How Is Learning Possible in Supervision?

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Imre Szecsödy was Director of the Swedish Psychoanalytic Institute 1989-93, president of the Swedish Psychoanalytic Society 1993-97, vice president of the European Psychoanalytic Federation (EPF) 1997-2001, member of COMPSED (committee of psychoanalytic education) of the IPA 2000-2004, member of the Working Party on Psychoanalytic Education of the EPF, Member of the Liaison Committee for the IPA interim Provisional Society Vienna Arbetskreis for Psychoanalysis, member of the IPA's Research Advisory Board, former chair of the Monitoring and Advisory Board to the

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Being engaged for many years in the training and supervision of psychoanalysts, psychotherapists and also in the training of supervisors, I became more and more interested in how learning takes place in supervision. This interest stimulated me to start a study of the supervisory process. My point of departure was that psychoanalysis and dynamically oriented expressive psychotherapy are applications of the same basic science. The aims of both psychoanalysis and psychotherapy are to enable and facilitate change, growth and emancipation for the troubled individual. For the purposes of this chapter I will use the terms analysis and psychoanalysis to refer both to psychoanalysis and psychoanalytically oriented psychotherapy, and the term analyst will refer to both psychoanalyst and psychoanalytic psychotherapist. I will, however specify psychotherapy and psychotherapist to refer exclusively to psychotherapy and psychotherapist.

The analytic task is to establish a specific relationship within a specific frame, in which the patient can gain insight into his consciously and unconsciously enacted experiences, expectations, wishes and fears. Insight presupposes accommodative learning which goes, beyond the assimilative

type, and can lead to change, which is further facilitated by what many call a corrective emotional and ideational experience (Appelbaum 1978). Within the boundaries of the analytic situation the individual's history is re-experienced, re-structured and, above all, narrated. It acquires new meaning and regains old meanings that were lost. Uniting seemingly separate events into meaningful sequences establishes coherence, a new order by way of understanding. "It is a final act of self-appropriation, the appropriation by oneself of one's own history" (Marcus 1985).

In his work, the psychoanalyst has to take part with his whole personality. He has to follow and understand the conscious and unconscious aspects of the interaction, both cognitively and emotionally, thus he has to be able to experience and observe at the same time. He has to gain skill to apply specific methods (among them clarifications, confrontations and interpretations) to facilitate insight. It is no wonder that this work often is compared to that of an artist and is often viewed as a personal attribute rather than as something that can be acquired with training. 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 for 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. Similarly, in psychotherapy training the more

experienced therapists take on the responsibility of supervising trainees. Pedagogic competence was neither emphasized nor acknowledged as a prerequisite to work as a supervisor. This may be due to an idealization of analytic work and based on the idea that because one has gained an understanding of and skill for the work as such, one has also acquired the capacity to convey this knowledge and skill to others and to facilitate its acquisition by them. This idea is also mirrored in the large amount of literature, written anecdotally about supervision, expressing more or less individual and idiosyncratic views as generally valid observations. Even studies that systematically investigate the supervisory work tend to focus more on how one teaches, and less on how one learns in supervision. I am referring to the research in the field of psychoanalysis by. Ekstein and Wallerstein (1958), Fleming and Benedek (1966), Goin (1976), Gross-Doehrman (1976), Jansson (1975), Kline (1977), Martin (1978), Richter (1980), Wallerstein (1981), and Szecsödy (1990) and the "client centered psychotherapy research of Lambert (1980). Other authors including Dewald (1987), Langs (1979) and Rioch (1976), present a descriptive, intensive study of one or two supervisions and formulate their ideas and theories from those.

It is intriguing that supervision, which is used in all training and at all training institutions, is hardly questioned in regard to its usefulness. There are few studies about the "ill effects" of supervision other than the work of Heising (1976) and Sandell (1985) who write about the "dysfunction of

supervision." Their findings suggest that supervision can have positive effects on therapy outcome generally, but not always on the cases that are supervised.

To provide conditions in which learning can develop is not easy and can be complicated by trainee as well as by supervisor. Parallel to the wish to learn and change, there is the fear of the unknown and a tendency to stay with the accustomed and to remain untouched by change. The supervisor has to be prepared for and aware of all the ambiguities that are inherent in the supervisory situation. There is "a crowd present" in the supervisory room: a mentor, teacher, evaluator, judge, supervisor, future colleague, a staff member who is dependent on the candidate's acknowledgement and successful development, as well as the candidate himself who has to accept and carry a number of different roles. Thus it is important to differentiate between the trainee's interest in increasing knowledge and skill on the one hand and acquiring a profession on the other. As a result of these two motivations, the supervisor can expect to be experienced as a teacher, tutor, mentor, someone to relate to, rely upon and identify with or as a judge; controlling in the interest of the body of professionals and as a delegate of the "institution". In this sense he can be a rival to fight with, or to whom the trainee must submit. These are more or less realistic expectations and experiences connected with the culturally defined roles and status of the participants. These roles obviously have great potential for satisfying unconscious fantasies and

transference scripts. The intriguing question is: Is learning possible under such complex and conflicting conditions?

The study of the learning process

The task for supervision is 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. In the 1980's I started a descriptive, empirical study, with the aim of observing and clarifying how learning takes place within the supervisory situation (See chapter 3). As the focus of this chapter is on the clinical applications of my research; here I only wish to outline the design of that earlier study (Szecsödy 1990, 1992, 1993).

The assumption that the interaction between trainees and supervisors is guided by the theory and rules of psychoanalysis and dynamic psychotherapy was implicit in the study, both in the formulation of inferences and in organizing the data. Notwithstanding the multiplicity of intentions influencing the interaction between trainees and supervisors, they have a common goal and intention, that of increasing the trainee's ability to

understand the interaction with the patient. To approach this task trainees and supervisors may have different and diverse strategies but will presumably use data and rules of connecting them corresponding with the theory and rules of psychoanalysis and/or dynamic psychotherapy which are in varying degree familiar to both parties. Corresponding with Piaget's 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 one, increasing already existing knowledge. The therapist can add newly gained experience, observations, information and theory to those he already has, resulting in their enrichment, differentiation and consolidation. Accommodative learning 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. To deal with the information, the person must actively engage himself in warding it off or accommodating to it by restructuring previously held knowledge, points of view and theory.

Fifty-six transcripts of recorded supervisory sessions formed the basis for my study. I applied the concept of educational diagnosis that Ekstein and Wallerstein (1958) and later Fleming and Benedek (1964) introduced for use in clinical supervisory work as well as in research. For each supervisory session that was studied, I formulated an *educational diagnosis arrived* from reading the transcripts from the perspective of my prior clinical knowledge

and supervisory experience. In an attempt to further elucidate these impressions I formulated a focus, the *nuclear problem*, as a hypothetical task for the supervisory work in the observed session. I differentiated types of learning or teaching difficulty into two major types: *lack* or *conflict* previously described by Ekstein and Wallerstein (1958) relative to the patient (learning problems' and those relative to the supervisor (problems about teaching). Lack refers to lack of experience, skill and knowledge (dumb spots), while conflict refers to the defensive avoidance of information (blind spots). Based on the educational diagnosis and the hypothetical task connected to the nuclear problem, I conceived of an *ideal problem-solving route*. This route was formulated in accordance with the diagnosed problem of the trainee and the primary task for supervision. The ideal problem-solving route was constructed as a "thought experiment" (Greenberg 1984) in which I described possible strategies, based on clinical supervisory experience, by which these problems and/or questions could be approached. After formulating an educational diagnosis, a nuclear problem and selecting an ideal problem-solving route, I divided the transcripts into consecutive sequences. Following the transcripts, each sequence was studied and the descriptive analysis of the interaction between trainee and supervisor was supplemented by *commentary* based on my clinical and theoretical knowledge. According to this analysis, inferences were made about what manifest and/or latent problems and questions had to be dealt with and how these could be handled

by the supervisor – the *ideal problem-solving task*. I then followed the dialogue between trainee and supervisor step by step to see whether the actual interaction was corresponding with or differing from the *ideal route*. The underlying methodological assumption is that the ideal route can serve as an indicator, or as a thought experiment, to study the actual interaction. Comparing and contrasting the actual discourse with the hypothetical, ideal one made explicit the rules by which the inferences and judgments were applied.

An additional way of probing this method of analyzing the transcripts was to apply it to a study of the learning process in supervision, which was explored by an independent author. Dewald (1987) published an extensive individual case study from the supervision of a candidate in psychoanalytic training in which transcripts of supervisory sessions are followed by the detailed comments of the author/supervisor. His comments were then compared with the constructions, inferences and judgments I used in the analysis of the sessions. Another attempt to safeguard the study against the systematic bias of the impressionistic interpretations made in qualitative research was to approach the data with a quantitative method (Szecsödy 1990). Certain qualities of the trainee-supervisor interaction were delineated and formulated as variables. A manual was constructed from the collected examples that were used to illustrate and differentiate these variables. Transcripts of a limited number of supervisory sessions were rated by

independent judges and the scores were then analyzed with the Principal Component Method (Wold 1983, Armelius & Kullgren 1986) replicating the search for recurrent and specific patterns in the supervisory interaction. (In PC-analysis, that is a complex factor analysis, the multivariate properties of a large number of variables can be used for a detailed description of the observations by means of a few latent dimensions or principal components that account for, and describe, the systematic variance in the data.)

With a short description of a supervisory session and how it was commented upon by the supervisor and myself as the researcher, I wish to show the intricacies of the learning/ /teaching process. The session was recorded at the end of the second and beginning of the third year of a supervision conducted by Paul Dewald. He originally described and commented upon this session in his book *Learning Process in Psychoanalytic Supervision: Complexities and Challenges* (Dewald 1987; pp. 188-208) and the analysis of this session was presented in my study (1990).

S is the supervisor. T is the trainee. P is the patient. T is obviously an ambitious candidate, in the process of preparing a presentation before a site visit and exhibiting a very clear and concrete wish to get on with her training. This is her first analytic case under supervision, a second one is already taking place parallel with this, and she is planning to start the third one.

T: "I'm unprepared for this - but I did do my case summary for the site visit. I think

I just want to let off steam about how frustrating this lady is. She is so withholding that at times she could incite me to riot if I didn't do it outside of sessions. She and my twenty-month old daughter have a lot in common. I cannot decide if she is teasing me. I don't think she is doing any of this consciously, but the effect on me is telling me something. She'll come and she'll get into something and really start to work. There is a particular session I could read you that would illustrate this, but in short there was a lot of affect and it wasn't phony. But then she would not come until it's all cooled down. And I know that part of that is diluting and that part of it is her reaction to one of the things she is real mad about. She'll come to two sessions and skip another two. Then she comes enraged, she was so mad at me I am just a cold tit. And I was just like her mother. One of the things that's making her mad is that it feels to her like it's on my terms. Like her mother I was not available when she needed me. She had to catch her when her mother was not depressed or when her mother was available. And so is it with me. And then she does not come. Doing it at her convenience proves to me she does not need me, that she can - and proves to herself that she does not need me -- that she can do things when she needs to do them. And about withholding: she'll give me herself when she wants to. She was coming more frequently until - I used her words for it, though I can't remember what they were. Whenever she started to deal again with her fantasies of castration and oedipal phantasies and the urethral stricture, suddenly she got very busy at work and stopped being able to come so regularly. When she comes infrequently and brings tons of material when she does come, I think she knows I can't catch it all. How do I say this?"

S: "And this pattern occurred after she'd begun to talk about the urethral stricture?"

T: "After she'd begun to talk about it again. It's not only that she does not want to talk about it because I may cram something down her throat, but also because she doesn't want to explore something new. That happened one week and that was it. Then she started skipping."

S: "You see, when you run up against a pattern like this and it seems to be this stubborn, you've got to ask yourself: what other potential meanings does it have?"

T: "That's why I'm blowing off steam here."

S: "What's it say? One of the things you described is that she doesn't come for a while and then she gives you everything."

T: "She floods me."

S: "And floods you."

T: "And I feel flooded."

S: "Do you think she is reenacting the urethral stricture?"

T. "Is she doing it to me?"

S: "No, no."

T: "Is she - okay, go ahead."

S suggests, that P reenacts a painful anticipation.

S: "Holding back - have it all out at once. Floods you and it hurt terribly for a short time but then you wait and try to make it as long as possible before you have to go again."

T: "And you hate that you have to go."

S: "So you are beginning to think along those lines as to what kind of meaning this has?"

T: "Uh huh."

S: "Because among other things her mother can't stop the pain. You see, this way she has the fantasy `If I could tell mother then she would stop the pain'. But to tell her mother and mother still can't stop the pain means, `either mother hates me or wants me to suffer or that she is as helpless as I am'."

T: "So the turning around things is a kind of defensive maneuver that's pervasive in this lady. I need her, her seeing that I need her, and what she is mad at is that she needs me. So that perhaps the feeling that if she calls me on the weekends I would be disappointed in her is that she would be disappointed in me! If she begged her mother or told her mother it was hurting and her mother couldn't fix it, the disappointment would be too much because ..."

S: "That's it."

T: "Another thread through this is that her parents and I have been disappointing in our lack of omnipotence."

S: "I see. If she tells mother that it hurts, and if her mother is omnipotent, than her mother will stop the pain. She tells mother it hurts and mother can't stop or doesn't stop the pain, or mother gets more and more uptight - because you see, what you're feeling now is how frustrated, how on edge, how angry you feel at her, how you want her to get on with this thing. You must think what the mother must have felt when this girl would scream and scream and scream. The mother is trying her best to stop the pain, feeling upset, increasingly uptight and the child can't be soothed and the mother feels increasingly helpless."

T: "And they had been through that once before. This is the second time. Not with the urethral stricture, but with her bowel habits. They had been through the pain of elimination and her mother saying `If you eat more you'll be able to go to the bathroom'. Then the kid trying, supposedly, and withholding at the same time. So she has the base of experience before she even gets to the urethral stricture."

S: "Right. So all of this, you see, is what this behavior pattern is all about, and it serves several functions simultaneously. Among other things, it frustrates you and gets even with you; it creates a situation of distance and tension between you. It also, however, preserves her hope that you could stop the pain if you knew. But she is never going to ask, so therefore `if you don't stop the pain, it's not because you're not omnipotent; it's because you don't know. And if I ever did ask you, then you could do it'. It preserves that image. But it also serves getting back at you, serves to frustrate you; it

serves to make you suffer with her."

T: "Why does she have the fantasy that if she calls me, she knows I would not see her? Like if she calls me on Friday and says, "I have to see you tomorrow". She knows I'm not going to see her. That's why she doesn't call me. I'd be mad at her. But then she says that it would really scare her to death if I did see her. And I think she's right. I mean I don't think that that's all fantasy. A long time ago I changed an appointment because she wanted it changed and it was no skin off my nose - in fact, I think it was more convenient. And there was trouble. I can remember thinking, I'm never going to do it again. And you and I talked about it, but maybe that has meaning in another frame, in terms of getting what she wants and how far will I go to give her what she wants, a kind of ultimate seduction."

S: "Yeah, I think you can see a relationship. As you listen to this girl and observe how she behaves, try to keep in mind the picture of a little girl in chronic pain, helpless to do anything about it herself, and with a mother also helpless to do anything about it. What must the little girl feel and what must the mother feel and what must the little girl then think about what the mother feels? Many people who are actual child abusers, for example, tell you that what happens is they got increasingly uptight because the kid wouldn't stop crying. They had to shut the kid up at all costs because to hear the kid go on crying and screaming made them too uncomfortable. I would suspect that something like that happened between your patient and her mother."

T: "And that then may be the basis of some of this, some of her sense that mother kept going away."

S: "Yeah, but may also be partly a sense of, `I don't want my mother to come'. If she asks you to come and see her on Saturday, it's like mother being called into the bathroom one more time, or mother being called into the bedroom one more time, because the girl is still screaming and the mother getting furious and saying: `Now stop it', and slapping her or doing some other horrible thing. `So don't come in. I don't want you to come because that's what I get if you come'."

T: "Well, and that's her experience, but it's not those details yet, but that's the experience of her memory, the way she relates it. When she did tell her mother, her mother called the pediatrician and took her to the urologist, who then hurt her with the mother watching. So he was the mother's arm."

S: "So `I want mother to be there to do something for me and when mother is here, it makes it worse. It just hurt more'. But also I would suspect, as I say, the mother must have been at the end of her tether with this kind of pain and inability to do anything about it and the child screaming and hurting and dribbling a little urine and having enormous pain, the mother finally getting furious. I'm basing this, you see, on your own feeling that you're ready to blow off steam at this girl, this is what she induced in you and that must be what happened when she was a child."

T: "Well and I think it's - if I base it on my feeling, what I think happened when she was a child is that her mother got furious with her for not telling her."

S: "Uh-huh, that's possible."

T: "For not giving her the chance to help her."

S: "Exactly."

T: "For letting it get so bad that it was an emergency not in the sense of her not wanting to take care of an emergency but not having been able to take care of the child because the child did not tell her, because that's how I feel. Here is a girl who's in trouble, she's hurting, she's got a lot of things, gone in a lot of different directions, she brings it in, she splurts it over the office and I feel like I could help her. You know like the process would help her."

S: "If she only would let you."

T: "If she would let me. But then she goes beyond reach and she doesn't bring it to me anymore and -- I don't know, I'm powerless."

S: "Yeah. You see, this is what I think of as the creative use of the

countertransference, where feelings get evoked in you and you ask yourself: Is it part of what the patient is seeking to do? Is this part of an early constellation of interaction and experience being reenacted here? And if so, from where? This is an illustration of how you can use these feelings that are engendered in you constructively, to reconstruct what it must have been like when she was growing up. Then you use that as a basis of your --"

T: "How do you use it technically?"

S: "By grasping it."

T: "As the basis of my understanding."

S: "That's how you use it. And from there on you interpret in that framework."

T: "Okay. You wait for data then and use that framework of understanding."

Dewald's comments on this session

The candidate arrives in a state of affective arousal planning to use the supervisory session to "let off steam" in response to frustration experienced as part of the analytic process with the patient. Her capacity to announce her intention to use the session in this way indicates that the learning alliance is well established and that she feels free to use the situation as her needs dictate. The supervisor recognizes the intense counter-transference and her needs to express feeling. Intermittently as she describes P's behavior and associations, the candidate is capable of her own synthetic formulations, and she recognizes and tolerates the P's transference experience of her in critical, contemptuous and hostile terms. She is capable of recognizing when the P is

using, and reenacting patterns of behavior from the relationship with her mother. Throughout the supervisor is aware of the intensity of the candidate's affect and her continuing needs to express her reactions directly. Eventually the supervisor begins to reflect back to the candidate and to encourage a more cognitive focus on the material. As part of the candidate's efforts at formulation and understanding, she mentions that some of the patient's behavior seems to have evolved after the patient brought back material about the experience of the urethral stricture and the severe trauma it occasioned. This material had previously been worked on. At this point the supervisor begins silently to develop an understanding of the material in terms of the urethral stricture and its consequences and begins to call attention to the topic. The candidate responds by reminding the supervisor of the ideas previously connected to the stricture, once again synthesizing the material and recognizing that the patient started skipping sessions after the issue began to come up again.

The supervisor suggests to the candidate ways of thinking about the process when intense resistances such as the one described begin to occur. The candidate admits, "That's why I'm blowing off steam here". The supervisor reflects to the candidate a way of summarizing the patient's behavior. The candidate's response "she floods me" indicates that the maneuver by the supervisor is successful. The supervisor presents a formulation in which the patient's behavior is seen as a transference

reenactment, but the candidate is initially confused. As the supervisor rephrases his formulation and shifts from an abstract conceptual statement to more immediate clinical description the candidate begins to respond in an animated way. The candidate becomes increasingly capable of producing and correlating further material, rather than merely reacting to what the supervisor has said. The supervisor, responding to the candidate's elaboration of the data, once again interacts, attempting empathically to reconstruct the patient's childhood experience currently being re-enacted in her nonverbal behavior. The candidate identifies with the supervisor's immediate style and mode of communication, emphatically recognizing the patient's childhood experience -"and you hate that you have to go".

The candidate's elaboration stimulates the supervisor to encourage the candidate's empathic identification with the mother in hopes of encouraging the candidate to use her countertransference experience as a source of awareness of what the mother-child interaction may have been, and how the analysis is repeating the earlier pattern. The candidate's response, that the interaction around the urethral stricture was itself a repetition of a pattern evident in the patient's toilet training, opens channels of association and communication of material not previously expressed or correlated by the candidate. The supervisor shifts to a more cognitive and conceptual level in demonstrating the principle of multiple function without specifically naming it, thereby encouraging the candidate to generalize this clinical experience.

The candidate responds with active attempts at learning, beginning with her question about the motivation behind the patient's fantasies. At the same time she demonstrates that she has been able to use her own earlier experience with the patient to shape her intervention and can appreciate the importance of abstinence. This is followed by an interchange in which each builds upon the contribution of the other toward a deeper empathic understanding, appreciation, and reconstruction of what had been an important and recurrent traumatic experience for the patient in childhood.

The supervisor returns to the candidate's original countertransference experience of frustration and tension, using it to illustrate how an analyst can appreciate the meaning and basis of behavior by being sensitive to countertransference feelings. The candidate partially accepts the supervisor's suggestion, but corrects it, based on a more accurate and detailed description of her own countertransference experience. The candidate's curiosity about how countertransference can be used technically allows the supervisor to describe the framing of interpretations. This supervisory session effectively illustrates various aspects of the teaching-learning experience. There is a balance here between affective experiential elements and those in a more cognitive style. There is also a mutual interaction between candidate and supervisor, a shared experience of creative discovery and deepening awareness.

My somewhat different conclusion:

T is openly and manifestly expressing how much she feels frustrated and irritated by P. She does not immediately define this as a problem for supervision, as she "is unprepared, did work on her summary" and wants to let off steam. P is frustrating like T's daughter of 20 months. With quite some intensity T describes how P is acting out, denying her own needs to have anything from T. T on the other hand seems to have difficulties being in the role of the "not accepted, or the rejected, giver". It seems important for T to be experienced as being able to give, understand and help. She formulates it first as a `lack' of experience, knowledge, words, and experience, asking "How does one say this"? Instead of answering with any kind of advice S encourages T to investigate, reflect by asking about connections. T does feel "flooded" by P - which can be interpreted as T's capacity to hold and contain being impaired. Even if T does expose some lack (the lack of skill and knowledge) her problem is mainly a conflict due to some strong feelings that T has and has difficulties dealing with. Her irritation is open, but some part of the experience is warded off.

S is encouraging T to reconstruct, reflect and organize information. S explores how P reenacts the past in the present, while T is experiencing and suffering the present, what P does to her in the `here and now'. T's associations can be an expression of her state of being "flooded" by experiencing the latent or deeper meaning of the interaction with P; but also a

sign of the `metabolizing' process, bringing the content of the mutual influence between P and T more into consciousness. S is very much in the "here and now." Even if he talks about P as a child, he does bring in the feelings of P to be experienced and reacted to by T "here and now". T does take up the line - but still with some defensiveness. T can formulate P's disappointment with her lack of omnipotence, but when S reiterates - clear and close in the "here and now" - the emotional experience of the mother and connects it with T's feelings and reactions, T retreats to the past. The two do not participate in the dialogue on the same wavelength. T is trying to deal with her problem of being rejected by P and put in the position of the dangerous, hurting or penetrating parent. S is giving T `more of the same' information but also indirectly encouraging T to reflect and open up to the experience, that of being put into the position where she actually would want to "harm" the patient. This information still seems to evoke T's defenses - as she puts the problem into the patient - its being P's difficulty in accepting what she has to offer. T reiterates that the trauma was that mother kept going away. This differs from the focus of S, who tries to convey that T actually might offer something that can be or is expected to be hurtful and bad for P. T displaces the hurtfulness into the urologist who was the mother's hurtful arm, away from the mother and from herself. S reiterates once more how P does expect to be hurt by mother and T, and that he actually bases this idea on T's own feelings "that you are ready to blow off steam at this girl".

But T keeps avoiding the essence of what S conveys; she interprets her own and P's interaction as a reenactment of how mother (and T) became furious because P did not tell them, did not let them help. If she would only let T help her, but no, P goes out of reach, and T feels powerless and furious. S seems to accept this interpretation and encourages T to continue to use her countertransference reaction in a creative way. T's question "how does one use it technically" can have the function of confirming and sanctioning the "good trainee - supervisor relationship" and keeping distance from the "bad" therapist image.

Comparison of the two commentaries:

The supervisor and researcher both recognize the intense countertransference and T's needs to express feelings, "to let off steam", but differ in judging the trainee's difficulties in containing, accepting and using the information of being seen as hurtful and dangerous.

Dewald is "aware of the intensity of the candidate's affect" but sees his task to help T recognize her difficulties in accepting the role of the rejected giver as a means "to afford the candidate a more objective and cognitively organized opportunity to formulate her perception of the analytic process". Dewald's focus is to increase T's capability "to synthesize affective experience with understanding of P's difficulties and to help the candidate

empathically reconstruct and understand how P's childhood experience is currently re-enacted in her behavior". According to his judgment, T does "demonstrate active mastery and an ability to integrate the material as an organized process".

The researcher judges T to be defensive in that she is connecting P's rage with an experience of a `basically good but unavailable object', rather than with fear of a `bad, evil and dangerous object'. This difference in judgment between the researcher and Dewald is maintained throughout. Dewald's view: "The candidate's responding with active attempts at learning, demonstrating that she has been able to use her own earlier experience with the patient to shape her intervention" contrasts with the researcher's commentary: "To focus on P's difficulty in accepting what she has to offer is a defensive interpretation by T". One "opens channels of associations", the other indicates a "defensive retreat to the past". To judge T's attitude as "open", as compared with "defensive", in regard to the central meaning of her transferential predicament can be due to the difference of positions of the supervisor and observer.

Dewald accepted T's reformulation of a "more accurate and detailed description of her own counter-transference experience", while the researcher judged this as a defensive avoidance of being seen as "evil", that is a "bad mother/ therapist/ trainee". To recognize the complex and ambiguous

positions trainee and supervisor have to deal with is easier for and more obvious to an observer. This candidate did from the beginning exhibit her wish to be seen as capable and eager and had strong ambitions to get ahead with her training as well as with the analytic work with her patients. She expressed her frustration and rage about the patient's unwillingness to use her and accept her help. To feel exposed as "evil" with intentions of hurting the "baby" who confronts her with pain can dangerously deviate from the *nil nocere* position expected of an analyst. Being both, a trainee who needs help and a candidate who is evaluated, can stimulate defensiveness. As a parallel process, the supervisor can have difficulties in being identified as evil. To insist and confront the candidate with "evil intentions" of hurting the baby who cannot be soothed can expose the supervisor as one with evil intentions.

Discussion of Findings

Humans organize their actions to reach certain goals in accordance with their interpretation of a specific situation. Their understanding and ways of dealing with tasks and problems depend on whether they consciously/unconsciously experience some kind of control over the situation. Strategies are ways to organize actions to attain specific goals in accordance with the interpretation of the situation. Some strategies are task-oriented, others mainly defensive. Most of the methodologies by which therapeutic or supervisory processes are studied are based on the rationality

of interactions. Manuals to describe, define, or categorize the interaction between therapist and patient, or supervisor and trainee seem to be based on the notion that therapists or supervisors do or can work according to pre-formulated principles and strategies.

The Prevalence of Conflict

In reality, work between supervisor and trainee was often influenced by conflicts connected to the relationship and their personalities but also to the ambiguity and complexity of their task. Reactions and defenses stimulated by these conflicts showed a rich complexity. For practical purposes it is possible to group them as strategies that can hamper or facilitate the achievement of workable, as well as meaningful, solutions. There are some stable differences in the way trainees and supervisors work together that can be placed under the heading "cognitive and working style" (Jacob 1981). The **cognitive style** is an ever-present general influence on the screening and organizing process due to stabilized dispositions of perception and cognition embodied in the personality. The **working style** is close to this, but not synonymous, because it varies according to how and what basic psychoanalytic or pedagogic concepts are preferred and how they are integrated into the actual work situation. The method of my study seemed rather to focus interest on **defensive style**, Jacob's (1981) third category for differentiating problems between supervisor and supervisee, which is related to the ways control is

used (Jacob 1981).

Studying the extensive material of 56 supervisory sessions it became obvious that the supervisory interaction involved both trainees and supervisors emotionally as well as intellectually. It was possible to find many instances, where learning did occur without posing difficulties for the trainee or supervisor. Supervisors complemented or completed information the trainees needed and could use; trainees did rearrange or follow up on observations that helped them to form hypotheses and strategies that seemed relevant and useful within the context of the supervisory session. On the other hand, it happened in less than one third of the recorded sessions that trainees and/or supervisors formulated an explicit question about a problem! A somewhat unexpected finding was that each session contained instances of some kind of conflict that was mobilizing defenses.

One impressive and recurrent finding was that all supervisors showed a predilection for dealing with learning problems by giving information and suggesting strategies to the trainee. It is important to emphasize, that all of them were familiar with supervisory literature and previous research and knew how to differentiate didactic and facilitating methods. They were theoretically aware of Jacobs' categories in which "*didactic*" teaching is used to correct *working style errors* (dumb spots) and "*other forms of teaching*" are used to deal with *defensive reactions* (blind spots) (Jacobs 1981, p.201).

Nevertheless, these "other forms" of teaching were used unpredictably by supervisors in this study. It is difficult to formulate a general statement about why supervisors dealt with learning problems contrary to expectations and contrary to the strategies they probably use in therapy. Both the microanalysis of the material and the pictures of the work yielded by the Principal Component analysis suggest that supervisors frequently retreat to explanations after they had approached the trainee's conflict and were met with defensive reactions, in contract to the strategies they would apply in psychotherapy. A plausible reason might be the conflict supervisors have about tolerating the trainee's need to `learn by experience and trial and error' and the responsibility they feel for safeguarding the patient's need to receive optimal care.

Ambiguities of the supervisory relationship

The findings reconfirmed the necessity of considering the ambiguities in the supervisory relationship:

- The trainee is a beginner, without much knowledge and/or skill. He has to be open and honest about this in his supervision as well as with himself. On the other hand he is expected to be an optimally good therapist for his patient.

- In the therapeutic relationship the trainee is a `real person' with his professional and personal characteristics as well as being a transference `object' for the patient. As a transference object he is placed in different, and for him often foreign, roles.

- Within the supervisory interaction, the therapist is reconstructing 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 is directly responsible for providing optimal conditions for learning. This has to be correlated to the responsibility the supervisors feel for safeguarding the patient's need to receive optimal care.

These positions for trainee and supervisor stimulate different emotions and reactions, rational and irrational, conscious and unconscious. It appeared necessary in each and every recorded session, to make inferences in the educational diagnosis of both types of learning problems. Whether the difficulty emanated from inexperience or avoidance, the trainee had to face and experience the state of inadequacy or incompetence. How trainee and supervisor deal with this is of crucial importance. In my opinion, the supervisor should always keep in mind the combined learning task and the combined learning difficulties of both types, namely lack and conflict.

Strategies that inhibited or disturbed the learning process

It was possible to follow the learning process step by step and observe when it was interrupted. Supervisors suddenly changed focus, tempus, broke the frame, became defensively abstract and unduly critical or too supportive. It was possible in many instances to understand the probable meaning behind a change of strategy, which was not infrequently due to some realistic or also irrational fear of losing control over the situation. It was frequently observable that supervisor and/or trainee changed focus when they were approaching or dealing with a theme or area of conflict. They frequently turned to the patient's past or pathology in abstract theoretical terms or to the patient's external surroundings, spouses or parents as objects in external reality. This reaction is similar to externalization. Supervisor and trainee often conducted the dialogue in the `then and there', which served defensive rather than learning purposes. All supervisors showed some predilection for reacting by giving corrective information or for interfering in some other way, thus risking or endangering the alliance. Meeting resistance in the trainee, supervisors became unduly supportive or vague and ambiguous in the way they expressed themselves. Focus changed from looking at connections to explaining singularities. These reactions often corresponded with some break in the supervisory frame. All trainees maintained an insecurity and vulnerability, probably due to the immaturity of their professional selves. Confronted with ambiguity, resistance, something they missed, or when feeling questioned directly or even indirectly, they defended themselves first

and reflected only as a second step.

Important favorable interaction in optimal conditions for learning

The *here and now* context can facilitate the re-experiencing of the interaction the trainee had with the patient and can enhance the supervisor's opportunity to contain, observe and understand the way the trainee reacted or reacts to it. Within that context, certain qualities of the interaction did seemingly facilitate learning within the supervisory session. Increasing the trainee's skill and knowledge to form meaningful hypotheses about the way the patient influences him was at such occasions enhanced by enabling him to gather more information and encouraging him to reflect about, to observe and to understand how he is influencing the patient and their interaction. To acquire this skill the trainee must develop qualities of interaction.

The trainee must become:

- interested, willing to search for more and better understanding;
- reflective and open to considering that there can be more than one way to understand the meaning of parts or the whole;
- dependent on the supervisor but retain autonomy to structure and use knowledge and skill on his own;
- aware of the limitations of his own knowledge;

- capable of exploring (by clarification, confrontation, tentative interpretation) rather than explaining

- accepting of the innate discomfort of the therapeutic as well as supervisory situation (of being questioned, criticized, judged) without disqualifying the other or by avoiding questions or the discomfort with undue supportiveness.

The supervisor needs to monitor the interaction in order to support these qualities in the trainee.

The supervisor must:

- maintain the boundaries;

- encourage the trainee to organize information and consider ways to connect issues and reflect about his own influence before giving information or explanations;

- focus on the connections, aiming for an understanding as to how this unique patient expresses herself within the interaction and how this unique trainee reacts to it, influencing the interaction in certain specific ways;

- use clear, concise expressions that are nuanced but not ambiguous or abstract

- be interested, curious, concerned but reasonably critical

These attitudes or techniques often appeared to be more helpful than

giving support, information, theoretical and/or practical explanations or exploring the relationship between trainee and supervisor. It seems possible and reasonable to differentiate supervisory techniques accordingly as:

- those that are optimally encouraging the trainee's accommodative learning
- those that interfere with learning, by missing or increasing defensive attitudes.

The learning alliance and the supervisory position

Kubie (1974) called the human individual's efforts to expand his inner world, to explore new areas, respond to new stimuli, and use curiosity in the search of new knowledge as "prerequisites for survival" and regarded them as an "ego drive." Human interest, however, does not seem to survive under all circumstances! Beyond any negative influence that the recordings could conceivably have had on the supervisory processes, there was a more or less omnipresent, pre-existing possibility of experiencing danger of some kind to which the participants reacted with defenses or avoidance. My findings substantiate Myerson's (1981) recommendation to use an enabling, in contrast to a confronting method, utilizing the trainee's mistake as an impetus to reflect on reasons for the mistake. Myerson advocates a technique to demonstrate the trainee's countertransference as part of the therapeutic paradigm, that not only is the patient's reaction to the therapeutic situation

inevitable, but also the responses of the therapist are expectable and comprehensible rather than being a reflection of something pathological. It is also better to stimulate the trainee to reflect rather than to give suggestions about how to proceed, as these suggestions can intensify anxiety before enough is understood.

Systematizing and interpreting my findings I wish to bring these ideas sharply into focus. The trainee's problem of learning in supervision sessions is always connected with his other function, that of interacting therapeutically with his patient in clinical sessions. To be able to question his ways of understanding, acting and reacting in the turmoil of interactions both in the therapy and in the supervisory sessions demands certain precautions and conditions to be met.

The importance of the supervisory position

Learning occurred frequently when the supervisor kept an **equidistant position** in relation to the patient-therapist system and the therapist-supervisor system. This position is not only an open, nonjudgmental, noncompetitive attitude with a continuous, 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. The implicit and explicit rules of psychotherapy or psychoanalysis create a basic hold or frame

for the therapeutic interaction for both patient and therapist. "Rules create an identity of meaning, because they ensure that phenomena following rules can be sought out as constants from among the multitude of events" (Thomä & Kächele 1987, p. 216). Thus, delineating rules for therapy and rules for supervision can create a distinctive set of conditions that differentiate it actually and functionally from the conditions outside the frame. Inside the supervisory system, dynamic factors frequently stimulate conflicts and influence the learning and teaching process. It is desirable to maintain the frame and boundaries around both the patient-therapist and trainee-supervisor systems.

In a different supervisory session under study, the nuclear problem was the trainee's difficulty to recognize and deal with the emotional impact of being compared with another therapist who happened to be his own therapist. The woman supervisor S took an equidistant position from the beginning and kept it throughout the session. Pointing to the fact that the trainee T might feel some competition with his former therapist, comparing himself and feeling compared with him by the patient P, she focused on his actions and reactions during the therapy session, connecting it sequentially with the manifest and latent content of the dialogue between T and P. T was able to understand how he was influenced and was influencing the interaction, due to his feelings about his own therapist.

In another case S was working with a different trainee, a woman T. T felt satisfied with the way she had been able to confront P with her angry disappointment related to a canceled session. Without disqualifying T or what she achieved, S focused on the steps and the tempo that led to the confrontation. This seemingly stimulated T to recapture and recall the discourse she had with P and to investigate more closely her own reactions, resulting in a deeper understanding of the uneasiness she had and has about strong feelings of hate and love.

In the following and contrasting example the supervisor, a man, S did not keep an equidistant position. T reported that he felt tired, discouraged and hopeless in the presence of P. P just explained that, as her fiancé refuses to have a child with her, she feels there is no point in continuing the relationship with him, the treatment, or the task of understanding herself better. T tried to examine how P relates to her fiancé on the one hand and to therapy on the other. Working with this report, S emphasized separately that: a) P uses the refusal of her fiancé as an excuse to resist her work with her own problems about sexuality, and that b) for P sexuality is only approved of when it is in the service of generativity, and that c) P relates to T in certain ways that lead T to feel tired, hopeless, and discouraged and that d) he, S, feels also tired and paralyzed during the supervisory session. S does not connect these parts but changes perspectives, from looking rather at P's external relationship than at P's intrapsychic reality and the interaction

between P and T. An optimal position would be attempting to connect P's enactment and T's reaction, encouraging T to organize and combine information about the patient, the patient's personality and the dynamic of her conflicts as they are expressed in the interaction with T. In this instance it may be formulated as: P wishes something similar to an idealized pregnancy from T. This would reduce her feelings of being unloved, ashamed, and inferior, feelings that T and she had tried to work with previously. Since T did not give `it' (a baby) to her, she accused T for refusing her, treated him as she treats her fiancé, and wanted to break her engagement with both of them.

Three aspects of the frame support the supervisor in maintaining the optimal position. These are the stationary, the mobile and the focused aspects of the frame. The stationary aspect refers to the agreement on goals, payment, methods, general rules for supervision as well as for the therapy that is the object of the supervision. The mobile aspect refers to the continuous, reflective review of the working together. The focusing aspect refers to the overall boundary maintenance and continuous focus of the supervisor (explicitly or implicitly) on the patient-therapist interaction. The concept of boundary is used as a metaphor, separating a person, an interaction, an organization from the surrounding ones by means of explicit or implicit agreements about values, goals and means. Boundaries around the interaction between trainee and supervisor, should be maintained by the supervisor through a continuous attention on keeping to the primary task of

focusing on how this patient's personality, past experiences, conflicts and transference enactments are expressed in the interaction with this particular therapist and how the therapist experiences this, reacts to it and interacts with the patient. This well-bounded, cohesive but not rigid frame enables the differentiation of intentions, reactions or interpretations that belong to or are foreign to the two systems. Studying the supervisory interactions and relationships it became obvious how strongly the holding aspect of the supervisory relationship (Szecsödy 1974) was connected to good boundary maintenance.

Mutative learning situation

Learning that led to a (more or less explicitly confirmed) change of understanding in the trainee, occurred regularly in a context that I call a *mutative learning situation* analogous to mutative situations in psychotherapy (Loewald 1960). A mutative learning situation occurs when the trainee (and/or patient) experiences something contrary to his expectations while at the same time becoming aware of the coexistence of the expected and the actual experience. Working with a task according to the rules in a system, one can take a stance some distance from the performed task and make observations about it. One steps out of the system and then looks for the rules of the system that define the way the task has to be achieved (Hofstaedter 1980).

> "Man uses and creates theorems (statements made of the universe according to certain rules or theories) to organize his experience of living. These experiences are stored and stratified as `strings' or memory traces. These strings can be non-verbal, verbal, signs, pictures. Through the constant interaction, with others within the culture, these strings are organized according to certain rules, rules that are formed by and within interacting subjects (such as mother-child) which then define the ways strings can be organized, and become the rules of the system" (Hofstaedter 1980)

For the most part, like fish automatically living in water, we live unaware of the rules of our systems. Unlike fish, with the help of our intelligence, we can grasp the boundaries and rules of the system of which we are a part. It is essential to make the step `out' of the system to be able to observe it. Our difficulties in learning by accommodation are connected with our limitations and resistance to leaving our stereotyped ways of abiding by the rules of perceiving and reacting to the systems of intrapsychical and interpersonal relationships.

The recognition of the regularity of change connected to mutative learning situations led me to define a formulation about the primary task for supervision: The specific task for supervision is to help the trainee to comprehend the system of interaction with his patient. This also means that the trainee has to be able to `step out' of the system of interaction he has with his patient, to be able to observe and understand it. This can be facilitated with the creation of a `formal system for supervision'. This means, that trainee and supervisor agree not only on theories about development,

psychopathology and therapeutic technique but also on the rules of their interaction. These rules are the consistency by which the frame is kept and the boundaries maintained. To establish these rules 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 therapy. By focusing continuously and consistently on, and helping the therapist to reflect about, the combined interaction with the patient, the supervisor maintains the formal system and enables the trainee to step out of and observe his own system.

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