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Supervision in Music Therapy:

A Parallel and Ongoing Process for Professional Development

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Abstract

This position paper aims to raise awareness among both students in training and professional music therapists about the need to integrate a parallel and ongoing process of supervision. The importance of supervision lies both in the evaluation of therapeutic processes and in the care of the therapist, who is exposed to emotionally demanding situations and critical events while supporting the people they accompany. Supervision thus becomes a key tool for protecting both the therapist and the clients. According to Forinash (2001), supervision contributes to the ongoing development of supervisees, supporting their growth into competent professionals. First, the evolution of supervision in psychotherapy is examined; this is followed by an exploration of the historical development of supervision in music therapy. The wide range of supervision approaches and strategies is highlighted, as they differ significantly from one another and can, at times, even appear contradictory. This methodological diversity allows for the selection of a supervision model that best aligns with individual needs and preferences. Based on this, a supervision model grounded in the relational psychoanalytic perspective is delineated. This approach involves the combined use of verbal processing and music as a strategy to avoid possible confusion in certain processes that may arise when music is used on its own, with the aim of exploring the person's inner life and supporting their development.

Keywords: supervision; music therapy; psychotherapy; training; relational psychoanalysis

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Introduction and Positionality

According to Sandra Buechler (2024, p.73), if we are unable to believe in the work we do, it is unlikely that we will be able to actively engage people in treatment. As music therapy professionals, we face emotionally demanding and highly uncertain situations that can affect our professional confidence.

Egoitz Urberuaga Gallestegui was the first music therapist to trust my work as a music therapist. I began to receive supervision from him at the start of my professional career. Egoitz has always emphasized the risks involved in an isolated therapeutic practice without supervision. As a group analyst, he introduced me to Mary Priestley's Analytical Music Therapy (AMT). Later, influenced by relational psychoanalytic perspectives, Egoitz and I created the *Relational Music Therapy* project, based in Barcelona.

In parallel, I completed my training in relational psychoanalysis at the Catalan Institute of Donald W. Winnicott. The program was directed by Francesc Sainz Bermejo and Saïd El Kadaoui Moussaoui. The group supervision sessions carried out within this training, alongside various mental health professionals, were a major learning experience for me.

Currently, I receive both individual and group supervision sessions with Saïd El Kadaoui Moussaoui, supervisor, psychologist, and psychotherapist. I am deeply grateful for his sensitivity in recognizing music therapy as a way of addressing trauma.

As an accredited supervisor in music therapy (SMTAE-31) in the Spanish Register of Music Therapists (REMTA), I conduct supervision sessions with various music therapists working in the field of mental health. I believe that at the end of a supervision session, supervisees should leave with the feeling that they have gained something new that they can apply in their practice. Over time, both the supervisee and the supervisor come to discover that they can increasingly trust one another.

Therefore, I would like to emphasize the importance, as music therapy professionals, of having reference figures who act as guides and support, whom we can internalize and who strengthen our confidence in the work we do. In my case, I feel fortunate to be accompanied as a music therapist. These reference figures trust me, and I trust them.

Beginnings of Supervision in Psychotherapy

According to Fernández-Álvarez and Gracioso (2023, p.1), supervision is a fundamental pillar of psychotherapeutic practice. It spans from initial undergraduate training, such as psychology degrees, through the different stages of professional development. Its relevance lies both in the evaluation of therapeutic processes and in the care of the therapist, who is exposed to emotionally demanding situations and critical events while supporting the people they accompany.

Sigmund Freud, a pioneer of psychoanalysis, recognized the importance of self-analysis for therapists, emphasizing the need to understand and manage the phenomena of transference and countertransference within the therapeutic relationship. As psychotherapy evolved, diversifying into different theoretical approaches and intervention techniques, clinical supervision became established as an essential practice within each of them, ranging from humanistic-existential models to cognitive-behavioral and systemic approaches.

Like the therapeutic alliance, supervision is based on a strong bond between supervisor and supervisee, as well as a clear agreement on the goals and tasks to be carried out. However, the supervisory alliance is distinguished by its primarily evaluative purpose, aimed at analyzing and improving the therapist's practice.

A critical aspect of psychotherapy supervision has been the lack of specific training programs for supervision itself. Traditionally, this role was taken on by clinicians with extensive experience, whose competence was assumed without any structured preparation

in supervision. This has led to a certain reliance on experience-based criteria, which can be questioned due to their limited systematization and formalization. However, in recent years, a significant shift has been observed. Various studies have promoted the implementation of training programs in supervision, responding to this need and contributing to the professionalization of this role. Daskal (2023, p.19) highlights the importance of clinical supervision for therapists and emphasizes the need to establish formal academic training for those who carry out clinical supervision roles in Latin America. Watkins (2023, p.10) stresses the importance of integrating "cultural humility" into psychotherapy supervision. This concept involves both the willingness to reflect on one's own cultural identity and the commitment to understanding the cultural backgrounds and identities of others. Its inclusion in supervision makes it possible to prioritize multicultural diversity—including race, ethnicity, gender identity, disability, age, social class, religion or spirituality, and nationality—and to promote social justice.

By way of conclusion, supervision in psychotherapy is a dynamic and essential process for the development of clinical skills and for the well-being of therapists. The creation of specific training programs in supervision represents a significant step towards the professionalization of this practice, ensuring high-quality supervision and better care for the people who receive therapy.

History and Background of Supervision in Psychotherapy-Oriented Music Therapy

We can say that Mary Priestley, as the founder of Analytical Music Therapy, introduces psychotherapy to complement the use of music in therapeutic work. Priestley argues that life unfolds through conversation, not through music. Music makes it possible to symbolize feelings that often remain hidden in the unconscious, and which, when they emerge, can be understood through words. For this reason, she considers training in some form of verbal psychotherapy to be necessary for therapy. Thus, the expression of feelings through music may provide temporary relief, but feelings must be understood in order to be resolved, and this understanding is achieved through language (Priestley, 1994, p.135; Hadley, 2001, p.126).

This combined model of words and music was central in the intertherapy sessions carried out by Priestley and her fellow music therapists at St. Bernard's Psychiatric Hospital in the late 1960s. These sessions allowed them to experiment with new techniques before applying them in real therapeutic practice, and they were considered a prerequisite (Priestley, 1985, p.60). As a research group, they felt it was not fair to expose patients to experimental techniques that the music therapists themselves had not previously experienced. Their method consisted of role reversal, so that the person who had previously acted as therapist became the client, and the client took on the role of therapist. As Scheiby (2018, p.3) explains, in current intertherapy sessions a supervisor is present in the background, taking notes. In this way, intertherapy sessions in Analytical Music Therapy contributed to the origins of supervision in music therapy.

In 1990, the Association of Professional Music Therapists (APMT) in the United Kingdom introduced the concept of supervision in music therapy, defining it as a process aimed at improving professional practice—including work with clients and interprofessional issues—as well as examining and exploring the factors that influence clinical work. This process is based on a supportive, respectful, and non-judgmental stance that fosters trust, self-reflection, and personal development. In this way, it responds to the clinical need for a national training and follow-up program for music therapy professionals (Odell-Miller, 2009, p.26).

According to Forinash (2001, p.1), supervision contributes to the ongoing development of supervisees, supporting their consolidation as competent professionals. Likewise, in the supervisory relationship, both supervisor and supervisee take an active role in a shared learning process, from which both parties emerge transformed. According to Bunt and Hoskyns (2002, p.262), supervision in music therapy is understood as an interactive process between professionals, in which a more experienced practitioner, within a structured framework of meetings, supports another person in a reflective way in order to address honestly the issues that arise from their professional practice.

Should Supervision in Music Therapy be Carried Out by a Music Therapist?

Wigram, Rogers, and Odell-Miller (1993) analyzed the first supervision framework of APMT, which in its early stages incorporated a multidisciplinary approach oriented toward learning from different disciplines. In 1989, APMT conducted a survey aimed at evaluating supervision practices and needs within the field of music therapy. One of the recurring topics of debate—and one that still persists in various contexts—concerned who should take on the role of supervisor in music therapy, raising the question of whether it was more appropriate to rely on professionals from other disciplines or on music therapy specialists. The results indicated that the majority of respondents received supervision from professionals outside music therapy, although a portion also had supervision specifically within the field.

However, when analyzing the preferences of those seeking supervision, it was found that most favored music therapy professionals, either exclusively or in combination with professionals from other disciplines. Only three individuals expressed a preference for supervision provided solely by professionals not specialized in music therapy. These findings highlight the need to increase the availability of qualified professionals for supervision in this field (Odell-Miller, 2009, p.45).

Supervision During Training

One of the fundamental aspects to supervise in the early stages of music therapy training is the motivations that lead a person to choose this profession. In this regard, it is important to keep in mind that no one dedicated to a career in therapy is free from emotional needs or personal conflicts; however, trying to resolve them through the therapeutic relationship can be harmful to the needs of the person receiving care. If the therapist is not able to face their own life difficulties, they may, unconsciously, try to resolve them through the people they attend to, which can lead to the instrumentalization or manipulation of the therapeutic relationship (López, 2016, pp.12–14).

Supervision from the beginning of the training process helps the trainee become aware of their motivations for practicing music therapy, with the aim of strengthening their therapeutic abilities and addressing any dysfunctional factors that may have influenced the choice of this profession (López, 2016, p.27).

Supervision Versus Therapy

It is essential that those who provide supervision recognize the limits of their own supervisory styles and adapt them to the individual needs of those they supervise. Although supervision is not the same as therapy, it aims to promote the overall development of the professional. Therefore, the supervisor facilitates the self-awareness of the supervisee, both in the context of their work with clients and in the dynamics of the relationship between supervisor and supervisee (Dileo, 2001, p.22). According to Dileo

(2001, p.33), supervision presents similarities to therapy, as the supervisor facilitates the growth and self-awareness of the supervisee. This personal exploration can be valuable, although there is a subtle line between supervision and therapy. The supervisor must discern when the issues raised are appropriate for the supervisory context and when, instead, they require referral to a personal therapeutic process. There are no fixed rules to define this boundary, but keeping personal exploration linked to the context of work with clients can be an appropriate starting point. Thus, supervision can identify personal issues that may interfere with the practice of music therapy. In such cases, the supervisee should be encouraged to seek help from another professional to address these difficulties (Dileo, 2001, p.28). Likewise, Schapira (2016, p.48) highlights the supervisor's responsibility to clearly define the scope of supervision, as well as to recognize when the issues raised by the supervisee go beyond this framework and require referral to an appropriate therapeutic setting.

In line with this distinction and the specific nature of supervision, Schapira (2016, p.48) notes that supervision in music therapy should not be confused with therapy or teaching, although it shares elements with both. While there may be points in common, supervision is a distinct process with its own objectives and characteristics. Its main focus is the professional growth of the music therapist, promoting reflection on practice and the development of specific skills.

Ethics and Professional Rigor

Supervision is crucial at all stages of the professional development of the music therapist. From initial training, in which basic skills are acquired, to professional practice, focused on continuous improvement, and advanced training, centered on the exploration of specialized methods, supervision remains an essential component (Dileo, 2001, p.19). That said, according to Schapira (2016, pp.46-47), it is common for newly graduated music therapists not to be fully aware of the ongoing importance of supervision. In many cases, it is seen as a tool to resolve specific issues rather than as an essential practice for professional development throughout one's entire career. Supervision should not be understood as something optional or limited to the early years of practice, but as an integral part of work in music therapy, to be considered even in fee planning, and as a necessary investment for proper professional performance. In my opinion, not engaging in supervision may be associated with attitudes of omnipotence, lack of awareness, or denial, none of which support professional practice in this field.

At present, many countries require music therapists to take part in supervision processes as part of their professional practice. This requirement is reflected, for example, in the Guidance on Clinical Supervision (2023) provided by the British Association for Music Therapy (BAMT) in the United Kingdom. Clinical supervision has become firmly established as a component closely linked to professional life in music therapy. In general terms, it is recognized that collaboration with a professional who brings new perspectives encourages greater depth in analysis and strengthens clinical rigor (Odell-Miller, 2009, p.24).

It is essential that ethical supervision includes an analysis of how individual differences may influence the process (Whitehead-Pleaux, 2019; Hardy, 2016). In this context, multicultural awareness includes knowledge of individual differences related to race, gender, ethnic background, culture, sexual orientation, socioeconomic status, religion, disability, and age (Dileo, 2001, p.31).

It should also be noted that the music therapy supervisor must be aware of the risk of adopting an excessively directive style, recognizing their own motivations and avoiding the imposition of personal needs onto the supervisee. This involves acting honestly

regarding the limits of one's own experience and maintaining an open attitude toward different theoretical perspectives, even when they differ from one's own approach. Clear and transparent communication with the supervisee about the supervisor's music therapy approach is essential to establish an effective supervisory relationship that is suited to the supervisee's needs (Dileo, 2001, p.25).

In turn, the primary aim of supervision is to facilitate the development of self-awareness in those who practice or are training in music therapy. This self-awareness makes it possible to identify personal issues that could interfere with clinical practice, compromising the quality of care and the therapeutic relationship, as well as any potential risk of harm to clients, whether due to lack of competence, boundary violations, or unethical behavior. Supervision thus becomes a fundamental tool for protecting both the therapist and the clients (Dileo, 2001, p.33).

Dileo (2001, p.34) also notes that supervision helps prevent professional burnout. According to Dileo, professional burnout is manifested in the inability or unwillingness to integrate and apply professional standards in practice, in the difficulty in acquiring the necessary skills and achieving an acceptable level of competence, as well as in the lack of control over personal stress, psychological dysfunction, or emotional reactions that affect professional performance.

In the same way, even supervisors themselves, whose work involves a high level of responsibility and demands, need support and guidance. It is essential to recognize that they are also human and may face challenges, doubts, and difficulties in their practice. As Dileo (2001, p.35) suggests, it is important to encourage supervisors to seek supervision, consultation, support, and even personal therapy when necessary. This self-care not only benefits the supervisor individually but also helps maintain the highest standards of quality and ethics in the supervision they provide.

Supervision in Psychotherapy-Oriented Music Therapy

Helen Odell-Miller (2009, pp.20-21) notes that music therapists have previously relied on professionals from other disciplines, such as psychotherapy and psychoanalysis, for supervision. This was due to the fact that both clinical music therapy practice and specific supervision within this field were still in an early stage of development. Concepts such as transference, countertransference, and other elements of psychoanalytic theory have proven to be valuable tools for understanding the therapeutic relationship in music therapy, as well as for analyzing the musical experience of clients.

According to Odell-Miller (2009), many music therapists in the UK choose to train in psychoanalytically based therapeutic approaches grounded in verbal communication to deepen their understanding of therapeutic processes and to enhance their verbal and clinical skills. They note that this has generated debate within the music therapy community regarding the balance between music and verbal language, as well as the impact of psychoanalytic theory and interpretation on music therapy practice.

This issue is addressed by Alison Levinge (2002, cited by Odell-Miller, 2009, p.34) who highlights the challenge of attending simultaneously to both musical and verbal dimensions within the therapeutic context. The author explores the complexities of working with musical material in supervision sessions, as well as the potential for unconscious expression and the emergence of primitive forces when examining pre-verbal content.

Transference and Countertransference

Transference is an unconscious process through which the client relives, within the therapeutic relationship, emotions, desires, and relational patterns developed in childhood in relation to significant figures such as mothers, fathers, or caregivers. These early experiences are projected onto the therapist, which may generate emotional reactions such as love, hostility, admiration, or rejection, thus reproducing old relational dynamics in the here and now of therapy.

The clinical approach to transference focuses on identifying and analyzing these present manifestations and linking them to past experiences. The aim is to promote the conscious processing of these patterns, allowing the client to recognize their origin and meaning, and preventing them from continuing to influence current relationships unconsciously.

According to Dileo (2001, p.25), the supervision process in music therapy, similarly to therapy, is characterized by its emotional intensity. Reflecting on professional practice, exploring challenges and difficulties, and seeking personal growth can generate strong emotions in the supervisee. In addition, due to the nature of the relationship between supervisor and supervisee, it is common for transference reactions to arise. These may manifest in different ways, such as feelings of admiration, idealization, dependence, anger, or even rejection towards the supervisor. Likewise, Buechler (2024, p.84) highlights the significant emotional impact that the supervisor may have on the supervisee, insofar as the supervisee cares about and is concerned with the supervisor's perceptions, evaluations and thoughts.

Similarly, Schapira (2016, p.25) identifies common transference patterns in the supervisory relationship, such as the supervisee's desire for affection or gratification that goes beyond what is typical in a teaching and training relationship, leading to demands for attention or emotional closeness that the supervisor cannot provide. In this context, the supervisor may be idealized as a professional role model, and the supervisee may tend to imitate them at any cost.

Countertransference refers to the set of unconscious reactions of the supervisor towards the supervisee and, in particular, towards the transference expressed by the latter (Laplanche & Pontalis, 1996, p.109). As Schapira (2016, p.26) notes, in the context of countertransference, a music therapy supervisor with narcissistic tendencies may be influenced by the need to receive affection and recognition from the supervisee. Consequently, they may seek the supervisee's admiration by excessively attempting to demonstrate their knowledge and experience.

According to Jacobs (1991, cited by Dileo 2001, p.26), addressing transference and countertransference reactions in the supervisory process can be difficult and uncomfortable for both the supervisor and the supervisee. Supervisees may easily be inclined to protect the supervisor from the discomfort of these discussions, taking on inappropriate caretaking roles toward the supervisor, to the detriment of their own needs as supervisees. In this case, Dileo (2001, p.27) notes that becoming aware of and appropriately addressing these common transference and countertransference reactions can enhance the effectiveness of supervision, as well as contribute to the professional and personal development of the supervisee.

In summary, the transference relationship between the music therapist and the supervisor is similar to that observed in therapeutic processes. As Jahn-Langenberg (2001) notes, when transference and countertransference constellations are taken into account, the work towards understanding becomes a composition created jointly by the supervisor and the supervisee.

Supervision Process

Supervision in music therapy is a relational process in which both the supervisor and the supervisee engage in a process of mutual learning and growth. It is not a hierarchical relationship in which one party holds all the knowledge and the other acts as a passive recipient. On the contrary, both parties contribute their own experiences, perspectives, and knowledge, creating a space for enriching dialogue and reflection. Through interaction and exchange, both the supervisor and the supervisee have the opportunity to learn about themselves, about others, and about the practice of music therapy. This mutual learning process can lead to personal and professional transformations in both parties (Forinash, 2001, p.2).

In the same way, Jahn-Langenberg (2001, p.271) notes that supervision is a collaborative effort between the music therapist in the clinical setting and the supervisor, aimed at achieving a deeper understanding of the therapeutic process. Intervention techniques, the methodology used, the conflicts that arise within the institutional work context, and the way the therapist understands their own role and function within a team can all be considered part of the therapeutic process.

According to Buechler (2024, pp.53–186), professional performance involves a certain degree of shame that is both inevitable and potentially adaptive, insofar as it can foster the development of self-awareness. Buechler notes that experiences of shame are common both in clinical training and in supervisory settings. In this sense, it is necessary to prepare for a professional practice marked by losses, understanding that the termination of a therapeutic process does not constitute a clinical failure and should therefore not be a source of shame. Training can help these experiences be processed through the recognition of loss, preventing them from being intensified as shame, anxiety, or guilt, for example, when a client interrupts or ends their therapeutic process. Through supervision, it is possible to reflect on the meaning of these endings and their impact on professional practice. In this process, the development of internalized reference points—mentoring figures that function as guidance and support—is essential, as they foster the construction of an internal chorus and a sense of clinical competence that strengthens the supervisee's perception of professional worth.

I continue to think about my losses, especially the most recent ones, such as the case of Helena (Lanau, 2024), which was interrupted due to a lack of funding for the mental health program for migrant populations. Or the most recent case, a patient with an anxiety disorder whom, after she began experiencing suicidal ideation, my supervisor and I agreed to refer to the psychiatrist in the clinic. After offering various therapeutic resources, she dropped out of therapy. Supervision helped me to recognize these losses, and above all to understand that there are deeply affected people who need to keep running away in order not to face situations that have been highly traumatic.

Schapira (2016, p.49) notes that supervision is a process that reaches greater levels of depth as the relationship between supervisor and supervisee becomes more established. In this way, a triadic system is formed involving the client, the music therapist, and the supervisor. In summary, a complex relational framework is activated in which the music therapist in supervision analyses the transference of clients and the countertransference they generate, while at the same time a transference process develops between the supervisee and the supervisor.

According to Schapira (2016, p.50), supervision encompasses three fundamental levels: first, the implementation of techniques and procedures; second, the establishment of therapeutic goals and strategies for each service user or group; and third, the review of the clients' transference aspects and the countertransference aspects of the music therapists.

Hesser (1985) conceives of the acquisition of advanced supervisory competencies as a developmental process organized in three stages. In the first stage, supervisees focus on

acquiring or strengthening basic competencies. In the second stage, they identify their area of specialization and, as they progress in this process, begin to build their own theoretical framework, in a phase characterized by reflection and self-questioning. The third stage is oriented towards the development of a personal professional style as a therapist, in which the supervisor supports the application of the conceptual framework and the therapist's own methods to the therapeutic process.

Finally, as Odell-Miller (2009, p.30) notes, although it is important to work through music in supervision, it can also be particularly relevant for music therapists to explore issues both verbally and musically, since working exclusively through music may promote the fusion or confusion of certain processes.

Supervision from a Relational Psychoanalytic Perspective

Both Michele Forinash, in both editions of *Music Therapy Supervision* (2001, 2019), and Helen Odell-Miller in *Supervision of Music Therapy* (Odell-Miller, 2009), present an international overview of various supervision approaches. In this way, we find supervision approaches and strategies that differ significantly from one another and that at times may even appear contradictory. Given that the field of music therapy encompasses a range of theoretical and philosophical approaches to practice, the existence of such diverse supervision methods is to be expected. Likewise, Forinash (2001) compiles the supervision model in Analytical Music Therapy developed by Mary Priestley (1994), as well as supervision in the Bonny Method of Guided Imagery and Music and in Nordoff-Robbins Music Therapy. In addition, Forinash (2001) examines specific supervision approaches, such as Frohne-Hagemann's integrative approach, Lee and Khare's music-centered approach, and Jahn-Langenberg's psychodynamic perspective.

The origins of music therapy with a psychoanalytic approach can be traced back to Great Britain in the early 1970s, with the Analytical Music Therapy model developed by Mary Priestley. This modality is defined as the combined use of words and symbolic improvised music, both by the client and the therapist, with the aim of exploring the client's inner life and facilitating their developmental process (Bruscia, 2010, p.133). In Analytical Music Therapy, the therapeutic relationship is established through two complementary levels: the verbal and the musical. Music is used as a tool that supports the verbal processing of deep emotional content that is difficult to express through conventional language. In this line, Hadley (2001, p.127) notes that in analytical music therapy, musical improvisation allows access to unconscious processes, so that by expressing them creatively, individuals can become more aware of them. In turn, through improvisation, the client can explore interpersonal relational processes with others, helping them to become more aware of these dynamics and to understand them better.

In line with the above, a supervision model based on the relational psychoanalytic perspective is proposed. From this approach, supervision seeks to apply the theoretical principles of the various strands that make up relational psychoanalysis, as well as music therapy models that focus their intervention on the interpersonal relationship as a form of treatment. In this sense, a supervisor working from a relational approach must have previously developed their professional career as a music therapist, adopting the relational psychoanalytic perspective as their theoretical framework of reference.

At this point, it is essential to address a central concept in relational psychoanalysis: intersubjectivity. This notion refers to the consideration of interpersonal exchange as a determining factor in the development of personality (Velasco, 2009, p.59). Stolorow and Atwood (1992, cited by Sassenfeld, 2010b, p.323), have questioned what they call the "myth of the isolated mind" and have emphasized the importance of recognizing intersubjectivity as a primary human condition, prior to the experience of individuality.

The "myth of the isolated mind" postulates that human beings exist separately from both the world of physical nature and connection with others. According to Sassenfeld (2010b, p.325), within the context of the therapeutic relationship, neither therapist nor client begin from separate experiential worlds, but are instead immersed in a continuous process of mutual definition and co-construction. Throughout this intersubjective process, both experience change, as they come to understand more deeply not only their own inner worlds but also the specific features of the interaction that emerges between these experiential worlds.

From this perspective, identity, far from being conceived as a monolithic and unchanging entity, is revealed as a dynamic and multifaceted construct, made up of multiple self-states that emerge in social interaction. In Bromberg's words (2017, p.183), these "multiple self-states" do not constitute isolated fragments, but are interconnected and in constant transformation, depending on the relational contexts in which they unfold. In this way, identity is understood as a fluid and adaptable process, in continuous reconstruction.

Another principle of the relational model is the concept of play referred to by Winnicott (1972, p.100): in play, and only in play, the person is able to deploy and use the entirety of their personality, revealing their individuality when acting creatively. In play, the person is enacting their psychological reality, allowing themselves to be guided by "their need and desire to symbolize their emotional life" (Portalatin Vargas, 2020, p.170). The therapeutic effect of play emerges through the discovery of something new and of a relationship with the world and with the self that, until that moment, had yet to be discovered (Lenormand, 2018, cited by Portalatin Vargas, 2020, p.179). Regarding the value of artistic languages, Slavin (2015, p.608) argues that they establish a deep connection with our essence, resonating in a unique way with being. In a world devoid of words, it becomes possible to evoke the most complex existential realities of the human experience.

A highly significant contribution within the relational perspective, and one that is essential for the proposed supervision model, is the application of the concepts of mutuality and asymmetry (Aron, 2008, cited by Abelló & Liberman, 2008, p.53). These dynamics, inherent in the therapeutic process, are also present in the supervisory relationship, where the interaction is characterized both by collaboration and mutual recognition (mutuality) and by the differentiation of roles and responsibilities (asymmetry).

That said, the therapeutic relationship is characterized by an inherent tension between anonymity and self-disclosure. First, both the therapist and the client engage in a dynamic process of revealing and withholding personal information, which contributes to the construction of the therapeutic process and facilitates the generation of relevant information. Second, this relationship is configured as an essentially asymmetrical space, due to the substantial differences between the roles of client and therapist, their specific functions, and the responsibilities each holds within the therapeutic process. Consequently, the information provided by each of them does not have the same nature or equivalence.

Moreover, the asymmetry inherent in the therapeutic relationship ensures the centrality of the client's experience. In this sense, participation and non-intrusiveness are understood as emergent elements of the therapeutic process. Within this context, the dialectic between disclosure and anonymity, as well as between closeness and distance, manifests itself differently depending on the therapist and the client.

Likewise, the therapeutic relationship is fully mutual in the sense that it is necessary to assume that a certain reciprocal regulation occurs continuously between the client and the therapist in relation to the purpose that brings them together. In other words, despite the asymmetry, there is an implicit collaboration oriented towards the client's well-being.

All these observations are also related to the concept of enactment—staging or putting into action—in reference to the processes of unconscious mutual influence between client

and therapist. For many relational psychoanalytic theorists, the reciprocal interaction and mutual influence between client and therapist have gained importance, thus displacing the traditional concepts of transference and countertransference from their central role in clinical work (Sassenfeld, 2010, p.144). In this line, Aron (1991, 1996, cited by Sassenfeld, 2010, p.144) highlights the limitations of the concept of countertransference, arguing that it shifts attention away from the fact that the therapist also initiates exchanges with the client, and does not merely react to them, as the prefix "counter" in "countertransference" suggests. I would argue that this term minimizes the therapist's real impact on the client and overlooks the reality of the ongoing mutual influence between both. Thus, the notion of enactment (Sassenfeld, 2010, p.145) has emerged as an alternative to overcome the limitations of the concepts of transference and countertransference.

Finally, my 2024 article, citing Abello and Liberman (2011, p.308) and Little (1995, p.23), highlights a fundamental aspect: the management of treatment. This concept refers to the progress achieved through the implementation of a therapeutic framework that takes into account all dimensions of clinical work, going beyond mere interpretation. It involves ongoing reflection on the most appropriate therapeutic dynamics, incorporating an understanding of non-verbal communication, body language, and even the most subtle movements and postures. From this perspective, treatment requires respect for the client's boundaries, so that therapy does not become overly threatening or invade the core of the self—that intimate domain that is not shared and remains protected as strictly personal. This view reflects one of Winnicott's paradoxes: the desire to be found by the other without ever being fully discovered (Abello & Liberman, 2011, p.299).

Conclusion

This position paper considers supervision to be an essential pillar in the professional practice of music therapy. It takes as its starting point key concepts such as transference and countertransference, which have now been incorporated into various therapeutic intervention models. From the earliest stages of training, supervision allows trainees to become aware of their motivations for becoming music therapists, as well as to understand their role and develop their skills as therapists. In professional practice, supervision fosters the development of self-awareness, making it possible to identify personal conflicts that could interfere with clinical work and pose a potential risk to clients. In this sense, supervision also acts as a preventive mechanism against professional deterioration, commonly known as burnout.

To support this work, sources from the field of psychotherapy related to supervision have been consulted. Since Freud, the importance of therapists' self-analysis in clinical practice has been highlighted, suggesting that the origins of supervision can be located within the psychoanalytic perspective. The specialized literature on supervision in the field of music therapy also indicates that many of its principles are grounded in this approach. Currently, there are multiple supervision models and strategies that differ significantly from one another and that, in some cases, may even appear contradictory. However, this methodological diversity offers the possibility of choosing the supervision model that best suits the individual needs and preferences of professionals in training or in practice.

In this way, many music therapists have chosen to train in psychodynamically oriented therapeutic approaches, primarily centered on verbal communication. This training allows them to deepen their understanding of therapeutic processes and strengthen their clinical skills. However, this trend has sparked debate regarding the balance between music and verbal language, as well as the impact that psychoanalytic theory and interpretation may have on music therapy practice.

This essay proposes a supervision model whose theoretical framework is based on the relational psychoanalytic perspective, which grounds its approach in intersubjectivity as a determining factor in personality development. As in Mary Priestley's Analytical Music Therapy (1985), relational psychoanalytic music therapy establishes the therapeutic process through two complementary levels: the verbal and the musical, with the aim of exploring the client's inner life and facilitating their developmental process. This approach revises the traditional concepts of transference and countertransference by incorporating the notion of enactment, understood as the processes of reciprocal interaction and unconscious mutual influence between client and therapist.

Through this exploration, the aim is to promote debate and reflection as a means of raising awareness among both music therapy students in training and practicing professionals about the importance of integrating an ongoing and parallel process of supervision. In doing so, it seeks to contribute to the establishment of competent music therapy practice, grounded in ethical principles and rigorous professional commitment.

About the Author

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