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PSYCHODRAMA IN CLINICAL SUPERVISION[1]

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Thank you for the inspiration Anne Bielanska and Eduardo Verdu

Summary

I have a long-term professional experience in conducting individual and group supervision for two professional groups: addiction therapists and psychotherapists. In this thesis I concentrate on the possibilities of applying the method of psychodrama in supervision. In my professional practice I often wonder in what way I should conduct the supervision so that supervised therapist's dependent attitudes are not being strengthened, how I should provide them with information in order not to judge in an excessive manner. Psychodrama has appeared to be such a method. According to the assumptions of psychodrama, supervision stimulates a psychotherapist's professional development, his/her creativity, authenticity, being beneficial for his/her patients at the same time; it should carry a fresh viewpoint on the practice and a new viewpoint on the therapeutic relationship. Supervision with the use of psychodrama does not lean only on its application in pure form. In the supervisory process also elements of psychoanalysis become integrated theories of family systems, cognitive-behavioral theories and humanistic approach. On the part of a supervisor it involves knowledge, flexibility and creativity as well as engagement in the process itself. Similarly to psychodrama, in supervision, the main value is a safe and confidential atmosphere. A supervisor needs to ensure that a person who takes the material from their work with a patient can fearlessly reveal their work, making constructive changes and hold a new, different view of a therapeutic relationship.

Introduction

In my professional practice I often wonder what way I should conduct supervision so that supervisors' dependent attitudes are not being strengthened, how I should provide them with information in order not to judge in an excessive manner. Psychodrama has appeared to be such a method. More and more frequently I experience that the role of a supervisor is not an easy one and it demands constant polishing of professional skills, exchange of experiences between other supervisors and profound introspection. In the course of time and gaining experience in conducting clinical supervision, I experience more and more dilemmas and doubts. I constantly seek ways to minimize the level of fear and to

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strengthen the independence of supervisees. I have been looking for different methods of conducting supervision. One of these methods is an analysis of parallel processes in psychodynamic understanding, the other method has happened to be the method of psychodrama.

The concept of supervision and its meaning

Supervision plays a huge role in the process of shaping and developing professional competence of psychotherapists and addiction therapists. On one hand it helps and is essential in everyday work of qualified psychotherapists but it as well can be a source of anxiety over assessment and a source of many tensions, especially for psychotherapists undergoing the education process. Supervision is a process of exchanging professional experiences, mutual reflection upon the source of difficulties in a therapist—patient/group relationship, seeking the meaning of therapeutic work, getting to know oneself and openness to making constructive changes. Supervision is the time to disclose feelings, beliefs and life scripts by supervisee who also confronts with his knowledge and analysis of the therapeutic process. What has happened in the therapy? What is happening at the moment, what can and what should happen?

According to de Barbaro [1] the aim of supervision is not to discover an objective truth but searching for such a version which will be useful in getting out of an impasse, which will "generate a good change". Supervision, similarly to psychotherapy, is a process during which the supervisor—supervisee relationship is being changed; from the stage of building contact, checking competence, getting to know one another, via the stage of resistance, mutual conflicting, to the stage of cooperation and openness to reciprocal receiving of feedback. In the supervisory relation we repeatedly have to do with the so called parallel process [2], i.e. replaying emotions taking place in the supervisee—patient relationship; these emotions are experienced by a supervisor and they are analyzed by him/her, thus it is very important for the supervisor to have an experience in recognizing one's own emotional states in order for him/her to differentiate to what extent they are the outcome of his/her countertransference and to what degree they are the outcome of the supervisee—patient therapeutic relation. J. Bomba [2] states that experiencing emotions and discussing them time and again leads to their comprehension as a result of which a therapist being supervised upgrades his or her professional competence.

The basis for supervision is the relationship which is characterized by: trust, keeping secret, the sense of safety, cooperation, education, allowing for participating in decision-making as well as empathy and understanding. Supervision should be focused on the presentation of a problem, i.e. the person being supervised brings in the problem and the supervisor should "support, manage and lead the work of his/her colleagues by applying professional methods, external monitoring, feedback, assessment and referring to empirical and theoretical knowledge" [2, p. 9].

According to N.Apter [3] the process of supervision enables sharing experience, insight and clarifications of not entirely understood themes appearing in a therapy as well as helps to cope with stress. De Barbaro observes that, in his work, a supervisor should act in accordance with five rules: neutrality towards a person being supervised, an attitude of curiosity, questioning one's own hypotheses, sensitivity to "systemic" phenomena and

assuring an optimal difference. Acting in accordance with these rules protects the supervisor against assessing the trainee, partiality, a quick and expert diagnose; it also facilitates searching for multi-faceted understanding of a problem and it forces using language close to a supervisee's language [1].

During conducting supervision numbers of difficulties appear. The most often observed difficulties are: anxiety over assessment, embarrassment due to displaying incompetence, anxiety over displaying emotions and convictions, anxiety over uncovering "the unknown", diverse factual knowledge in a supervisory group, anxiety/reluctance over the necessity of making changes, anxiety/reluctance over supplementing knowledge and anxiety over displaying information from the supervision outside the group. In the supervision of a team there also appear an anxiety over a principal's assessment, fear of being dismissed from a workplace and the sense of a lack of understanding and low establishment in a team, hidden conflicts in a team, transferring responsibility over to a supervisor e.g.: for an atmosphere in a team, solving conflicts. Many supervisors face a considerable challenge. Similarly to a therapist in a therapeutic relationship, a supervisor experiences different moments and emotions which are often difficult to accept. He/She seeks possibilities of solving resistance or hidden rivalries. He/She strives to provide feedback in order not to increase anxiety over displaying incompetence.

These difficulties encourage improving and exploring new ways of supervision, facilitating the process and minimizing the emerging problems. During my training in psychodrama I discovered that various elements of psychodrama are such a method and I began to use them gradually.

Psychodrama in supervision — the meaning of creativity, spontaneity and supervisor's roles

Psychodrama and its various elements may be used in group supervision as well as in an individual one in the form of a monodrama. Their application allows for developing professional skills, creating an atmosphere of safety, understanding and mutual respect. Jaworska says that "psychodrama, from meta-level, brings closer perceiving two separate worlds in the relationship: a therapist's and a patient's […]. It broadens the understanding of interpersonal relations. It constitutes good facility to further supervisory work in a theoretical model chosen by a supervisee, in accordance with his/her personality and predispositions. It protects against destructive fundamentalism" [4, p. 145].

In clinical supervision one can notice the meaning of many ideas compatible with Moreno's assumptions, and especially the idea of meeting, spontaneity and creativity. Spontaneity and "creativity equal energy, vitality, unconstrained expressing of authentic aspects of our self" [5, p. 20]. The opposite of these two forces driving each human being to action are his/her stereotypes, schemes or social roles which are constraining him/her. Owing to the release of spontaneity and creativity "a man can live more fully and with a sense of self-realization" [5, p. 20].

A. Chesner and L. Zografou [6] also pay attention to the meaning of creativity and action in supervision. In their opinion the application of creativity and spontaneity should not be limited to psychodramatists' and other therapists' actions exclusively but it should also concern supervisors' actions.

The role of supervision consists in promoting a psychotherapist's professional development. In such a context supervision serves as a supportive and educational device. Psychodrama is the meeting of people engaged in space "here and now" in creative action and development. Supervision with the use of psychodrama does not lean only on its application in pure form ("pure psychodrama" according to Moreno's rules). In the supervisory process also psychodynamic theories, theories of family systems, cognitive-behavioral theories and humanistic approach become integrated. On the part of a supervisor it involves knowledge, flexibility and creativity as well as engagement in the process itself.

According to the assumptions of psychodrama, supervision promotes mental health as well as stimulates a psychotherapist's professional development, his/her creativity, authenticity, being beneficial for his/her patients at the same time. A supervisee who is actively involved in the process of supervision broadens his/her professional skills and competence. According to N. Apter [3] Moreno's psychodrama takes place in an atmosphere of acceptance of human nature's complexity as well as acceptance of particular individuals' inner roles. Moreno thought that canned roles suppress a man's inner power to being spontaneous and creative. Starting therapeutic work each of us demonstrates involvement and readiness for action. In the course of time we gain experience, self-confidence but we also get used to some schemes, we get into a rut. It also concerns work of supervisors, who are not devoid of habits, stereotypes and schemes of conduct. According to A. Chesner and L. Zografou supervision should bring in a fresh look on the practice and a new look on a given case [6].

Similarly to psychodrama, in supervision, the main value is a safe and confidential atmosphere. A supervisor needs to ensure that a person who takes the material from their work with a patient can fearlessly reveal their work, making constructive changes and hold a new, different view of a therapeutic relationship.

In psychodrama there is no place for judgment, analysis or interpretation. This provides a protagonist (in this case it is a supervisee) with a sense of safety. Literature on psychodrama rarely shows how to create such an atmosphere of safety and thus humanistic psychodrama relates to Carl Rogers and his concepts of relationship [3]. The role of a facilitator becomes an elementary role for a psychodramatist and also for a supervisor.

A supervisor/psychodramatist should strive for creating a relationship based on mutual trust and a sense of safety. In Apter's opinion [3], in order to build such an atmosphere in psychodrama or in supervision there must be certain conditions fulfilled.

Firstly, there must be unconditional acceptance of a person who permits "self-recognition" (a sense that "I can and I deserve"), a sense of acceptance and a sense of self-esteem. Such acceptance (independent on what the other person did) permits to give themselves and the other person the right to make mistakes in the process of learning as well as it promotes the process of learning itself which is an essential element of supervision, especially the training one. Secondly, empathy is of a great importance which is an authentic attempt to understand another person. Through the process of exploration, a supervisor, in a subtle way, allows to discover differences and similarities in an understanding of a patient. Each side of a supervisory relationship has the possibility of expressing themselves as well as expanding an overall understanding of an analyzed process in the right time.

And finally, in the third place, there must be congruence which is a specific kind of authenticity in which a supervisee and a supervisor give themselves the right to verbalize their own experiences and to verbalize conclusions which were drawn from those experiences. Such a kind of expression and discovering of selves in a relation with others leads to deepening the psychotherapist—patient, the supervisor—supervisee relationships. Congruence, empathy and unconditional acceptance in a relationship promote a dialogue and authentic meetings [3].

The role of a supervisor—facilitator is important considering a huge importance of an emotional support and facilitating making progress but it is not sufficient. Supervision is not only the support; it is also the education, sometimes the confrontation, it also involves fulfilling some rules and time frames. Therefore, A. Chesner and L. Zografou [6] mention yet 4 roles of a supervisor—psychodramatist: the teacher (educator), the evaluator, the consultant and the administrator, each of which are being undertaken by supervisors in different ways and they require training and flexibility.

The supervisor—educator (the teacher) explains theory, shares his/her knowledge, shapes intervention techniques and their application, encourages a supervisee to share their knowledge. He/She asks the supervisee what the supervisee knows and indicates contradictions and inconsistencies, offers literature for reading. The supervisor—educator gives unambiguous hints and pieces of advice, inter alia he/she says: “Working with this patient you cannot use confrontation”.

A supervisor as an evaluator (the assessing one) follows interventions discussed on previous sessions, gives feedback on strong sides, on a supervisee’s limitations referring to theory, techniques and an individual style of work; he/she monitors ethical standards; he/she confronts in situations which require such action. Eventually, the supervisor—evaluator releases a statement on the supervisee.

A supervisor as the consultant cooperates with a supervisee in order to understand a particular case, pays attention to a wider context than to the patient—therapist relationship; he/she explores more than gives answers. Here, the supervisor leaves space and enters a dialogue; the supervisee takes advantage of the exploration of this space and applies his/her clinical knowledge.

The supervisor—administrator, on the other hand, provides an adequate space, time and frequency of supervision, sets rules related to presence (frequency and punctuality) and sets rules related to payment and reciprocal communication.

Stoltenberg and McNeill talk about 3 levels of the supervisor—therapist relationship [6]. On the first level the therapist has tendency to feel fear and dependency on the supervisor. Supervisees may need to build the sense of safety by giving ready-made procedures and techniques as well as assuring their competence. They may be lost and incapable of creative thinking and, in relation with that, focus on themselves and on their performance. The supervisor should undertake the role of the evaluator and the teacher.

On the second level the therapist is able to focus on a patient more than on his/her fear of competence shortcomings. He/she sees themselves in a more complex way which may evoke fear, embarrassment, frustration. He/she discusses the patient in a more complex way which may build a sense of overloading and there exists the risk of identification with a patient. In some areas he/she feels confident and is aware of their experience, in other areas

he/she may be resistant to knowledge and have less competence. The supervisor should recognize these areas and initiate the possibility of developing competence. The supervisor, in a flexible way, should maneuver between the role of the consultant, the evaluator and the facilitator depending on the supervisee's needs. He/She should rarely expose themselves as the educator.

On the third level the therapist acquires more autonomy and introspection skills during a session and using experience. The relationship with a supervisor becomes based more on partnership. The therapist shows less defensive attitude, enters discussion willingly, expresses doubts, is more reflexive, is able to take on higher responsibility for naming needs in supervision and thus the supervisor appears more often as the facilitator or the consultant. In accordance with the idea of psychodrama the supervisor should not become rigid when it comes to the roles, should not embody the stereotypes or be unreflective. The rigidness of a role supresses inner capability of development, of being spontaneous and creative. Therefore, it is important for the supervisor to identify, observe and bring to perfection the most frequently used roles in the process of his/her own supervision. Apart from identifying his/her roles it is also important for the supervisor to be aware of what he or she usually draws the supervisees' attention to.

Chesner and Zografou also write about the so-called "7-eyes of a supervisor" through which they look at the processes happening in supervision and which they should identify [6]. The eyes are as follows:

— The session's content eye — here are questions such as: what has happened during the session? What is the cause of looking into the matter? What do you know about the client's history? Focusing on this eye the supervisor separates information from speculation listening to data from the observation. In such a way he/she helps the supervisees in separating what they see from what they have in their minds;

— The strategy and intervention eye — here is the question: in what way? Supervisees may ask for hints how to conduct a therapy, how to cope with their countertransference, with resistance, how to end a psychotherapy? … A supervisor can also focus his/her attention and work on supervisees' similar problems. For instance, when a supervisee asks how to cope with resistance within the group, a supervisor can ask about the strategy, the intervention from last session. He/She can ask about ideas on the change of the direction of work, can give his/her own suggestions;

— The therapeutic relationship eye — it refers to what happens between a therapist and a patient on a conscious and unconscious level. Here are questions such as: What does my patient want or need? What happens between us? This eye allows a supervisee to make the relationship and its perceiving by a patient sensible. It contains a psychodynamic concept of transference;

— The therapist's process eye — it focuses on the process of countertransference of a therapist. It is a topic, in an obvious way, related to the third eye and they are often discussed together in supervision. The difference lies in the fact that the fourth eye focuses only on feelings, associations and conclusions of a therapist. The fourth eye makes it possible to discover factors which are blocking the process, which the therapist may not sometimes be aware of. The questions here are, inter alia: Why does the patient or the topic of the work draw my attention so greatly? Why am I afraid of a topic of my work?

— The parallel process eye — it answers the question how the supervisor and the supervisee relationship shed light on the material in focus. In a supervisory relationship, often enough, there is visible the situation of replaying emotions appearing in a supervisee—patient contact. Paying attention to this phenomenon one can draw conclusions from appearing irritation, moments of "being stuck" or misunderstandings in order to learn a lesson and look into oneself;

— The supervisor's process eye — the sixth eye is directed at the process of countertransference of a supervisor. A question which appears here is: what do a supervisor's feelings, pictures or experiences have to do with experiencing a particular topic of work or experiencing a supervised person or a patient;

— The situational context eye — a question which appears here is: in what way does a wider context influence the therapy and supervision? The contextual factors concern the setting related to a therapy, places where the sessions take place, social and political factors, family ones and those related to profession.

According to Chester and Zografou [6] a supervisor who will choose among "the eyes" more consciously during a supervisory session may shape flexibility, have more possibilities for creative work and meet with larger amount of aspects of a discussed theme. During their own development, supervisors should not only aspire to evolve their "seven eyes" in order to recognize different work possibilities but also to notice those moments during the session in which they can choose to work on a given aspect. Usually, there is more than one eye possible to apply.

In summary, the more conscious of his/her roles, his/her "eyes" as well as the level of a therapist's work a supervisor is, the more creative, flexible and spontaneous he/she is, and the more supportive towards the supervisee's development he/she is.

Elements of psychodrama applied in supervision — examples

In psychodrama there are numerous aspects that are important, not only an idea of creativity, spontaneity or the theory of roles. Let us start from a stage, from a place in which the protagonist's work is conducted. This is a special place, selected and prepared by him/her. It has to help him/her to reconstruct what happened. The scene is a space compatible with the internal world of the protagonist. Its preparation is part of the warming up a protagonist and leader to work.

The stage in a supervisory meeting is a place where a supervisee meets his/her supervisor (it is usually the supervisor's room). It is a place where a supervisee can present his/her workplace with the use of various symbols. In my consulting room I usually use scarves; in case they are not there, I ask the person being supervised to use some symbols that are available in the room e.g.: a simple piece of paper (they cannot be a supervisee's personal belongings — unless he/she uses them as symbols of their own person). The introduction of a symbol is very important because it focuses their attention and a supervisee can make contact with their own inner world and come closer to a problem. Psychodrama enables replaying a place of the meeting with a patient on a stage. Through action and entering the reality of a stage it allows to feel one's own emotions from a perspective of a present moment and not only work on them in a cognitive manner.

Introducing psychodrama in supervision is a move which allows to have contact with emotions, break away from the intellectualization mechanism and it helps in a situation when a supervisor feels overfilled with material supplied as well as at a deadlock — when a supervisor has the sense that the work "stands still" and his/her head is full of hints and answers. Giving hints would mainly strengthen a supervisee's dependent attitudes and it is not the subject matter. Often enough, psychodrama "makes it easier" for both sides to function better in a supervisory relation. Breaking away from a place where a supervisee stays is in itself helpful because it allows to break away from frames, stiff roles e.g.: a psychodramatic walk "leave the chair, stand up and tell something about the patient while walking", a change of a place, e.g.: a change of a chair "sit on a chair which is not a therapist's chair and tell something about the patient from the perspective of this place". It is important for a supervisee to have on the stage everything that might help him/her return to his/her consulting room and present what has been happening there and make changes.

The presentation and change are elementary tasks of clinical supervision. As Józefik writes, "a supervisor's task is seeking of 'multipicture', participation in a creative dialogue which inspires to 'movement of thoughts'. A supervisor does not impose but inspires, he/she does not hurry with education but listens carefully" [7]. Psychodrama is what helps here. Sharing as a final step allows to give feedback and share own therapeutic experiences in a safe manner.

I am tired of constant trying and control, in other words, what is scene and how to use the scene in supervision

In individual supervision a psychotherapist (without experience in psychodrama) brings in the topic of a patient who has been encouraged by her daughter to do psychotherapy. The therapist talks about great fatigue and forcing herself to inventing new ideas for life for the patient — "I constantly need to prove myself, I'm sick of it". I, as a supervisor, could not concentrate myself on what the supervisee has been telling me because she talked fast, brought a lot of content, in a very general manner; I started to wonder and search for solutions in order to please the therapist "I must tell her something", I also felt little fatigue. In psychodynamic understanding we have to do with a parallel process — in supervisory relations a supervisor takes on a similar attitude and experiences similar emotions to the ones of a therapist in her relation with the patient. From what the therapist mentioned, the patient's son died at the age of 1.5; she later gave birth to a baby girl — in the meantime she miscarried. The daughter also had a life-threatening disease which, however, regressed. The patient was divorced and her husband was aggressive. She started the therapy by saying: "My problem is my daughter and I suffer from psychosomatic disorders and I feel lonely". The patient, in the therapist's opinion, attended the sessions regularly, she brought up various themes, she was multithreaded (I experienced the therapist similarly when she talked about her patient). The therapist said "I have the impression that the patient expects my management, clues; she comes in and says she is easy-going but brings up difficult topics". The therapist felt need to take care of the patient but did not know how. She said that the patient demonstrates an attitude of control and knowledge, estranges herself from feelings, often uses the words "I know". She is tired of the control. The therapist, on the other hand, talked about being tired of trying — "I must embrace it somehow, how to control the session,

I have an impression that the topics diverge". I asked the therapist to think what is the hardest when working with the patient. She responded: "Her knowledge and control; I feel that I must prove that I'm equally smart". To the question what she would like to take from supervision she responded "Tell me how to work with the patient. What to do to make her pleased?". I started to react in accordance with her expectation and I tried to give her clues but I heard her response "I have done this". I took on an inefficient role of the educator for the very moment. I could have done an analysis of the parallel processes happening at the very moment but I experienced the therapist as a dependent person with a fairly high level of fear related to a sense of lack of competence. I was afraid that I will meet with the therapist on an intellectual level and in this way competitive themes may appear "who is cleverer". Moreover, I thought that thanks to introducing psychodramatic techniques the therapist will contact with what is happening in the relation better and that may enable her to discover a new direction of work. The therapist knew that I apply psychodrama in my work — I offered her a monodrama. I asked her to imagine her consulting room and prepare it the way it looks when the sessions with the patient take place; and to think "with whom? with what?" she would like to meet on the stage. It is very important not to impose on a supervisee—protagonist one's own vision. It was a difficult task for me, the supervisee invited me mainly to an expert's attitude, to the role of the educator — "Tell me how I should work". A question which should be remembered: what/whom would you like to invite to the stage? It is important, according to the idea of psychodrama, to provide the protagonist with complete space. A supervisee—protagonist creates a scene in accordance with his/her inner world.

The therapist introduced "the knowledge" and "the control" to the stage. She put 2 chairs marking them with scarves and her own chair — the therapist's. I briefly explained the meaning of symbols to her and explained what the change of roles consists in. It is vital in a situation when a supervisee does not know this method. Making the change of roles I asked her to sit on "the knowledge" chair — I did a psychodramatic interview ended with a question "What do you say to the therapist?". The knowledge organizes life, lets her survive, says to the therapist "Don't let yourself be provoked, you must say something, she has to go out with something, you can't keep silent". I asked her to sit on "the control" chair and, again, making the role changing I did an interview. The control's words: "I'm doing good, I see that the therapist sets boundaries". The words to the therapist: "Hold the setting, maintain the rules".
The therapist discovered, during the change of roles, what the significance of knowledge is, "I have competitive feelings, I also want to be clever, I don't want to let her down", "I must prove myself; the patient has to cope with her problems". In the meantime she also said that at the moment she was her only patient about which she could not tell me earlier (when asked why, she talked about embarrassment; it allowed to observe our relation); and she also did not want the patient to stop the therapy. She noticed how it hampers the therapeutic relation, e.g.: she lets the patient prolong sessions "I want to give her more". I had a feeling that I cannot leave it like that and I asked her to look at the therapist's chair, to contact with her emotions and what she would like to say to herself as to a therapist. Looking at the therapist's chair she was deeply moved and started to say to herself "You don't have to tense so much, you don't have to have answers to everything, you don't have to hurry". She also brought the attention to a short time of the therapy — 5 individual sessions, and to the fact that the patient can bring up a lot of topics yet, and that it is the time of studying her. She discovered that she is tired of

a previously unaware trial of convincing the patient about her (the therapist's) competence.

Psychodrama let the supervisee reveal her feelings she experienced and which were very influential in the therapeutic relationship. The monodrama's follow-up consisted in talking about the embarrassment accompanying her, the fear of assessment which she experienced bringing in the material, the fear of revealing incompetence and about hardships which she experienced having one patient (the therapist was in the midst of opening a private consulting room). In this supervision I was mainly in the role of an educator and a facilitator. Introduction of psychodrama let me activate the role of a consultant who gives space, explores and allows a supervisee to discover what is happening in a relationship.

During supervision a therapist discovers his/her personal obstacles impeding a therapeutic relationship. An introduction of psychodrama makes it possible to discover them in a fairly non-invasive manner. However, a supervisor needs to remember that he/she does not conduct a supervisee's psychotherapy, which a supervisor may recommend if they notice that a psychotherapist's difficulties repeat themselves and clearly impede his/her work with a patient. The time of supervision is always set and limited.

In order to make use of techniques of psychodrama, individual supervision should last 60 minutes (in group it is 60 min per one person) which allows to take care of the time of particular stages of psychodrama: around 15 minutes of presentation of the material, around 30 minutes of psychodrama (preparing the stage and acting) and around 15 minutes of feedback on the roles and sharing. In my opinion the most optimal time allowing to fully use psychodrama in supervision is 90 minutes; the time of particular stages is proportionally prolonged: around 20 min, 45 min. and 25 min. Sharing in supervision conducted with the psychodrama method covers information concerning similar professional experiences; the pieces of information do not concern an assessment of a protagonist— supervisee's acting. In this way a supervisee experiences that he/she is not isolated in his/her problems or shortages. In Apter's opinion acting out and sharing in psychodrama are conducive to experiencing safe environment in which a supervisee—protagonist may fully see the subject matter of his/her psychodrama. The same author also emphasizes that these are not a protagonist's psychological problems which are being discussed because it would disturb their sense of safety (as I previously indicated, a supervisor can indicate them but cannot analyze them). During a session a supervisee discovers his/her skills, competence but also shortages in competence. In Apter's opinion, huge significance on a supervisory process has the quality of perceived support by a supervisee and their level of openness and readiness to receive constructive feedback, and thus a supervisor's care of the sense of safety plays a significant role. The role of a facilitator is a favorable factor here [3].

In individual supervision, first, I ask a supervisee for feedback on roles and saying what he/she took for their work with a patient, what he/she wants to change; then, I give sharing — what is known to me from my own experience and I also give feedback closing in this way the work with a supervisee with the application of psychodrama. A very helpful device is ending the work with a supervisee by a checking question: what has he/she found out? What has he/she taken for himself/herself?

In case of group supervision, similarly, I ask for feedback on the roles: first, a protagonist (in order not to be influenced by what a group says) and then group members and sharing. In sharing, as a supervisor, I do not give information as the first person in order not to

strengthen the dependence of a group, not to impose my own opinion. After a brief education on what sharing is, I give information as the first one in order to model it, withdrawing gradually from it when I see that the group starts to comprehend the meaning of sharing. One needs to make sure that sharing does not shift into counseling and giving unambiguous clues and therapeutic prescriptions. What if one misses to do sharing? There is always a possibility of choice: prolonging the supervision in order to finish the session or starting from sharing in the very next supervision (with a supervisee's consent). The first solution seems to be most relevant because supervision is conducted once a month at most and the things which are essential may be partly forgotten. Therefore, it is very crucial for a supervisor not to forget his/her role as an administrator and be responsible for the duration of supervision.

In supervision it is also important for a supervisee to answer himself or herself the question: What is in him or her that does not allow him or her to see the thing that is in the patient? In order to reflect upon one's own limitations, the time and space are indispensable. A supervisor cannot urge and he/she cannot get down to action too quickly. It is difficult in a situation when a supervisor, listening to narration about a patient, starts to act as an expert, an educator who has answers ready. Then, a supervisor gives advice too quickly or tries to work according to his/her own vision which is not necessarily what a supervisee expects. An optimal moment of introducing psychodrama should take place after around 15 min of material presentation. Then, a supervisor is not pressed for time and gives a supervisee—protagonist more space which, in turn, enables self-reflection and contact with emotions. Press for time and too quick action often lead to the loss of the aim of supervision.

Using psychodrama in supervision one cannot omit the meaning of time and applying various psychodramatic techniques: the interview, role changing, the mirror and the doubling. A psychodramatic interview applied in role changing lets a supervisee know a patient better and understand the patient, but it also constitutes a form of a warm-up for a supervisee leading to an identification with the role of a patient. It allows to have contact with emotions in a safe way, weakens defensive mechanisms and makes the presentation of a supervisee—patient relationship from the consulting room easier. The interview allows to recreate words which a supervisee hears and then he/she demonstrates the way of reaction in role changing. The interview turns on the change of roles in a natural way which allows to deepen the identification with a patient in a safe way and to discover what is unconscious. The change of roles with a patient makes collecting information from an interview easier, enables conducting the so-called empathic interview, allows to change the perspective of seeing the problem (one can conform to or reject one's own feelings, prejudices, opinions) and it allows to avoid or limit an emotional blockade which may be experienced by a therapist by staying in his/her own role. Within the change of roles he/she hears an inner dialogue of a supervisee—protagonist which he/she carries with themselves and which makes them stiff, not allowing a new direction of work in the relationship. Thanks to the change of roles and contacting with emotions, a supervisee learns new possibilities of work with a patient in a spontaneous and creative manner. He/She starts to see what confines him/her, leads to routine and does not allow to get away from a deadlock. Negative emotions are being unblocked, the so-called catharsis, new, positive emotions are being discovered which enable further work with a patient. It is the so-called widened reality. As one can easily notice, in this way a supervisor does not strengthen a supervisee's dependent attitude and invites him/her to looking into

emotions, discovering and not only passive repeating and replaying.. Always after a finished work, a supervisor cannot forget about releasing from the role — in a monodrama these are the auxiliary objects which are being released (different objects, scarves), in psychodrama these are the people chosen to the role of an auxiliary ego. Another helpful technique is doubling, which consists in a leader (a supervisor) saying what a supervisee cannot name or express, standing behind the supervisee's chair. Doubling is mainly about helping to release suppressed emotions and may have provocative (confrontational) character, supportive or ambivalent. The mirror, in turn, helps when there is a deadlock; it lets a supervisee—protagonist see from the audience what is happening on a stage "Stand aside and look at what is happening in the relationship; what do you see?". The application of the mirror in psychodrama allows to bring to action a supervisee's ego of the watching person.

Psychodrama in group supervision — examples

The exceptionality of psychodrama consists in the fact that it helps in many supervisory situations. It would be a mistake to disregard the examples of using this method in group supervision all the more so because Moreno created psychodrama as a group method. Moreover, what has inspired me to using psychodrama were group supervisions precisely (not individual) which I conducted mainly for addiction therapists at the beginning and currently these are very often non-homogeneous groups where persons of different level of competence and education meet. It is not easy for a supervisor as well as for the participants of supervision. As I wrote earlier, in group supervisions there often dominates fear for revealing one's limitations, lack of knowledge, fear for assessment and, very often, it leads to transferring responsibility onto a supervisor. Most frequent statements are: "I don't know how to work. I want to hear it from you". Obviously, in a group there are always many responses, clues, but it is more difficult with their realization. Before a supervisor starts to use psychodrama he/she should prepare a group/supervisee for this. Moreno said that a protagonist needs to be prepared for meeting himself or herself [8]. A supervisor can do it on the very first meetings by signing a contract with the group and by informing in what way he/she works. It is important not to scare the participants of the supervisory group, especially when the participants do not know this method. What is conducive to it, is a brief explanation what psychodrama is, a gradual introduction of techniques (before the introduction it is good to explain what this technique consists in) or the elements of psychodrama e.g.: a supervisee bringing in the material has difficulties naming emotions — a supervisor may apply the doubling (obviously it cannot be directive, intrusive, one should always verify whether what a supervisee hears is close to him/her) or a supervisor may use the mirror e.g.: asking one person from the group to repeat what the supervisee says about a patient and he/she himself/herself to listen to it and contact with his/her emotions or thoughts by hearing that. The more acquainted with the method the group is, the easier it is to use it but by my experience I know that the familiarity with the method is not an utter condition to use psychodrama in supervision. A further example shows the meaning of psychodrama when competitive themes appear and it is hard for the members of a supervisory group to listen to one another and to a supervisor plus they have difficulties with giving feedback.

Group supervision "Supervision in a therapeutic team which cannot listen to themselves and to the supervisor"

The supervision has taken place in a team of addiction therapists in a stationary drug-addiction therapy centre (team caring for professionalism). In this team I had to be careful in taking the role of an educator.

The therapist (certified addiction therapist, during the certification process of psychotherapy and after the first stage of psychodrama):

Man K., 33 years old; a computer specialist, higher education; mixed addictions; 8 weeks in a therapy (the therapy lasts 12 months in the Centre and it is conducted, among others, by the therapeutic community method). The patient idealizes his family. The patient gives information unwillingly. He is lukewarm in the relation. The therapist insisted that she could not reach the patient: "I find it difficult to enter". He is distanced in the relationship; other therapists also talked about such difficulties and about their dislike for the patient. The leader of the community says that the patient will surely drop out from the Centre because he breaks its rules (when asked he could not specify which ones). The therapist claimed that the patient is superficial, gives the impression of a child who transfers the responsibility on others. The therapist says she loathes him, has an aversion towards him. There have been similar pieces of information coming from the group, a majority talked about their aversion towards the patient. I had an impression of vicious circle. What I believe is that the patient has been inviting to rejection and it should be named and talked over; therapists experienced aversion towards the patient, and he experienced aversion towards the therapy, perhaps caused by unstable motivation typical for addicts or emotional crisis, caused by the functioning in the therapeutic community. Moreover, it would be important not to focus on the attitude of the patient, but the search for an agreement, even if in a conversation about his interests (the therapist mentioned that the patient cheered up when talking about computer science). I did not want to interpret and name what I saw because it was difficult in this team. Often before, when I did, I met with opposition, with the attitude of "yes, but …", the leader sometimes said: "It is different in the community…". For this team it was important that they had the sense of discovery, that they were the creators of the change. Any tips on my part could not be conclusive. It was easier for them to take it when I start with the words: "And what do you think about this…", "Are you considering such a possibility…" and so on. I knew that this team, on the therapist's initiative, had a 24-hour training with the use of psychodrama in addictions and they were fascinated by this method. I thought it is worth using and I offered the therapist to perform psychodrama. First, he prepared the stage - supervision was conducted in a small room, but it did not matter for what happened. In such situations it is good to separate the place where the play takes place from observers. After selecting people for the roles I used the interview and the role of role changing. Therapist as a Patient talked about mistrust of people: "People do not strengthen him, he loathes them, dislikes them; He feels offended; he responds reluctantly; he livens up when he talks about the computer; the therapist says he actually does not know what to talk about".

In the changing of roles, listening to that what the patient says, the therapist interrupts and says: "I already know that it is not my own loathing, I experience the patient's loathing and I reject him the way others in the community do, the way he rejects people". In psychodynamic psychotherapy it is understood as a result of projection identification.

After finishing a psychodrama I had an impression that the therapists became visibly mellow talking about the patient and they showed more interest to one another and to what the patient does. What was important was that they started to listen to one another more carefully, they did not interrupt. They noticed that the patient invites the society and therapists to rejecting him (probably he is in crisis in connection with maintaining an abstinence from drugs and he could not tell about that); because of that one should not expel him from the community but discuss with him what he is doing. The group does not strengthen him; the patient feeds on the group's anger. Therefore, it is worth seeing what the patient also succeeds in. One should display more compatibility towards him and introduce elements of emotional support, not only confrontation. The biggest effect of applying psychodrama was discovering the meaning of loathing by the therapist "it is not my loathing" as well as the leader's withdrawal from the idea of expelling the patient from the Centre (which is easiest to do). After finishing psychodrama in supervision one can also ask a group what they have seen on the stage, what has drawn their attention and what could it mean in theoretical context.

The main objective of supervision is the possibility of gaining a new perspective in understanding of a problem, the confrontation of work and theory as well as the development of the competence of a person who brings in the material. It can be attained through discussing therapeutic relationships, watching a supervisee's emotions, an analysis of parallel processes, but it seems that psychodrama enriches the supervisory process and its added value is not only the safety atmosphere but also an abundance of a supervisee's discoveries with the help of a supervisor who is a sort of "a non-invasive guidepost". In Apter's opinion psychodrama, thanks to its application in supervision, promotes sanity and it also stimulates a supervisee's professional development, bringing patients benefits at the same time [3]. Psychodrama actively engages a supervisee in the process of supervision thanks to which he/she broadens their skills and competence which, in turn, relates to broadening patients' skills. The application of psychodrama in supervision allows to create a positive climate in a relationship and to uncover one's limitations; it promotes learning, and the described "Supervision in a therapeutic team which cannot listen to themselves and to the supervisor" shows that psychodrama also allows to contact with what is happening in a team and how easy one can yield to a patient's invitation to rejection. The application of psychodrama does not only enrich the process of learning but it also can lead to integration of a team.

Recapitulation

This paper and the presented examples are, above all, to draw attention to the meaning and the possibilities of using psychodrama in the process of supervision, both individual and group. Psychodrama makes creating an atmosphere of safety easier, develops creativity and spontaneity, allows to discover strong sides and limitations, releases blockades, enables catharsis, deprives of stereotypes and schematic behavior, enables sharing experience but, above all, inspires to the development of personal potential. A basis of supervision, in turn, is a relation which is characterized by trust, keeping a secret, the sense of safety, cooperation, sometimes education, considering participation in decision-making, and also empathy and understanding. The more mature a supervisor—therapist relationship is, the more positively it will translate into therapist—patient relationships. Psychodrama appears to

be very helpful and thus I think that it is worth using this method, at least in some supervisory situations.

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