with the group process. The anti-group can be a pathological form or a stage in the developmental group process. It can be perceived also in every day social life groups, like school classes, working groups or political parties. The anti-group phenomena when handled properly can bring to the surface a huge creative potential.

Supervisors often experience in supervisory groups behavior, communication and emotions that could be identified as an anti-group process. Resistances to the work contract can be recognized. The supervisees forget to bring their therapy material, the sessions are not presented properly and copies are not made for all the members of the group. Resistances exist also on cognitive and emotional levels. No ideas are put forward on diagnostic possibilities and no associations on the presented material. On an emotional level there is silence or little response, shame of exposure, mistrust in the other members' reactions. Instead of cooperation, understanding, support and help, rivalry determines the relationships among members. The less experienced supervisees regress and become like small children looking for a mother or a bigger brother to help, to have ideas for them and to protect them. The supervisor is experienced as a severe, critical parent. It is impossible to accept or internalize his or her suggestions about the dynamic of the therapy group.

A vignette from my supervisory experience based on my own experience in the diploma course in group analysis: some of the students were almost beginners in group analysis while others had some experience. Almost everybody knew each other and had social relationships and specific roles in the psychotherapy society of Slovenia. The selection criteria for the supervision and therapy groups had tried to avoid the duplication as much as possible. Therefore supervision was done in a supervisory group, differently composed from the small therapy group. But this was not sufficient. The students brought into the educative process a lot of unconscious and conscious material from the outside world. Many splitting processes occurred. The therapy group became the good one and the supervisory group became the bad one. In the supervisory group a splitting process separated the more experienced sub-group from the less experienced one. The beginners were more regressive in their behavior and the more experienced were more active and skilled.

The supervisory group became overwhelmed with the processes of rivalry and envy. The more experienced subgroup of the supervisory group controlled the rivalry by supporting each other. Not being able to see, identify and work through rivalry and envy, the supervisory group could not recognize enough and therefore not help the supervisees enough in understanding the broader processes in their patients' groups.

There was at the same time a parallel process between the supervisory group and my patients' group. I ran a group of patients that had functioned as an anti-group right from the start due to the composition of the therapy group. Not being experienced with group analysis I had chosen the patients who were prognostically unfavorable and had in my opinion nothing to lose. These were mostly psychosomatic patients, looking for an opportunity to benefit from their illness. The degree of their regression was enormous. The group functioned on the level of primary processes, using projective identification to make bonds among themselves.

Regression had been brought to the group by the psychopathology of the members. In the middle stage of the group process, the group had a regressive subgroup of three women who were not amenable to communication or interventions. Dialogue, addressed to them, was understood as criticism, attack and misunderstanding. The process of malignant mirroring went on. There was a fear of anger in the group. The anti-group process resulted in more open aggressive behavior from the less regressive part of the group towards more regressive. Later the process developed into huge splitting between the less and the more regressive members of the group. A splitting process between powerful and powerless members started. Many similarities could be found between the supervisory and the patients' groups: the splitting between the regressive and the more experienced members, the struggle for power between both sub-groups, feelings of envy and rivalry, and mistrust in the leader and supervisor. Due to many reasons, including the double roles of the supervisees, having other social contacts, and to their conscious and unconscious resistances, it was impossible to work on these processes. The whole process was not identified and recognized until the end of the course. Then I had to choose another supervision group and by luck it was not connected to the previous one, so in a very short time different therapeutic interventions were possible. Only through changing the supervision group was it possible to gain an insight into the process of the previous group.

## **Determinants that lead to an anti-supervisory group**

### *The composition of the supervisory group*

The selection and composition of the group profoundly determines the development, the functioning and the therapeutic potential of the group. When writing about anti-group development, Nitsun (1996) puts a strong emphasis on the selection criteria for group analysis: »The early stage is crucial in determining the form and future of anti-group developments. Whether the group will develop towards destructive anti-group phenomena or creative group potential, the following aspects are important: the setting, selection and preparation for the group« (p. 59). He adds that the group requires members' contributions for the survival and strengthening of the group. The group can be threatened by the behavior of participants who are, because of their personality traits, prone to attacking the group (p. 164).

There have been a lot of investigations and theoretical implications about how therapy groups function, how to select patients for the group, what are the possible therapeutic and anti-therapeutic factors but much less has been written about how to compose a supervision group, what are the facilitating factors for group supervision or what makes it more effective.

Bernard (1999) points out that forming a group for supervision means creating an entity that is analogous to those that are the subject of supervision. He says: "As such, the experience of the supervisory group can be used to illustrate and explicate all levels of group phenomena, starting with group formation and composition and extending to group processes at every stage of group development" (p. 154).

When working in supervisory practice, we pay little attention to the composition of the supervisory group. The criteria for inclusion are usually the therapeutic approach. The supervisor and the supervisees are supposed to work and train in the same approach. The group is slow-open and the criteria for more and less experienced trainees are supposed to be met. The number of group or individual therapists in training or licensed therapists looking for supervision is small. All psychotherapists in the professional field belong to the same professional society and more or less know each other. A supervisor in Slovenia has no real chance to take into consideration other selection criteria. Is it enough? Should we not be more careful before composing a supervisory group in order to create the basic needed atmosphere for developing trust?

### *The setting*

In order to run supervision, a supervisory setting is necessary. The setting is defined by its stability (Tylin, 1999). This framework consists of elements of the supervisory contract like space, time, cancellations, vacations and fees. Like patients in psychotherapy the trainees need definite arrangements about the technical part of the process. It is the first step towards establishing an atmosphere for trust in the supervisory group and in the supervisor. Supervisors who easily break the basic contract or cancel the supervisory sessions, contribute to an anti-supervisory group development.

### *Trust and empathy*

The crucial element in establishing trust in the supervisory frame is the supervisor's ability to

consistently provide a framework for empathy (Ellman, 1991, cited in Tylim 1999). This framework consists not just in the characteristics of the setting but also the psychological processes like handling fantasies, feelings and thoughts. Breaking this frame of work allows elements to enter the supervisory process that foster the anti-group development. It is the supervisor's personality and his or her capacity to reflect and integrate the here-and-now group supervisory experience with there-and-then therapy groups brought by the supervisees that is crucial for forming conditions for empathy (Tylim, 1999).

### *Regression*

Nitsun (1996) argues that regression is an important determinant in creating conditions for anti-group process. In group supervision regression occurs more often and more easily than in an individual setting. It has its manifestations in different forms of resistances (Tylim, 1999). Passivity, silence, oppositional tendencies or hyperactivity of a member, failing to bring therapy material, dependence or hanging onto the supervisor's opinion are frequent features of regressive supervisory groups.

### *Enactment*

Tylin (1999) introduces the concept of enactment that is defined as an unconscious exchange among all participants in the unfolding group process: supervisor, supervisees, and the members of the group being supervised. Enactment is the link between the present and the absent group. It is the action motivated by fantasies and rooted in projective identification. When enactment occurs in the supervision group, the supervisor is in the role of an unconscious scenario. It usually takes more than two persons. Enactments disrupt the flow of the group process, increase the group's level of anxiety and impair its members' ability to listen or to reflect the material in the group.

### *Projective identification and envy*

Reactions of shame, embarrassment, anxiety, oppose an atmosphere for optimal learning (Altfeld, 1999). Material from the therapy group by means of unconscious communication, primary process and projective identification moves to the supervisory group. When the therapy group contains these feelings, the supervisory group is supposed to function so that it can contain the very similar feelings that arise among the supervisees.

In group supervision the supervisees share multiple modes of relating: siblings to parents and siblings among themselves (Tylin, 1999). Rivalry feelings and behavior are often frequent and may be more overtly acted in the setting or more hidden with reactive formation behavior like praising and supporting a colleague's inappropriate therapeutic attitudes.

## **The role of the supervisor**

The role of the conductor in the group is to facilitate the therapy process (Foulkes, 1964). It is known that the absence of a leader can strengthen the regressive forces in the group (Bion, 1961). The supervisor's interventions are in many ways similar to those of the therapist. The interpretations should be understood as explanations of what might be going on in the supervisee's group (Tylin, 1999). The supervisor has to pay attention to the process in the supervisory group.

He or she should not interpret too soon; the supervisee's own ideas might be stopped by a too active supervisor. The timing of the supervisor's activity is very important as it is in the therapy group. The supervisor must be able to maintain the boundary between the emotional and the didactic components of the process. Sometimes cognitive learning precedes emotional learning and sometimes the here-and-now experience in the supervisory group is didactically elaborated afterwards. He or she has to be attentive to the possible destructive forces among the members of the supervisory group in order to intervene appropriately.

## Conclusion

Group therapists who work in group settings and who supervise group therapists know and have to be aware of the parallel process that is brought to the supervisory groups by their members. Beginners in the field especially tend to show the supervisor how they feel and unconsciously like to experience the supervisor acting in a similar situation that they have in their therapy group. It is always a question of boundaries. When establishing in the supervisory group too strict boundaries, the work develops on a very cognitive level that is insufficient for supervisory training and psychotherapy advancement. Too much regression brings loose boundaries, too much projective identification between the supervisory group and the patients' group a danger that the supervisory group slips into an anti-supervisory process. It seems that the parallel process could also occur in opposite direction. The counter-transference process might be understood as the therapist's neurotic feelings or as the basic experiencing of the patient. In the same way the supervisory process contains, besides cognitive learning, an emotional change that is stimulated in the supervisee and brought back to his or her therapy group with the possibility of forming a different kind of emotional atmosphere. Identifying and experiencing the supervisor in the here-and-now situation when intervening in similar problems that occur in groups with patients might be compared to the corrective emotional experience for patients. It is emotionally felt and cognitively identified and as such brought back to the therapy group. So the process can be turned constructively or destructively both ways. In the case of an anti-supervisory process, the role and action of the supervisor is crucial. Determinants, similarities and differences among therapy and supervisory groups have to be explored further in order to understand and conduct supervision in a more efficient and satisfying way.

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