



Supervision
a Complex Tool for
Psychoanalytic Training

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The tripartite system for psychoanalytic training has been an official requirement in the training of candidates since 1924 but it was not until 1993 that the topic of supervision was considered at a Conference of Training Analysis. David Sachs opened his introductory paper at the Sixth IPA Conference of Training Analysts in 1993 in Amsterdam with the following words: “Psychoanalytic education rests on a three-legged, educational stool; the training analysis, didactic courses and supervision. Such stools have a tendency toward instability whenever undue weight is placed upon one leg.”

He continued: “Reading the anonymous vignettes which we have received from the participants of the Conference, the Organizing Committee became convinced that the difficulty of the task [of supervision] has been greatly underestimated by the profession. It is remarkable that neither training in doing supervision nor study of the existing literature is required of new training analysts. Apparently, the traditional assumption has been that the training analysts simply have the ability supervise” Sachs paraphrased a

paper prepared by Alicia B Casullo and Silvia Resnitzky, two candidates representing IPSO, the candidate organization, in the following way: “They are concerned that supervisors do not appreciate the complexity of the social structure in which they [the candidates] are living. They want the supervisor to appreciate the relationship they have to the Institute; the economic pressures under which they function; and that their concerns are not [only] ‘neurotic’ but [also] realistic problems which need to be respected.... Their collective experience demonstrates to them that some training analysts are good supervisors and others are poor. The implication is that the price of a poor supervisor is very high for them.”

The Ambiguities of the Supervisory Situation

According to the Webster Dictionary, supervision is: “an overseeing, surveillance. To supervise is to inspect, scrutinize, examine, to have control over, to manage, to direct, to conduct.” The supervised psychoanalytic work, carried through by an inexperienced analyst in training, is done under the control, direction, management, and surveillance of a senior analyst. The supervisor as a member of a training institute has not only status, but also the power and responsibility to judge, evaluate, and influence the status of the candidate. Another aspect of supervision referred to in Swedish as “handledning” is “to lead by the hand” helping a younger, less experienced, less skilled, less knowledgeable colleague who is an analytic candidate or

psychotherapy trainee gain knowledge, skill, and experience. With this attitude, supervisors guide their supervisees through pitfalls, hold them back when they are too eager, help them stay on track, and avoid falling. With the experience of his own psychoanalysis and his theoretical knowledge, the trainee knows to turn to his supervisor for security and help when he becomes overwhelmed with chaos and anxiety when meeting his first patient.

He feels dependent and hopes that his supervisor is dependable. His insecurity and doubts can make him hide his questions, squash any criticism, and possibly even obscure what he actually is doing. He might want to and often does imitate his supervisor and might oppose him in different ways. He might “transfer” onto the supervisor, his infantile wishes and conflicts, feelings about authority, competition and submission, and expectations of omnipotence and omniscience. He may deny his problems. He may cancel appointments, lose patients, or promise them more than he can fulfill. He may show many “blind spots” (Wallerstein, 1981) such as defensive unawareness about his patients, or himself. He may identify with his patients and mirror their unconscious processes towards the supervisor (Arlow, 1963; Searles, 1965). He might also mirror his interaction with his supervisor in his therapy with his patients (Bromberg, 1982; Caligor, 1984; Dewald, 1987; Epstein, 1985; Gediman & Wolkenfelt, 1980; Grey & Fiscalini 1987; Gross-Doehrman, 1976; Sachs & Shapiro 1976). Last but not least, the trainee can provide a tough challenge or a pleasurable and interesting learning

experience for the supervisor.

The supervisory situation should provide conditions in which learning can develop. To achieve such a situation is not easy and can be complicated by trainee as well as by supervisor. Parallel to the wish to learn and change, lies the fear of the unknown and the tendency to stay with the accustomed and remain untouched by change. The position of the trainee is both difficult and ambiguous. He has to be open to acknowledge his lack of knowledge, skill and understanding on the one hand, and at the same time to try to meet his patient's reasonable expectations of an analyst who has the competence to give him an optimal experience of psychoanalysis. Similarly, in relation to his patient, he has to be a real person with a cohesion, stability and maturity of personality and at the same time be viewed, experienced and used by the patient in playing different roles according to intrapsychic scenarios. Within the supervisory interaction, the candidate reconstructs the process he is part of. He is also a trainee, who has to expose himself to the supervisor who aids, teaches and judges him. The supervisor's responsibility for providing optimal conditions for learning has to be correlated with safeguarding the patient's need to receive optimal care (Szecsödy et al. 1993).

Supervisor and trainee can meet in a well-isolated, secluded room with the intention of working on their task; the trainee to learn and the supervisor to teach. Nevertheless, they are part of the organization they work in and are

influenced by it and are influencing it (Szecsödy, 1986). It is important to differentiate supervision according to the trainee's interest in increasing knowledge and skill, on the one hand, and acquiring a profession on the other.

Depending on these two motivations, the supervisor can be expected to be experienced as a teacher, tutor, mentor, someone to relate to, rely upon and identify with, or as a judge who exercises control in the interest of the trade, the body of professionals, and the training institution. In this sense, he can be a rival to fight with, or someone to whom the trainee must submit. These are more-or-less realistic expectations and experiences connected with the participants' culturally defined status and roles, which obviously have great potential for satisfying unconscious fantasies and transference scripts.

The supervisor has to be prepared for and be aware of all these ambiguities and the problems they arouse. He has to work with them in different ways. The complex interaction between trainee and supervisor is influenced by many factors: the personalities of the patient, trainee, and supervisor, and the effects on them of the organization in which they work. On the other hand, teaching and learning in supervision are not standardized. There is no "code of procedure." This ambiguity is aggravated by the yet unanswered question as to whether the participants adjust their working strategies to the specificities of problems before them, or whether they impose their standard strategies regardless of the issue at hand.

How is Learning Possible in the Supervisory Situation?

It is interesting and intriguing that supervision, which is used in all training and at all training institutions, is hardly questioned with regard to its usefulness. Nor is it, with few exceptions, systematically studied. There are hardly any studies about the ill effects of supervision. Training is considered by many to be mainly a process of personal development. In most psychoanalytic institutes, senior analysts, who have gained recognition for their theoretical papers, their lecturing, or their large analytic practices become training analysts, which gives them the status and the right to have candidates in training analysis. To work as supervisors follows more or less automatically from this status. Pedagogic competence is neither emphasized nor acknowledged as a prerequisite in order to work as a supervisor. This may be due to an idealization of analytic work and be based on the idea that because one has gained an understanding of and skill for the work as such, one also acquires the capacity to convey and facilitate this knowledge and skill in others. This is also mirrored in the large amount of literature, written anecdotally about supervision, expressing more-or-less individualistic and idiosyncratic views as generally valid observations. Even those studies that systematically investigate supervision focus more on how one teaches and less on how one learns in supervision (Szecsödy, 1990).

How can supervision enhance and safeguard the difficult task of

learning, to help the trainee to understand the patient and his own involvement in the intricate interaction that evolves between patient-analyst and trainee-supervisor? Most supervisors agree it is of primary importance to create a setting in which the capacity to learn can develop. As yet, too little is understood about the learning-process, especially in adults. It is assumed that adults are capable of selecting and evaluating their own information (Dijkuis, 1979). This is assumed contrary to our knowledge of how selection of information is influenced by unconscious fantasies and emotional factors relating to the object of learning. According to a basic psychoanalytic assumption, humans organize their actions to reach certain goals in accordance with their interpretation of a specific situation. Disturbance in the relationship between trainee and supervisor can hamper both the acquisition and retrieval of knowledge.

It is also important to distinguish between learning and teaching. Teaching is done and can be studied in *statu nascendi*, and the teacher can be questioned about his aims, intentions and concerns as well. Learning is more subtle; it is difficult to determine if it has occurred, if it is functional and whether it is an illusory “reduction of cognitive dissonances” (Festinger, 1957). Corresponding with Piaget's (1958) definition, one can expect that trainees can learn in two ways: by assimilation and by accommodation (1958). Assimilative learning means that the new information is added to the previous, increasing already existing knowledge. The candidate who learns

by assimilation adds newly gained experience, observations, information and theory to the store of knowledge he already has, which thereby becomes enriched differentiated and consolidated. Learning by accommodation means that encounters with new information result in a fundamental modification of the existing cognitive schema, so that the new encounter can be dealt with.

The candidate who learns by accommodation actively restructures previously held knowledge, points of view, and theory.

There are few available systematic studies of the supervisory process. Fleming & Benedek (1966) and the San Francisco Study Group's (Wallerstein, 1981) ambition was to accomplish a descriptive, hypothesis-generating study.

Fleming & Benedek (1966) designed a schema to differentiate steps in the supervisory interaction and systematized a number of teaching tasks. They provided rich clinical material and described how the choice of supervisory technique was influenced by an educational diagnosis, "requiring the supervisor's system-sensitivity and system-responsiveness". They assumed that the learning need of the trainee may represent either a deficiency of knowledge and experience or an error in analytic behavior. These two types of learning problems are also defined by the San Francisco group, calling them "dumb"- and "blind-spots". Gross-Doehrman (1976) emphasized the facilitating potential of evolving tension in the supervisory relationship, but also found substantial evidence for the fact that trainee and supervisor often reacted to tensions by developing a "neurotic bond". This had to be observed,

understood and resolved between trainee and supervisor, to enable the progression of a therapeutic process between patient and therapist.

Fleming & Benedek (1996) reinforced the concept of the “analyst as an instrument”, referring to Freud (1912) concerning the necessity for the analyst to free himself from resistances, which would select and distort what he unconsciously perceives. This implies the promise of an unclouded understanding that carries with it the risk of idealization. “But whether we like to recognize it or not, I believe all of us have our own (mainly unconscious) hierarchical organization, perceiving, screening, measuring the relevance of observational data, and finally leading to action for that moment in analysis” (Jacob, 1981, p. 197). Studying trainees and trainer, it is possible to discern some stable and characteristic differences according to: a *cognitive style*, which is a stabilized disposition of perception and cognition; a *working style* related to the selective use of basic concepts and theories; and a *defensive style* composed of character traits, transferences, counter-transferences, counter-resistances, counter-identifications, etc. (Jacob, 1981). The important questions remain: Can we as supervisors discern a reasonable strategy for our students? Or do we impose our favorite strategies? What in the process can lead to change? What conditions or strategies are optimal for learning?

In a descriptive, empirical study, I attempted to observe and clarify how

learning takes place in the supervisory situation (Szecsödy, 1990). I could recognize instances when learning did develop, without posing difficulties for the trainee or supervisor. Supervisors provided complementary or more complete information the trainees needed and could use. Trainees followed up on observations that helped them to form hypotheses and strategies that seemed relevant and useful within the context of the supervisory session.

The above notwithstanding, work between trainees and supervisors was often influenced by conflicts, connected to the ambiguity and complexity of their task. The supervisors less often followed an implicit, consistent and successive focus than might have been expected from their answers in interviews. Supervisors did not seem to work according to an explicitly or manifestly conceptualized difference between the two kinds of learning problems (dumb spots due to lack of knowledge and skill and blind spots due to conflict and resistance to and avoidance of information); nor did they adhere to any differentiable strategy to deal with various educational tasks. If they did so intuitively, they seemed to be susceptible to missing the target and changing strategy. Frequently, supervisors seemed to act according to an assumption that giving information was always useful and even optimal and was, without exception, something that the trainee could use. They seemed to adhere to this assumption, in contrast to theories they had about dealing with defenses and resistances in therapeutic interaction. Trainees and supervisors showed some propensity for reacting to the innate discomfort of the

supervisory situation by becoming abstract or vague, unduly supportive or critical. All trainees retained an insecurity and vulnerability and had a tendency to react defensively. Their learning problem seems to be always connected with their other function, that of interacting therapeutically with their patient.

It was noticeable that learning did occur most frequently, when the supervisor kept an equidistant position. This position is not only an open, non-judgmental, non-competitive attitude but, also includes the keeping of a continuous and stable focus on the candidate's reconstruction of his interaction with the patient by viewing the candidate-patient interaction as a 'system' with its own boundaries and frame. In analytic work, we focus on the patient's use of the analyst in his unconscious wishful fantasies and thoughts as they appear in the present in the transference. The relationship to the analyst is molded by comprehensive unconscious expectations. As Loewald (1960) emphasized: the patient can discover new material in the object as the analyst fails largely or completely to meet the patient's expectations in certain areas (particularly the area of difficulties) which have previously always been fulfilled by virtue of unconscious steering mechanisms. Similarly, dynamic factors that often stimulate conflict seem always to be present in the supervisory system and influence the learning and teaching process. Nevertheless, it is possible and desirable to maintain the frame and boundaries both around the patient-analyst and candidate-

supervisor systems. For this reason, in addition to the *stationary* and *mobile* aspects of the frame of supervision, I wish to propose a third, a *focusing* aspect of frame. This is the overall and continuous focus the supervisor has to keep (explicitly or implicitly) on the patient-analyst interaction, assisting the trainee to notice how the patient's personality, past experiences, conflicts and enactments are expressed in the interaction with the analyst and how he or she experiences this, reacts to it, and interacts with the patient in response (the transference and countertransference).

It is possible and even advantageous to define this third aspect of framekeeping with the help of boundary maintenance. The *stationary* aspect of the frame refers to agreement on goals, payment, methods, and general rules for supervision and supervised analysis. The *mobile* aspect of the frame refers to the continuous, reflective review of working together. The interaction between candidate and supervisor must be maintained by the supervisor through a continuous attention to the primary task. This can serve as a boundary or frame that is not rigid but cohesive within which supervisor and supervisee can differentiate intentions, reactions or interpretations that belong to or are foreign to the two systems. The supervisor has to keep a clear frame by separating his task of doing supervision from the task of the trainee, which is to conduct analysis of therapy.

Training of Supervisors

Since 1987, the Swedish Psychoanalytic Institute has arranged training on supervision for members who applied for and were accepted to become training analysts. Formal requirements are 4000 hours of analytic work after acquisition of full membership. A committee of five training analysts interviews the applicants. The members of the committee are elected, three by the board of the Institute and two by the board of the Society. The applicant has to give a presentation of his analytic work, intertwining theory and technique. The presentation is discussed with the members of the committee. The applicant is present during the whole discussion, including the evaluation of her or his presentation. The chairman of the committee conveys the recommendation (qualified or not qualified to become a training analyst) of the Committee to the Board of the Institute. The Board's function is to authorize the recommendation as well as to administer appeals. The Dean of the Training Course of Supervision is then responsible for composing the course by bringing together eligible applicants and staff that he has selected for the Course. The Dean and two Assistant Deans for this training are elected by the Board of the Institute.

Those entering the course have received the assignment of training analyst and start treating and supervising candidates. As the Swedish Institute is a non-reporting institute, the work as a training analyst is not supervised, only discussed generally during seminars. On the other hand, there is a continuous, mutual evaluation and discussion of the supervisory

work conducted by the trainees. Each supervisor-in-training starts supervising a candidate once a week, and meets a supervising supervisor every second week. After one year, the frequency of supervision of the candidate is decreased to every second week and that of the trainee to once a month.

During the two years' duration of the training, there are 14 seminars organized with the following themes.

- Dynamics of training.
- The role of training analysis and supervision within organized training; organizational aspects, dynamics of institutions and “the clinical rhombi”; learning alliance.
- Training analysis compared to non-training analysis
- Transference, countertransference and institution.
- Termination of training analyses.

Connected to presentations of supervisory sessions, the following questions are discussed.

- How do we establish a platform for teaching and learning?
- What is the value and practical use of an educational diagnosis?
- How can we work with different learning problems such as

“dumbness”, “blindness”, and “deafness”?

- How do we deal with transference-countertransference issues in the analysis as well as in the supervisory relationship?
- How do we recognize and deal with parallel and reflective processes?

The following topics are covered:

- Group dynamics in therapeutic and supervisory work
- Supervision as a process and as a mutative learning situation
- The study of the supervisory process
- The analytic process
- Research perspectives

At the end of training, all trainees and supervisors together with the Deans conduct an evaluation of the course. They focus on issues that promoted or obstructed learning, and then make recommendations about the taxonomy of training. Those who received training can function as supervisors and are listed as such by the Supervisory Committee. Candidates can freely choose listed supervisors, but the choice has to be approved by the Committee. No supervisor can at any time have more than five candidates in supervision.

Summary

The task of supervision is to provide conditions in which learning can develop. To achieve this is not easy and may be complicated by trainee or supervisor. Dynamic factors and inherent ambiguities in the supervisory situation frequently stimulate conflicts and influence the learning and teaching process. On the one hand, the supervisor can be experienced as a mentor, someone to relate to, rely upon, and identify with. On the other hand he can be expected to be judging, controlling in the interest of the professions and the institution of psychoanalysis. A study of the learning process, which consisted in analyzing transcripts of supervisory sessions, has demonstrated that learning occurred frequently when the supervisor was keeping to a continuous and stable focus on the trainee's reconstruction of his interaction with the patient, viewing the trainee-patient interaction as a 'system' with its own boundaries and frame. Therefore, the optimal learning takes place when the supervisor has participated in a supervisors' training program such as the one at the Swedish Psychoanalytic Institute to prepare him or her for the challenges of serving in a supervisory position.

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