Interpersonal Postcolonial Supervision: Facilitating Conversations of Countertransference

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Issues of countertransference and personal insecurities are bound to affect therapeutic and supervisory relationships. As a Puerto Rican, white-skinned man, I experienced this in my most recent clinical work. I encountered countertransference issues concerning power and privilege and the intersectionality of my identities with those of my clients. It is very common for countertransference to occur in a parallel process in the supervisory relationship, which is how I came to recognize my challenges with certain clients. This parallel process helped me discuss my insecurities and shame with my supervisor. Interpersonal supervision enabled me to feel more comfortable in working through these types of countertransference. Interpersonal supervision facilitates an authentic, honest supervisory relationship and a postcolonial approach to supervision. This empowered me to have difficult conversations with my supervisor and gain more awareness of how and why I engaged interpersonally with my clients while also helping me to gain therapy skills, ultimately making me a more effective therapist—in particular, a more effective interpersonal therapist.

Public Significance Statement

The issues discussed in this article encourage supervisors to bring into awareness how the supervisee’s identity markers are interacting with those of their supervisor and clients. It particularly highlights that, by bringing these interactions into awareness, conversations of the power dynamics that are affecting both their supervisory and therapeutic relationships will arise. By gaining this awareness, the supervisor–supervisee relationship will improve, and the supervisee will be more mindful of the interaction of identities, and the dynamics they bring, within their therapeutic relationships.

Keywords: countertransference, parallel process, interpersonal supervision, postcolonial supervision, interpersonal therapy

Countertransference and personal insecurities are challenging to address in a supervisor–supervisee relationship. Supervisees may believe, and unfortunately experience, that bringing up these issues results in negative impressions of them as therapists. Because of the level of vulnerability and authenticity required, it is particularly challenging to address insecurities and countertransference when they shed light on struggles with power, privilege, and oppression. I struggled to address issues in my supervisory relationship for these same reasons.

Ladany, Friedlander, and Nelson (2005) discussed how in the past when supervisees would raise countertransference issues during supervision, they would often be referred to therapy. Ladany et al. (2005) suggested that countertransference should be addressed directly in supervision. Schamess (2006) agreed with Ladany et al. (2005), proposing that clinical supervision can and should be designed to achieve both educational and therapeutic goals . . . [and] the boundaries between cognitive and affective learning and those between professional development, personal growth, and personality change are permeable in ways the traditional supervisory literature has been reluctant to acknowledge. (p. 428)

Teyber and Teyber (2017) argued that “an interpersonal process approach is a two-way street where each participant, therapist, and client, is willing to be affected by the other” (p. 326). This same dynamic can occur between the supervisor and supervisee. Therefore, much of my supervision included working through my resistance to engage in the process dimension with my clients; my predominant issues were my insecurities and countertransference. The interpersonal process approach helped me to overcome these obstacles, enabling me to be authentic with my supervisor.
Intersectionality and Postcolonialism

Intersectionality

Intersectionality is a term developed to focus attention on “the vexed dynamics of difference and the solidarities of sameness in the context of antidiscrimination and social movement politics” (Cho, Crenshaw, & McCall, 2013, p. 787). Historically, much of the literature on intersectionality was based on legal texts and court decisions (Wallaschek, 2015). According to Kerner (2017) “current intersectionality scholarship is strongly focused on stressing, describing and theorizing multiple forms of inequality, in particular among subgroups of women” (p. 847). Cho et al. (2013) proposed that “an intersectional way of thinking is understanding a problem of sameness and difference in relation to power” (p. 795). On the other hand, Hernández and McDowell (2010) write about intersectionality as the interactions between an individual’s identity markers. They argue that an analysis of power dynamics can be done using an intersectional lens, which “addresses the complexities of empowerment and accountability within groups and across groups in a particular social context” (p. 30).

Postcolonialism

According to Alva (1995), “postcolonialism is a descriptive term for dissenting discourses that oppose colonization and subordination by focusing on the multiplicity of histories articulated alongside larger social dimensions” (as cited in Hernández & McDowell, 2010, p. 30). These discourses allow people to view reality in terms of oppression or power and privilege: “accounting for the current and historical impact of oppressive social forces, including sexism, racism, homophobia, classism, and other isms is what we term a critical postcolonial analysis” (Hernández & McDowell, 2010, p. 30). A postcolonial lens focuses on the intersecting identity markers of an individual that affects and organizes different forms of family and social life. Experiencing one’s intersectionality through the lens of postcolonialism as it interacts with that of another enables us to ask how power, privilege, and oppression play out in these interactions. According to Hernández and McDowell (2010), by focusing on these concepts using a postcolonial lens, one unveils ways that “oppression shapes interpersonal relationships and mental health” (p. 30).

Comparing Postcolonialism With Intersectionality

While some believe that intersectionality and postcolonialism are interchangeable, Kerner (2017) proposes that historically, intersectionality focuses on inequality among individuals, while postcolonialism has, since the beginning of its formation, focused on power relations and the interaction with others, in particular around women and feminism. When compared with intersectionality, postcolonialism focuses on global power relations and interactions (Kerner, 2017).

While Hernández and McDowell (2010) argue that one can analyze power dynamics using either the lens of intersectionality or postcolonialism, they believe that by using a critical postcolonial lens one can offer a “framework anchored in the analysis of hierarchies of power, privilege, and oppression that create intersectionalities of life experiences that shapes the well-being of communities and individuals” (p. 30). It is because of these differences that I believe a postcolonial lens is more appropriate for understanding the issues presented in this article.

Interpersonal Postcolonial Supervision

An interpersonal approach to supervision provides an avenue for sharing vulnerability and reaching authenticity. It emphasizes how and why individuals in interpersonal contact—whether therapist and patient or supervisor and supervisee—make specific statements. By focusing on gaining awareness of how and why the therapist-supervisee interacts with clients, postcolonial issues can be identified and analyzed. Within the postcolonial framework, an interpersonal style of supervision encourages the discussion of issues of power and privilege in a supervisor–supervisee relationship and, subsequently, encourages reflections on power dynamics impacting the therapeutic relationship. This perspective ultimately enables the supervisor and supervisee to gain more awareness of the dynamics influencing both the supervisory relationship as well as the therapeutic relationship.

By examining the supervisee’s interconnected social identities and their interactions with the supervisor’s identities, the power dynamics that shape the supervisory relationship come into awareness (Hernández & McDowell, 2010). Issues of power, privilege and oppression arise in the form of countertransference. An interpersonal postcolonial supervisor is more mindful of these issues and the importance of addressing them with the supervisee. By gaining this awareness, the supervisor–supervisee relationship will improve, and the supervisee will in turn have the support to be more mindful of the interaction of identities within their therapeutic relationships.

Countertransference and Personal Insecurities

Countertransference issues commonly occur in therapeutic and supervisory relationships regardless of the therapist’s theoretical orientation. According to Ladany et al. (2005), “A successful countertransference resolution cannot only move the client’s therapy forward in a positive direction but can deepen the supervisee’s self-understanding as a therapist, professional, and person” (p. 99). Ladany et al. (2005) viewed countertransference as the “therapist’s emotional response to the client’s interpersonal demands in the therapeutic relationship” (p. 100). They argued that in interpersonal supervision, countertransference is addressed by identifying the therapist’s unconscious responses to interpersonal moments that resemble the therapist’s familiar historical relationships.

I found myself struggling to engage in the process dimension because I felt insecure as a beginning therapist and, thus, struggled with giving the client interpersonal feedback based on how I was experiencing them in the room. My supervisor and I aligned with Ladany et al. (2005) and Schamess (2006), believing that personal insecurities and countertransference issues should be addressed in the supervisor–supervisee relationship. Our previous discussions in which we explored the interplay of dynamics in our identities enabled me to address my insecurities openly, and I knew this would make me a better interpersonal therapist.
Reflections on Supervision

Countertransference

One prominent countertransference issue that manifested in my therapeutic relationships was my background, which elicited postcolonial conversations. I am a Puerto Rican, white-skinned male and my supervisor is a white-skinned European American female.

In the midst of my struggle with male clients, my supervisor noticed a pattern, leading us to an interpersonal moment:

Supervisor: “I’m noticing that you are struggling with your male clients. I’m wondering how they are different from your female clients.”

Me: “Nothing is different. My male clients should have their stuff together; their problems are not that big of a deal.”

Supervisor: “However, I noticed that you tend to be mad at your male clients because they do not have their life together; you have high expectations for them, whereas with your female clients, you don’t have this issue. You are not struggling with them. I am wondering how this connects with your relationships? Don’t think. How do you feel when I ask you this? How are you responding affectively?”

Me: [I took a deep breath and focused on my own experience with regard to what she was asking me.] “My family...I notice that the voice in my head is the same voice that speaks when I have to meet familial and cultural expectations of masculinity. It is the same voice that tells me that men cannot be emotional or vulnerable.”

My supervisor provided me with process comments and encouraged me to turn inward to my experiences. This prompted a conversation—a postcolonial analysis—of how my culture, historical power and privilege, and the intersectionality of my identity markers influence my therapeutic relationships with men. From this postcolonial analysis, I realized the role of machismo in my interactions with male clients.

Like in most Latino cultures, machismo is rampant in Puerto Rican culture. I did not think this part of my culture would affect my therapeutic relationships because I thought I had left machismo in Puerto Rico. However, I was wrong. By my supervisor highlighting my interactions with my male client, I recognized that regardless of my desire, my power and privilege had played a significant role in the therapeutic relationship. Furthermore, this moment with my supervisor not only brought to light my countertransference with clients, but also brought to my awareness my history with issues of power, privilege, and oppression.

Colonialism and issues of power, privilege, and oppression have influenced my life since birth. As a result of its unofficial political status as an American colony, my home, Puerto Rico, has been affected by these issues for years. Issues of power and privilege have and continue to affect Puerto Ricans on many levels.

Two years ago I decided to leave the island of Puerto Rico to come to the States and pursue a doctorate in clinical psychology. At this point, I became a minority for the first time, beginning to witness the struggles of power and privilege through the lens of a minority professional and student. As a result, I began to realize the power I had in being a White upper-class Puerto Rican in Puerto Rico. It was when I started to feel powerless, oppressed, and afraid to speak my native tongue that I became cognizant of the history of power, privilege, and oppression that has affected both Puerto Rico and my family. I began to see that even in being an ethnic minority in the United States, I still hold power when viewing my intersectionality of identities; within the interpersonal supervision, my supervisor and I were able to effectively address the privilege I hold in American culture for being a white-skinned Latino man.

Through an interpersonal postcolonial supervision process, I was able to explore issues of power with my clients, allowing me to gain awareness and bring into consciousness how our communities interplay in the therapeutic relationship. Supervision not only helped me work through issues of countertransference, but also helped me make sense of my identities and to become more aware of how the intersectionality of my identities play a role in my interpersonal relationships.

Insecurities

My insecurities and their effect on my clients became more apparent in the supervisory relationship in the form of parallel processes, an unconscious enactment of the therapeutic relationship in supervision (Tracey, Bludworth, & Glidden-Tracey, 2012). I engaged in this process with my supervisor and portrayed a more implicit postcolonial focus. I often expected my supervisor to fix my dilemmas with clients, which was the same expectation I thought my clients had of me. Not knowing what to do with my clients brought about my insecurities as a novice therapist: “What if I’m wrong about this?” “Will sharing my experience of them cause a rupture in our relationship?” and “What if I realize I am not a good therapist?” I often dealt with my shame of not being good enough by moving toward my clients, or bringing the shame close and containing it by trying to control or fix the clients. I found myself telling my clients what to do and how to do it; I began to do the work for them. However, I was able to identify these insecurities as my supervisor broke the enactment caused by this parallel processes.

My supervisor encouraged me to look inward by asking me process questions like, “Why do you need to fix your clients?” “What would it say about you if you were unable to do so?” and “How did you feel in the moment with them when they wanted you to fix them?” These process comments helped me gain more awareness and insight into my insecurities and how they were affecting my therapeutic relationships. By encouraging me to look inward and breaking the enactment, we were able to address the shame that I experienced, which stemmed from the fear of not being a good enough therapist. By discussing this, I was able to increase my awareness of my shame. We were able to engage in conversations about what was occurring in the therapeutic relationship that was beyond my awareness, the nature of the countertransference (shame), and what client behaviors gave rise to the countertransference (Ladany et al., 2005). Furthermore, we found ways to break the enactment (caused by my countertransference) to aid in future interactions with my clients. This process led me to
gain more confidence in my clinical abilities and to handle my responses with my clients more effectively.

**Better Person and Interpersonal Postcolonial Therapist**

At the beginning of the clinical year with this supervisor, I set the goal to truly embrace interpersonal therapy. It was imperative for me to challenge myself to fulfill this goal. By focusing on dealing with my countertransference issues and insecurities in supervision, to my surprise, it not only made me a better interpersonal-therapist but also helped me gain a better understanding of myself as a person. I was able to work through familial and cultural issues that unconsciously affected my interpersonal relationships.

As I improved my skills as an interpersonal therapist, I found myself interacting more authentically and in the moment—not only with my clients but also with my family and friends.

Hill et al. (2015) also found that students were better able to have strong and authentic relationships with their clients when being supervised in an interpersonal/psychodynamic training clinic. Similarly, the results were also favorable with regard to trainees’ ability to use specific skills to better manage countertransference and to reach a higher order of functioning. The trainees not only reported a considerable change in their therapeutic skills, but they also reported a significant change in their ability to be more self-efficacious, self-aware, authentic, and emotionally present. These changes were significantly influenced by their supervision (i.e., their supervisor’s ability to be authentic and to focus on the supervisee’s needs; Hill et al., 2015).

While it is evident that interpersonal supervision helps in developing authentic therapists (Hill et al., 2015), I would specifically argue that it makes one a better interpersonal therapist. Tracey et al. (2012) argued that much like how parallel process can be an unconscious enactment of the therapeutic relationship in supervision, it can also be an unconscious enactment of supervision in the therapeutic relationship. Tracey et al. (2012) found when parallel process occurred as an unconscious enactment of supervision in the therapeutic relationship, there was a better outcome in treatment.

My supervisor encouraged me to focus on the process aspect in my therapeutic relationships (i.e., not focusing on what I was saying in supervision, but instead focusing on why and how it was being said). This, in turn, increased my focus and action during therapy on the process dimension with my clients. My supervisor, much like Teyber and Teyber (2017), encouraged me to “step beyond the usual social norms and talk more directly with clients about the current interaction or what may be going on between us in the now” (p. 8). This encouragement focused me inward and allowed me to develop an internal locus of control during supervision, which led me to do the same with my clients.

**Points to Learn**

An interpersonal approach to supervision is easily used across most theoretical orientations (Ladany et al., 2005; Teyber & Teyber, 2017). You may be a cognitive–behavioral, psychodynamic, or humanistic therapist or supervisor and find value in an interpersonal approach. Regardless of theoretical orientation, issues of power and privilege are experienced via countertransference, personal insecurities, and fears in supervisory and therapeutic relationships (Ladany et al., 2005; Mann, 2010; Teyber & Teyber, 2017).

It is imperative for supervisors to be mindful of countertransference issues, particularly as they manifest in parallel processes in supervision. It is essential for supervisors to realize that they have a significant role in the supervisory relationship and a significant impact on supervisees’ relationships with their clients. I encourage supervisors to have dialogue and reflect with their supervisees on the differences and similarities they have concerning power, privilege, and oppression; these will interplay in the supervisees’ interactions with supervisors and clients, and vice versa. I would argue that it is common for issues of countertransference related postcolonial issues to arise in any therapeutic or supervisory relationship. It is essential for supervisors to be aware of these issues when they arise because, if not addressed, they will negatively affect therapeutic outcomes.

An excellent example of such a dialogue was when my supervisor and I spoke about issues of power and privilege in Latino and American culture. Utilizing an interpersonal approach, we were able to navigate the conversation despite it feeling uncomfortable at times. It required a deeper level of interpersonal vulnerability and honesty. While Hernández and McDowell (2010) suggested that relational safety is paramount in these conversations, I would argue that true safety is somewhat of a myth because when talking about postcolonial issues, there is always a level of interpersonal fear. I would say that instead of trying to create a safe relationship or a safe space, it is essential to create a brave space—a space where bravery is encouraged and accepted by both people in contact (Arao & Clemens, 2013).

I would also argue that for healthy dialogues around power, privilege, and oppression, the process dimension of the relationship is key; instead of focusing on what is being said, focus on why and how it is said. This will enable a level of understanding of the person’s worldview and background; it will serve as a foundation for mutual respect and understanding in the supervisory and therapeutic relationship. To focus on the why and how, both individuals engaging in interpersonal contact have to be in the “here and now” and have to be mindful of their experience. By being in the here and now, they will be more open to giving and receiving interpersonal feedback.

**References**


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