

## Sweet Prisoners of the Positive Transference: Meditations on Peer Supervision

Contributed by Simon Y. Feuerman, PsyD, LCSW

Sallie, a 47-year-old-therapist, has been meeting with her peer supervision group once a month for years. They have been there for her in good times and bad. She has grown to love them and value their input in clinical discussions and to a certain extent in her life. They helped her when her mother was dying of cancer two years ago and have helped her slowly build her practice and increase her clinical skills. For her, they have been invaluable as a support and help.

Lately, Sallie had been giving thought to joining a supervision group with a leader, in addition to her peer support group, and she consulted with me.

I was curious as to what led her to this line of thinking. "I feel somehow that I need more than I'm getting...I am restless. I am almost 50. I do not feel like a kid anymore, but I want more than to just hang around and deal with managed care companies. I want to start my own group, and I would like to raise my fees."

"Tell me about your peer supervision group. What are the people like?" I asked.

"I really love them. I grew to love them. Nothing is ever easy, but I took instantly to Carol, a young very attractive therapist in my office suite, and I really liked Desiree, an MFT from down the street who is really, really funny. They were just fun to be with and it was easy to get along. Then there was Bob," Sallie said, her voice trailing off. Sallie had trouble with Bob, a psychologist from across town. She found him irritating. He had the manner of a gruff high school principal from the Bronx, which was off-putting. He willfully avoided any discussion of nuance and always tried to simplify the discussions. What was worse, he insisted on eating during the sessions. "This is my lunch hour," he said simply, refusing to budge.

Sallie sighed. "I can't leave these people, but I really do want to get things going in my life."

"Like what?" I asked. "People usually come to a group because they want to accomplish something."

"I want to accomplish a lot," Sallie said. "For one thing, I hate managed care. I want to work exclusively with private pay patients. My youngest daughter just turned five, and I have the time to go out and market myself. I live in Fairfield County, Connecticut, and there are plenty of people out there who will pay full fee. Speaking of which, I would also like to raise my fees. I have been charging \$125 for the last five years. It's time to raise them."

"Anything else?" I asked.

Sallie took a deep breath. "I know this is going to sound corny, but years ago, I played the recorder and the flute, and I used to paint, too. I always wanted to play again, and paint, but whenever I try to do something like that, to pick up a brush or even think about the flute, I get tired and I start to lose faith in myself. For years, I would have the kids as an excuse, but I have teenagers now for the most part, and believe it or not, I want to play music and maybe even paint romantic scenes." She smiled impishly.

I did not encourage Sallie to join a supervision group with a leader just yet. Instead, I asked her to study within the context of her life every time she feels obliged to silence her own need for the sake of keeping the peace, or not hurting someone's feelings. She might want to study whether that part of her is active in the support group, as well.

Sallie said that this idea made sense to her. "I have always been a bit of a people pleaser, but if I am going to get anything done, particularly in my practice, I may need some help in order to stop doing that."

Her question prompted my own thinking. What is it about a supervision group with a leader that seems to help people make progress? Or put a different way, why do we need a leader at all? After all, we are all adult professionals.

Apparently, what helps clinicians grow is what helps people in general to grow, emotionally speaking, at least. That is the ability and the freedom to say and feel most everything. Having the opportunity to say everything about our work, our colleagues, our relationships, our learning is probably the single most helpful thing that a clinician can do for her practice.

Therapists stay fresh intellectually and emotionally in this field through these kinds of experiences. What is great about peer supervision groups is that they are usually made up of people who socialize with, care for, and like each other. Although that of itself can be a form of heaven, it can also present a problem.

I call this problem "the sweet prison of the positive transference." Once people like one another and form bonds, it may for some people become difficult to articulate the negativity that is inextricably bound up with almost everything we do.

For example, my friend Paul told me about his peer supervision group in a way that dramatized this concept. "I loved that group and the people in it and gained a lot by being there. It was extremely warm and caring. There came a point, though, when a lot of energy was spent cooling down simmering conflicts. The problem was, we weren't supposed to have these conflicts, but we were supposed to support and help each other. This was quite difficult to execute when it came to Anne, who was quite heavy and was what might be described as a compulsive giver. She would always be nurturing and warm to whoever was in distress, and she would not speak of herself or ask for help. Socially, she invited group members to big lunches over the weekend with enormous amounts of food, spending time and money that she could ill-afford. I and another man in the group felt a lot of rage toward her. Whenever even a hint of this came up, she would become tearful and said that she felt attacked. Eventually, because of these unresolved tensions, she and one other member left. They said it was scheduling difficulties and time constraints, but there certainly was a hanging feeling of un-resolution about it. And the group suffered, of course."

A good group leader, dedicated to members' growth, will help them say what they need to say—the full range of positives and negatives, safely, and productively. The mechanism is similar to the way we work with patients or

clients. We avoid emotional interactions with them outside the treatment room in order to keep it safe for them to say everything within the treatment room.

A few weeks ago, I heard from Sallie. She said that she relayed our discussion to other group members. Interesting and productive discussion ensued. "I am leaning toward joining a supervision group," she said. "I think it will be helpful in all areas."

Simon Y. Feuerman, PsyD, LCSW, is Director of the New Center for Advanced Psychotherapy Studies (NCAPS), Professor of Psychology (adjunct) at Kean University, and Professor of Social Work at Touro College Graduate School of Social Work. For more information, visit <http://www.ncapsonline.com>.