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HYPER-Excentricity at WORK
The Concept of "*hyper*"-*Excentricity* in Integrative Supervision

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In this paper the idea of "*hyper*-excentricity" – a core concept of Integrative Supervision and Therapy (*Petzold* 1998a, 2003a) – is expounded in an extract from a lecture given on this subject in the "Training Curriculum for Supervisors" by the Free University of Amsterdam, Postgraduate Programme, Oslo.

First some remarks on the etymological roots of the terms "hyper" and "super". "*Hyper*" is a Greek preposition used as a prefix, e.g. connected to some noun. The meaning is *transcending, exceeding* above or increasing upon the normal state, arriving at a *higher* level, e.g. of knowledge or

understanding by crossing through and transversing realities generating *penetrating* or *in depth* experiences. *Hyper* refers to a *hermeneutical* quality rather different from the latin preposition "*super*". *"Super"* however, is signifying a topological quality as being situated or placed above a location, e.g. on top of a lookout tower. It means having an overlooking position, a surveying *view* "over" or "of", or being even superior (e.g. "superpower"), having *to a high degree* superiority, supremacy and control of persons and situations. The prefix *super* as a part of the word *supervision*, clearly means to *oversee* or *overlook*. It is used (as in "super-vision) with a perceptual and *phenomenological* background and orientation as being situated locally or virtually "above" someone or something. A supervisor should be a little bit "super", i.e. able to overview a complex situation, point out patterns, suggest possible steps in a process of change. One could also compare this to the perspective of standing on the top of a high mountain, looking all the way around (360 degrees), and looking down at the landscape with the different hills and valleys. However such a *broad view* does not necessarily mean a *broader, deeper or higher, encompassing understanding* of what is seen. This requires *hyper* qualities, based on well informed, knowledgeable and sophisticated analysis and interpretation. As we see, the meaning of *hyper* only seems to be quite close to *super,* but it is definitely different. Of course "meaning" particularly of words adapted from a foreign language is a matter of consent among a relevant consensus-community about the specific significance and use of a word. We have introduced in Integrative Supervision these specific notions of "**hyper** and **super**", and we think they are useful and meaningful, because it is of course important to gain an overview in and by *super*vision, but it often needs to be transcended by ***hyper*reflexivity**. This will be described in the following text, which will also show, that "overview" is not enough but an "in depth analysis and understanding" is required.

"*Hyper*" as opposed to "*super*" is used more with a reflexive and hermeneutical reference as having a "higher", more sophisticated *transcending vision* of and a more refined and encompassing understanding of a situation or a process out of a "metaperspective" and systematic "metareflections" of *utmost* clarity and depth.
These at least are the connotations of the words "*super*" and "*hyper*" as used in Integrative Supervision.

The reader may wonder why the concept of *excentricity* is written with an x in this article. There is an almost similar English concept, "*eccentricity*", having a negative connotation. An "eccentric" person is out of his own centre, weird, over-tense, not following usual social rules, he "has gone hyper" as the Americans say. In the context of supervision we therefore stay with the original spelling "excentric" and the the word will be used in a positive sense, meaning someone who is able to see him- or herself from an outside position, someone who has developed an "observing ego", a view of himself. This type of "excentric position" is however different from the former description because the person basically has a good ability to be centered or "centric", but is also able to put himself in an "excentric" position, constantly shifting between the two positions. What would then be the meaning of *hyper-excentricity?* It would be a higher degree of excentricity, a position from which the observer/the observing ego is *monitoring his own process of shifting between centricity and excentricity in the given situation* as if being observed by another observer. This position would also be helpful in observing the complexity of the total situation to be supervised. It is a kind of "meta-observation" or "meta-monitoring" and "meta-reflection" (*Petzold*) or as described in a "systemic" frame of reference a "*second order observation*" (*Luhmann* 1992) which must be followed by a "second order reflection" (a dimension neglegted by systemic authors). In the supervisory situation the attempts of metareflexive "self-monitoring" (level II in the "*Metahermeneutic Modell of Triplexreflection*", *Petzold* 1998a, 157) are broadened and exceeded by means of the other observers (supervisor, group members of the supervision group).

From the training in Integrative therapy we know the method of role-playing, hot-seat, and the empty chair. We are familiar with setting up a whole family by chairs, pillows or people serving as *sculptures* ("Aufstellungsarbeit", *Moreno*), changing roles, and roleplaying the different relationshipships. We also know that after "*de-roling*" the "protagonist" is asked to reflect on the whole situation, thus taking a *meta*-perspective. (This is the case as well in classical psychodrama as in Gestalt Therapy in its "empty chair technique" resembling "mono-drama", from which it has been adapted by *Perls* through his apprenticeship with *Moreno* 1947-1949 in New York). This *meta*-reflection could be supported by video-feedback, which is used as a *method* in different supervision training programs. It is supporting a "super-vision", a fine grained overview of a process or a situation. The "supervisor

in training" will see himself after a session on a video-film which offers a possibility of a refined and sophisticated observation and a base – not more and not less - of *meta*-reflection. *Meta*-reflection offers an opening for processes of understanding, that transcend the given visible evidence of a video, taking into account the broader and wider *context* (institutional, social, cultural, political) and the *continuum* (historical perspectives, Zeitgeist). Through these complex processes of understanding ***hyper-perspectives*** or ***transqualities*** are provided (*Petzold* 1998a). Important here is also the fact that a "joint effort", the input of other observers present that have been monitoring the process will be included and used in "*multiple discourse*" or "*polylogue*" (*Petzold* 2002c). By such a joint effort the metaperspective may be extended by increased *excentricity*, i. e. by a "***hyper***" quality resulting from an intensified "interpretation" of the material available, from processes of a *metahermeneutics,* using "discours analysis" (*Foucault,* cf. *Bublitz* et al. 1999), "deconstruction" (*Derrida,* cf. *Culler* 1994), "multilevel reflection" (*Petzold* 1998a).

With the concepts of "***hyper-excentricity***" and "***metahermeneutics***" *Petzold* has added another element or dimension to the method of roleplay and role training, "behaviourdrama" in Integrative Supervision training (*Heuring*, *Petzold* 2004; *Petzold* 1977f).

An Example to illustrate the Methodology:

We are in a supervision training group. **O**. is a student of supervision, and she wants supervision on an ongoing family therapy process concerning a family in an inpatient clinic. Hilarion is the supervising trainer (**T**). He *takes the role* of a supervisor, using himself as a model. **O**. is the supervisee. The aim of the supervision is to improve the work with the family.

The trainer (**T**) at first prepares the situation, asking some students to move their chairs and all PCs to be turned off. The supervisee is asked how she is feeling. She answers and **T** gives feedback to her answer. The purpose of this, he points out, is to create a good atmosphere for the supervision work.

At this point a supervisor should reflect on the specific situation in order to choose a method; psychodrama, monodrama of the gestalt type, a mixture of different working strategies or something else.

T wants to do an experiment in order to implement a new dimension to supervision. He puts **O** in a *hyper-excentric position.* She is asked to arrange chairs for the three family members, for herself as a family therapist (th-**O**.), for her co-therapist (**M**.) and in the end put a sixth chair for the hyperversion of herself at a little distance from the others. **O** is now in the role of hyper-**O** (h-**O**). She arranges, the process is tentativ, she is not so sure where to put the chairs.

The role-play starts in this hyper-**O**-position, where she is asked to feel how th-**O** is getting on with this therapy and with her co-therapist. T asks about her relationship to the co-therapist (**M**). Why did you call him *partner?* Hyper-**O** answers that she needs an adult, responsible man by her side. T then reinforces hyper-**O** by asking how she is dressed (different from **O** in the role of therapist). Then he askes her about the qualities of therapist-**O** (th-**O**). Hyper-**O** answers that th-**O** is friendly, and that she thinks this family is almost to much to contain. She will soon get into a severe, strict attitude in the therapy sessions. T asks her where this strictness comes from, is she insecure? She says no. Is she a teenager, an adult woman or a weak wife? Hyper – **O** tells that she has been ill, that she is worn out and is in bad shape.

Later **O**. is in the role of hyper-**M**., who reflects on his relationship to the different family members and their problems. It is important to emphasize the *hyper*-position as different from the "person here-and-now". This is facilitated by imagining some other clothes or dresses. It is equally important to use time to "de-role" after each action: one may allow the person to walk around a little in the room, or to change the scene etc.

T changes the scene. **O** is now supposed to be hyper-**M** (the co-therapist) telling his views on the family. All the three are defined as patients and they are living on a family ward in a hospital for 5 weeks. **T** asks hyper-**M** if any member of the family is more ill than the others. He thinks that the father has the most difficult somatic problems. However, in the beginning of their treatment period his wife had been the one with the most severe mental problems. He tells that the mother acts out intense feelings and that she misuses alcohol. The father blames the mother, but he looks more and more like a patient as the weeks pass on. During the same period the mother appears more clear and less like a patient. She is shy, but not afraid to express her opinions. During the period **M**

has been sympathizing with different persons in the family. The father was hard to sympathize with in the beginning.

O is asked to de-role as hyper-**M**. T lets her use time, she walks around in the room. Then she position is changed to Hyper-**O** looking at therapist-**O**. Hyper-**O** states that Th**-O** is smaller. **T** asks her to put in concrete terms what is less and what is more. Th-**O** is uncertain how **M** feels about the the family, she is surprised to become aware that she has the same feelings about the different family members as she had in the role of hyper-**M**. It becomes clear that th-**O** is sometimes insecure with **M** in the therapy-situation with the family. **T** asks her if she lets him lead the sessions and points to a possible problem. What happens if the two therapists are empathetic in different ways in the sessions? **T** gives her some advice; there is no reason to be afraid of asking **M** why he is doing this and that in front of the family. In this way one can be a model for clarifying issues and through this create safety for the family. One should not wait with such questions until the session is finished. One has to activate "mirroring neurones" in the family. Th-**O** is exhausted by the father´s way of talking. He talks very longwindedly. He uses a very long time to come to the point. Up to this moment the focus has been on the two therapists, the relationships between them and their relationships to the family.

Here a time-out in the role-play is made. **T** reflects on the methods he has used and asks about comments from the supervision training group. Comments go like this:

- Something is unclear between the therapists
- The clear focus on language nuances is interesting
- How can normal people stand such a weird and highly pressured family situation
- This a very demanding situation for the therapists

Didactic reflection 1:

T reminds the supervision training group that we are always interpreting, it is impossible not to interpret. Some interpretations are weaker and some stronger, that means they have a very specific quality. Roleflexibility is necessary for a professional therapist. What we are doing here is scenic learning.

<u>New scene with a focus on the family and their internal relationshipships.</u>
The father (called **P**) is educated as a psychiatric nurse. **T** intewievs **O** in the role of the father. This is a kind of metainterview, by letting **O** go into a role.

T: How do you like your job?
P: Strenous, there are a lot of locked doors
T: Do you want to change your job?
P: I ran a shop once, it did not turn out too well.
T: How do you regulate closeness and distanse? Are you able to calm down patients?
P: I have to follow the rules so that they don't create too much trouble
T: How is your life situation?
P: It is not good. I have heart and kidney problems. I use heavy medicines. I have had a kidney transplantation. My wife has big problems – I have a patient at home, too.
T: What about your daughter?
P: I am worried about her. She very often has pain in her stomach

Didactic reflection 2:

Here **T** makes a new time-out – putting in some ethical reflections on professional secrecy. We ought to ask clients in advance about their consent for bring the process into supervision (informed consent). It is often a good idea to ask the patient to find another name for this purpose. Afterwards we should inform the client about the result of the supervision.

<u>Back to the role-play:</u>
P: Yes I often worry about my daughter. I am helping her, she needs me, I have an education. My wife and I have been married for 18 years. It was not wrong to marry her. 5 years ago she started to have a lot of problems.
T: I get the impression you are a kind of therapist for her. That must be hard?

P: We were in therapy 5 years ago. Then I got the message (not she) that she is a borderliner. She is fragile. I have to stay with her. This is a heavy burden. My daughter has inherited my kidney problem. I feel guilty about this heritage. She is 13 years old now.
T: You have to know that she needs to learn to stand on her own feet. It is necessary for her to develop independence. You have to withdraw more and more as she gets older.
P: My wife (E) is jealous and angry because we have good contact, my daughter and I. E doesn't dare to be at home in our house alone. She stays at home much of the time. She needs me to be there with her.
T: Hey you, now we have to talk a little man to man. Take a look at yourself in the mirror. Where are you with your problems? Don't you contribute to the family conflict also.
P: My wife is afraid I will die.
T: (Supports M) You managed to stop smoking!
P: Some times I need a little freedom.
T: Freedom is an important theme. Can you talk about that in the therapy.
P: Yes – that is a good idea.

Reflection in the supervison group and shift of scene
T asks hyper-**O**: How much was that **M** and how much was you in this role-play?
Hyper-**O**: In the beginning it was me. Later I was in the role of **P**.
T comments that guilt is a strong and problematic glue in families. The father seems to have guilt-feelings about his daughter´s kidney problems.

New scene:
E is **P**´s wife. She is sitting with her back to **T**. **T** speaks to **O** in the role of **E**:
T: Well E – you heard what we were talking about. What are you thinking?
E: It makes me angry to be told that he looks at me as a borderliner. This is only negative.
T: Is it true that he cannot trust you? Do you beat him sometimes?
E: I may have beaten him when I have been drinking.
T: Do you love him?
E: There are problems with the sexuality. He has problems, cannot do anything. I have reached a point. He does not take care of himself. I cannot do it for him.
T: You don't take care of yourself either!

New scene:
T speaks to **O** in the role of the daughter **A**.
T: A - what can one do with such parents? Wait until you can move from home? Such a situation is hard for many young people. How many years did you survive so far? 13?
A: I had hopes for this therapy, but it doesn't help.
T: What would you like to happen?
A: I want them to stop smoking and using alcohol. They always quarrel about smoking, alcohol and sex. I am afraid my mother will smash the house. This is a difficult home.
T: Do you think you can survive, do you have a will not to become a patient? Do you have you friends?
A: No, I cannot bring friends home. But I have some football friends, they do not come home. I am ashamed about my parents. I want my mother to watch when I play football, but she thinks it is enough that my father is there.
T: Do you feel depressed?
A: I have stomach pain. The doctor has told me it is "psychomatic".

There is now another shift of scene, We go back to hyper-**O** and her afterreflections in the supervision group. **T** asks her: What atmospheres are in the different roles?
Hyper-**O**: A feels depression or resignation (it is a little bit healthy to feel resignation). She feels loyal to both of her parents. The mother is angry and frustrated, but mostly afraid. She is deeply insecure – with a desperate wish for cooperation. The father feels a lot of responsibility, guilt and burden. He would rather like to push his illnesses away, he does not have the capacity to think about them. He is sad and struggles with the fact that E is borderline and heavily disturbed.

Hyper-**O** first played the role of **P** and then reflected on him. What is the difference between the two positions? Therapist-**O** has hyper-**O** in the back of her head, but can't get access to her in

the therapy situation. Hyper-**O** is wondering whether th-**O** would have hurt **P** if she had gone so close to him and his situation.

Summarizing Reflections on the Family in the Supervision Group

Commentaries from members of the supervision training group:

- I feel very exhausted after this
- I wonder how big the alcohol-problem in the family is, we know very little about the father's relationship to alcohol
- I wonder if the daughter should have been more protected from the problems of the parents in the therapy. **O** answers that she takes part only 1 out of 4 lessons a week.
- Why did you (**T**) talk to the daughter as a grown-up? I almost got the impression that you saw her as the only adult in the family? **T** answers that she is in a phase where operative thinking is in a major development. A lot happens in the frontal lobe, a new wave of neurons makes it possible to relate to moral questions and to be excentric. This girl is not retarded.

In order to help this family one has to be aware of each family member, set goals for each of them and also look at the family as a group. **T** asks if **P**'s medication is known. If he is on cortison he may have psychic side effects. These effects change the atmosphere, the personality. Cortison functions like a chemical buffer, you often feel like a cotton ball. Some people react hypomanic. **P** has also been physically traumatised because of his kidney transplantation. One can talk of post-traumatic stress (PTSD, *Petzold, Wolf* et al. 2002). **T** questions whether he has diabetes, type 2. **O** does not think so.

It will be important for **E** to be informed about the medical conditions of her husband. Here it is a question of co-dependancy and co-alcoholism. It is bad for **P** to experience passive smoking after he stopped smoking himself. The mothers smoking is also very negative for the daughter.

One should also focus on the sexual problems of the couple. There is a medicine for erection problems (apomorphin). Viagra may also be considered. Apomorphin has an effect on sexual arousal, both muscles and motor functions. If sexuality does not work in a love relationship it´s easy to revert to alcohol and tobacco.

One question that could be asked is if the father ever had any friends. It would be a good idea to give the task "social atom" (social network, *Brühlmann-Jecklin*, *Petzold* 2004; *Hass, Petzold* 1999). Where is his aggression? (*Bloem, Moget, Petzold* 2003). **T** thinks it is good that he does not have too many feelings. If he could feel all the frustrations he would not be able to live in the situation. He has to take care of the daughter, a little bit his wife and himself. He is important for the family´s system. If he became too emotional he might become confluent, and there would be a danger that everything would ladder. He is not without feelings. **T** deliberately let **O** be in the role of **P** first, because she had told that she had the greatest problems with him in the beginning. Being in the role of **P**, **O** was in the beginning mostly herself, but she played the role well after a while.

P must take care of this stigmatised woman. **T** thinks that she is not borderline, but rather has a personality disorder. This would be good for her to know.

It is important for **P** to remember that **E** also has a healthy, non-patient side. And the other way round it is equally important for **E** to learn to see the healthy sides of her husband, to see him as a man. They have to learn to see each other differentiated. It is also a good idea to get one of the hospital doctors to have a consultation with **P** about the sexual problems. Then the doctor could use his authority in a good way.

When children feel that they cannot bring friends to the home it is an indication of an unhealthy, sick home, a bad place to live. One could also work with the parents to cooperate to help thir daughter. "We want her to grow up and have a good life". That's why they came to the hospital in the first place. It is important not to pollute areas of clear communication. It would be worth while to teach the family to get rid of the mess and take care of clarity.

Hyper-**O** feels that the group overwhelms her in the same way as she feels overwhelmed by the family. "No, we are trying out principles", **T** answers. We are dealing with polluted communication. We have to find clean streams of communi- cation, protect these, widen them and reduce the overwhelming aspects.

T is interpreting **O**'s last statement. Now it is too much for **O**. We make a break. **O** will digest this process. "Your brain will work anyhow. Don't do anything special. After the break much will have been sorted out". We make a break.

T comments that the system with co-therapist **M** seems to be different in every session. Hyper-**O** says that is it an unwritten rule that the two therapists should not talk much together in the sessions. It is an relationship lacking congruence. **O** wants the two of them to talk about being on the same level. In their common educational background it is untypical to talk about the relationship. **T** thinks this is nonsense. If one works with dyads or triads this may create systemic imbalance. The therapist always has to ask herself: How does this affect me?

O gives some information on the ward´s treatment procedures: Some families stay on the ward for 11 weeks, some for 5 weeks. It is a fixed system. After 2 weeks they have given us the problems and then they become passive. This structure creates dependencies in the patients. They should also learn to say stop and react to their environment.

T points out that a volleyball game may change a family as much as a therapy session. It is important to look at the totality of inventions, and activities must be up-valuated. Then the system of the institution has to be looked at in order to analyse its effect on the different groups, employees and patients. It is necessary to scout out what can be changed and what cannot. This is called "programme supervision" (*Petzold* 1998a), which is a special form of supervision. All human beings have natural experiences with families, but when it comes to understanding institutions one needs field-experience.

Hyper-**O** feels that the intervention about medicines was important. This has made her see E in a new way. The family is supposed to continue the therapy with **O** when she gets back to work. **P** and **E** do not communicate well and will need help with that. **P** should not feel too much. He talks long-windedly. **E** "falls out" when he does this. The daughter, however, understands the father and his way of talking. It is also important to help the mother to communicate more with her daughter.

The family needs help to find meeting points and arenas to do nice things together, to walk in nature, to do other things (*Petzold, Josić, Ehrhardt* 2005). It is possible to support them in letting go of the dysfunctional parts for a while enhancing their *resources* (*Petzold* 1997p).

T thinks that it is wrong to try to change the general way of communicating between the spouses before the sexual problem has been put on the agenda. A sexual therapy cannot be done quickly. By talking about the "pure" biological function it is possible to remove some of the psychosocial "garbage". It is possible to functionalize communication on a distinct topic.

One group member asks if the members of the family have individual consultations? **O** informs us that the family does not want this. The person asking finds it strange that the the ward lets them decide this.

Didactic reflection 3

An intermezzo on "ecology" (*Heft* 2001) of houses or homes etc. by **T**: One saying goes like this; "The house takes over". If the home is inhabited with tristesse this has a very strong influence on the persons living there. They make themselves insensitive in order not to feel the tristesse. In such cases one has to make a lot of changes. Another saying goes like this: "Do not try to win a fight in the kitchen. Here you have lost too often". To what extent is the setting of a home producing negative or positive effect? The locality in which therapy takes place could often preferably be at home.

Affordance character means that objects, nature or environment talk to us, and invite us in a certain way (*Petzold, van Beek, van der Hoek* 1994). This concept tells us something about how we perceive the world around us. Typical examples are when men see beautiful women, they drive a powerful (strong?) car and find themselves in an empty street. In depression this capacity often is blocked. One has to look at depression and the effectivity of the affordance (*Gibson*). Often there has been a negative development over a length of time. Medicines alone could never be enough to change such a situation. Activity therapy may be used. There is something like a negative "affordance", this means that the environment tells us how to reinforce negatively loaded actions.

Sometimes it is necessary to change environment completely, or to change considerably the old one. "What I can afford is told by the environment and affects my organism"

(Gibson). There are three types of actions that may lead to a more healthy functioning; mastering, coping and creating.

Summarizing Reflections on the Method of Roleplay and Hyperexcentricity

We now go back to look at the whole role-play-session once again. The "*hyper*-excentric" position is different from a final *meta*-reflection for several reasons. One reason is because it is a structural part of the ongoing supervision process, a position to return to several times during the whole session. Another reason is that it gives the possibility of roleplaying another person by taking his/her role in a *hyper*-excentric position (*Heuring, Petzold* 2004).

In the example given above we have seen supervision on a family therapy – and Integrative Therapy has its own model of "ecological oriented family therapy" (*Petzold, Josić, Erhardt* 2005; *Petzold* 1995i). The primary aim was supporting ***excentricity*** in the supervisee. It was done by letting the supervisee first reflect on the total situation in the role of ***hyper***. Thereafter she played the role of the co-therapist ***hyper***-reflecting on the problems of the different members of the family and his feelings towards and his thoughts about them. This part of the role-play interestingly enough gave new information. From the *hyper*-**O**. position **O**. was able to see how th-**O**. is becoming smaller, less powerful and losing her ***excentricity*** in the position of being a family therapist. From this position she could also effectively clear out problems in her relationship to the co-therapist.

The trainer supervisor afterwards conducted a kind of "meta-interview" with each "family member" (played by the supervisee). Afterwards the supervisee was asked to reflect on how much she succeeded in being in the roles of the different clients and how much she was still being herself, not really coming into the role. In our example the supervisor put her deliberately first in the role of the father, whom she had the most problems understanding, and later in the roles of the mother and the daughter. She was also asked about what is the difference between her "playing the role" of a client and the position of "hyperreflecting" on the client.

With the help of the trainer-supervisor it became transparent that this methodology of family therapy as used by **O**. does not take into account the relationship between the two therapists - a theme to be reflected upon - and thereby losing the possibilities of "model-learning" (*Bandura* 1969a, b) or "mirroring effects" (*Moreno* 1959) or "mirror neurons" supported learning (*Stamenov, Gallese* 2002; *Sieper, Petzold* 2002) in order to clarify the relationshipships in the family. The supervision process in this last focus elaborates also on the therapy programme in itself.

This is one of the aims in Integrative Supervision, to over-see and evaluate the concepts of different schools of psychotherapy in order to use (or – if dysfunctional – to criticize) them. Of course this is an ambitious goal, that must be approached with solid knowledge of the field, the different approaches and "critical respectfulness" to the actual "schools" of psychotherapy, trying to value their strengths and deficiencies.

The role of the supervision group in the process was important providing a ***polylogue***, asking questions and bringing in many different reflexive perspectives, thus increasing excentricity in all participants.

Conclusion:

Considerable insight and understanding of the basic problems and the most central emotional constellations of each person in the client's family network resulted from this procedure. Both family therapy as a complex method of intervention (*Petzold, Josić, Erhardt* 2004) and supervision itself being a multilevel methodology (*Petzold*, *Schigl* et al. 2003) generate processes of extraordinary complexity for which the concept and praxeology of "hyper"exentricity is a valuable structuring device.

Summary:

The concept of “hyperexcentricity”, developed and practiced in Integrative Therapy and Supervision as
a device to structure complex supervisory processes, is presented. The excentric position, looking *phenomenologically* on a situation being positioned “above” (lt. *super*) the context is intensified by in depth analysis and a multiperspectivistic look on the material. A *hermeneutic* penetration of the situation is providing a broader and deeper understanding applying the deconstructivistic method (*Derrida*), discourse analysis (*Foucault*) and multi layer reflection (*Petzold*). Through this *metahermeneutic* process the phenomenological view is exceeded in an “hyper-view” (gr. *hyper,* transcending) on the material presented in the supervisory process opening ways to a higher degree of sophistication for interventions.

Zusammenfassung:

Das Konzept der “Hyperexzentrizität”, wie es in der Integrativen Therapie und Sypervision entwickelt wurde und praktiziert wird als ein Instrument vorgestellt, komplexe supervisorische Prozesse zu strukturieren. Die exzentrische Position, mit der phänomenologisch auf eine Situation geschaut wird, indem man sich gleichsam in einer höheren Position (lt. *super*) platziert, wird intensiviert durch eine Tiefenanalyse und einen multiperspektivischen Blick auf das Material. Eine hermeneutische Durchdringung der Situation vermittelt ein breiteres und tieferes Verstehen, indem man die dekonstruktivistische Methode (*Derrida*), die Diskursanalyse (*Foucault*) und die Mehrebenenreflexion (*Petzold*) anwended. In diesem metahermeneutischen Prozess wird die phänomenologische Sicht zu einer Hyper-Betrachtung des Materials, das im supervisorischen Prozeß vorgestellt wird, überschritten (gr. *hyper,* transzendierend). Das eröffnet Wege zur einer höheren Differenziertheit von Interventionen.

Keywords: Hyperexcentricity, metahermeneutics, Integrative Supervision, Integrative Therapy.

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