

Parallel Process

Psychophonetics Parallel Processing & Empathy



This article has come out of a conversation between two friends and colleagues, **Robin Steele and Azita Moradi**, about the



threshold between the parallel process in psychoanalytic work, especially the concept of transference and counter transference, and the Psychophonetics work regarding what is referred to as parallel processing, for developing empathy.

The concept of parallel processes has been widely used in the field of psychology and is defined as a way of processing information: *“the categorizing and utilization of several incoming streams of information simultaneously”* (Chaplin, 1985:323).

An early reference to parallel process was made in 1955 by Searles who labelled it the *“reflection process”*, and became a way to explain identification and the taking on of reciprocal roles (Mothersole, 1999).

Parallel process is an exceptionally rich area for study:

[L]et me emphasize that there would seem to be great value in studying exhaustively the interplay between the patient-therapist relationship and the therapist-supervisor relationship, since this total situation is without a parallel anywhere else among human relations, in that each relationship includes at least one expert in the study of intrapersonal and interpersonal processes. Thus this area offers unique possibilities for research. The results of such research might well be applicable not only to psychotherapy and to the supervision of psychotherapy, but to human relationships in general. (Searles, 1965:176)

Another definition:

Parallel process is a form of transference in which the practitioner enacts with a third party (typically a supervisor) dynamics that originally arose with a client...the supervisor and the therapist can also create a parallel process that is then conveyed back to the patient. (Cornell & Landaiche, 2006)

In the psychodynamic approach, the transference and counter-transference are done at a cognitive and intellectual level, whereas the Psychophonetics approach

includes a simultaneous inner process of bodily processing, which allows the practitioner to identify somatic feelings, through sensing, gesturing, visualising, and sounding, as a way to enhance the processing of what possibly starts as an intellectual process.

In the supervision context, the parallel process is worked with by being aware of the triadic relationship of client, therapist and supervisor with its attendant network of transactional and transference interactions, mutual expectations and ethical responsibilities.

In Psychophonetics, parallel processing embraces our own inner responses as relevant sources of information within the session, rather than as sources of disturbing distortions. This means developing a capacity to become aware, to observe and be with the experience of what is happening at the time it is happening and being able to differentiate the nature of these activities through inner parallel counselling processing, to allow for new understanding and clearer perceptions of an experience, situation, or relationship to be present.

For example: If a client has left you with the feeling of anger, then you, as the practitioner, can use that to a certain extent to understand the client better cognitively and intellectually. We can ask the question –

Is this anger which has a physical impact and leaves an impression in us, possibly triggering a physical reaction, like tightening or contraction in us, or not?

The naïve therapist who has not done further study in other approaches can understand this cognitively and can hold, process, or contain the anger, possibly saying this is my counter-transference, or is how the client may be feeling also, or, this is what the client induces in other people. In psychoanalysis, this is often used to understand what the world is like for the client.

It happens on an intellectual level and can be taken to supervision and processed further, which may again be more intellectual activity.

The physical residue of some of the feelings, emotions and stress that the therapist may have experienced as a result of experiencing the anger, may be due to their reaction to the client, or what the client is experiencing.

Unless we are well trained in our own personal development, with some sort of analysis, self-reflection, self-awareness, or have great supervision, then it can be

difficult to discern between what is your anger and what is the client's anger.

In this situation - *What do you do with the unconscious remnants of what happened and how is this expressed?*

At a basic level of self-care - *How would this impact on your health?*

Obviously, we can get supervision or debrief later, but during the day, how do we process and free ourselves to be available and present for the next client or during the session itself?

Traditionally, when practitioners are trained, they learn to recognise what's happening and to compartmentalise the issue, and maybe to intellectualise to a certain extent, so as to be able to deal with it during a session and before the next client arrives. In medical training for example, practitioners learn to do that, as they have to go from patient to patient in a very short amount of time. The high rate of practitioner burnout has proven this is done at a cost to the practitioner.

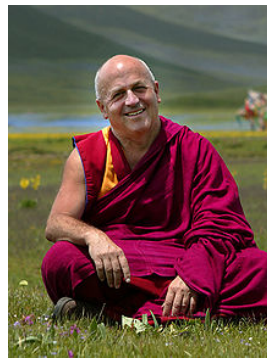
Psychophonetics parallel processing has two distinct aspects:

1. The counsellor gets stuck, and can process their own experience on the way to a deeper awareness of the client's experience – as a simultaneous inner process.
2. The counsellor makes a choice to investigate their inner experience so as to come to a deeper insight of the client's experience or to lead the client into a deeper awareness of themselves.

By engaging with our own inner processes of exploration, in a reflective process of re-searching inner dynamics, in a conscious way, allows for more creative opportunities to effectively utilise these experiences with others – in a more clear and objective way.

Empathy

Research into neuroplasticity is a growing area and the French Buddhist monk, **Matthieu Ricard**, said in a lecture I attended at Monash University, that scientists have studied the impact of empathy, that is, the feeling of pain in the brain of people in the caring professions and how different parts of the brain light up.



Ricard has been dubbed the happiest person alive, based on the most recent functional MRI which shows that part of his brain in the frontal lobe lights up more than anyone else has ever measured.

Ricard talked about the part of the brain that lights up as a result of empathy is actually similar to the part of the brain which lights up when we are in pain.

He suggests this explains why people in the helping professions who are only feeling empathy all the time, will burnout, because it is exhausting to constantly be in pain.

If we can recognise and transform that into unconditional positive regard, then a different area of the brain lights up. This allows us to have more capacity to deal with what's going on and to be in a more compassionate position, that is, to be more objective with more understanding.

If we can be centred within and present with 'I' consciousness, then we can feel empathy without letting the person's pain leave an ongoing or disabling impression in our soul, or become flooded by another's content.

Practitioner mental health

Developing our conscious awareness by connecting with the bodily sensation of what the client may bring up in us, allows more efficient processing for understanding what's happening. This creates the potential for more awareness, spontaneity, and intimacy in our communications.

Developing awareness, presence, and acknowledgment of what is going on, not only with a client but in our own bodies and soul life, allows greater freedom and relief for the practitioner, thus promoting good psychological health.

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