
Psychoanalytic Psychotherapy Supervision of UJ

Laetitia Puthenpadath

Abstract

This paper explores various aspects of the supervisory process with UJ and illustrates the problems we had to face. It highlights the systemic issues and the complexities of philosophical and cultural differences. It also analyses the anxiety present in the supervisory relationship.

Introduction

UJ and I work in separate mental health centres which provide a full range of community based specialist services to the adults suffering from serious mental illnesses or psychological disorders. The multi-disciplinary clinical teams are comprised of psychiatrists, mental health nurses, psychologists, psychotherapists, social workers and occupational therapists.

Supervision of UJ takes place in the mental health centre where I work. The purpose of the supervision is to enable UJ to engage in long-term psychoanalytic psychotherapy with one client, as part of his training in psychiatry at the University's School of Medicine. Psychoanalytic training forms no part of the curriculum. The minimal knowledge UJ has of psychoanalytic psychotherapy is learnt from books. Also, UJ has not yet experienced his own psychotherapy. Kovács says that only by subjecting oneself to psychotherapy can a person discover the unconscious aspects of his/her mental life. Only by the investigation of one's own personality can a person gain awareness of the hidden dynamics which influence his/her behaviour (Kovács: 1923). I strongly believe this and hence UJ's supervision was a difficult undertaking for me. When UJ phoned me, seeking supervision; I registered the intensity of his anxiety. I agreed to an initial appointment to discuss the possibility of supervision.

Though I had been supervising psychotherapists, I had no experience of supervising trainee psychiatrists. Some years ago, I was in a training programme with six other psychiatric registrars who were not sympathetic to psychotherapy. Hence, when UJ requested supervision, I was not very enthusiastic.

UJ came to see me at the appointed time. During that hour, I was able to gather an overall impression of him as a person and of his supervisory needs.

He openly acknowledged his lack of experience of psychotherapy. He was a true academic and a keen scientist. He had theoretical knowledge of unconscious mental processes but did not have the necessary emotional awareness. To undertake the supervision of UJ seemed a daunting task. I felt anxious about the process of initiating UJ into the basic philosophy of psychotherapy, which stood in sharp contrast to symptom- focused psychiatry.

Even in the first hour, I began to have fantasies of the various problems we would encounter. But I felt drawn by his anxiety, his simplicity and his transparency. I experienced in UJ a radical honesty and felt his integrity as a human being. My firsthand knowledge of the psychiatric system and the conditions under which psychiatric registrars operated alerted me to the significance of establishing a consistent supervisory frame. I negotiated with UJ an unconditional commitment towards psychotherapy supervision.

UJ was willing to make a commitment to me and to the process of supervision. I reflected on his unconditional abandonment to the process and to me in the supervisor's role. I was able to gain insight into his Asian psyche where learning happened through surrender to one's teacher. UJ talked about his past teachers and the relationships he had with them and his trust in their integrity. Asian Psychoanalysts have drawn attention to the concept of total surrender of the student to the teacher, modelled along the methodology of Bhagavadgita (Rao: 1980). I realised that UJ's learning was very much tied up with trust in my personal integrity. My authenticity was essential to his learning; his psyche will only trust my real self not just a supervisor's persona. To me this was a frightening experience because of the power attributed to the supervisor's role. During my twelve years of psychotherapy training I had experienced misuse of power. The situation with UJ evoked in me reparative fantasies of not doing to UJ what had been done to me. I knew that identifying my fantasies was crucial to my state of 'beingness' with UJ.

UJ, the supervisee

UJ was a consultant physician of Asian origin, in his forties. He had also worked in several other countries. He excelled academically throughout his training and was highly regarded in his field. After coming to New Zealand he attained his medical registration without much effort. He decided to leave his former specialisation after many years of intense emotional pain evoked by witnessing human suffering. He chose to retrain in psychiatry because there was less urgency and death was not imminent as in the case of his former patients. He

thought he would have time on his side to ease the sufferings of his patients.

From the beginning of his psychiatry training UJ seemed to lose his competency. He failed the simplest of examinations twice which was a new experience for him. He attributed the reasons for his failure to both external and internal factors. Internally, he was under pressure to be with his patients in a manner that was alien to him. The training emphasised efficiency and effectiveness and the focus was on completing all the tasks in the prescribed time. Externally, he was afraid of failing to meet the expectations of his assessors in terms of quick outcomes.

UJ talked about the specified and unspecified expectations of his tutors. One of his statements attracted my attention. UJ said that the tutors were unaware of the expectations they placed on trainees. I searched my mind to understand the nature of my expectations of UJ. When UJ failed to meet the tutors' unspecified expectations, they became frustrated. The message UJ seemed to get was that he was not learning fast enough for them. UJ felt that he had permission within himself to fumble and to make mistakes but the psychiatric training programme did not provide him with that space to learn through making mistakes. (At this point, I was unaware of my countertransference, of minimising UJ's vulnerability. I warded off my anxiety with regard to his limitations by perceiving him as a mature and well-integrated human being).

Externally, the mental health system he worked for was going through a ministerial enquiry. There was an atmosphere of paranoia and scare-mongering. During the time of his assessment another Asian doctor was subjected to an enquiry. The hysteria whipped up by the media made UJ highly anxious about his performance. For him, it was a question of national and racial pride. Though his self-esteem survived the blows of examination failure, his confidence was shattered. UJ said that his past competence and achievements gave him a solid ground to stand on within himself. However, he did not know how to negotiate the racial and cultural gulf between himself and the medical system in New Zealand.

I recognised that my supervisor role with UJ would have to include educator and mentor roles. I had been living in a cross-cultural setting for more than twenty years. I had also studied cross-cultural communication. We explored the vicissitudes of this in his work. During this period, UJ was working long hours without any psychiatric supervision due to the shortage of doctors. His conscientious nature, humanitarian values and unassuming manner made him

extremely vulnerable in a system beleaguered by malevolent external forces. I recognised the context of his intense anxiety at the beginning of our supervisory relationship. As I had previously worked in the same organisation for several years, I had first-hand knowledge of UJ's context. I had left the organisation due to the dysfunctional atmosphere. Though I did not have rescue fantasies regarding UJ, I did feel truly empathetic towards him. In the beginning I was not fully aware of my defence against anxiety and I felt I could contain his anxiety in the supervisory space.

The client, Kay

UJ's client, Kay, was a Caucasian woman in her sixties who was diagnosed as suffering from a major depressive episode. UJ had begun seeing her at the end of the previous year and was treating her with anti-depressants. When he chose her as his psychotherapy client, her medical management was entrusted to her general practitioner. Kay was adopted; but she came to know about her adoption only at the age of eighteen. Her birth mother, whom she never met, was just fourteen years old when Kay was born. A few years ago, she met her half-brother, born three years after Kay.

Kay's relationship with her adoptive mother was conflicted. But her adoptive father was warm and affectionate. He died when Kay was twenty-three. She began to abuse alcohol at this time and this continued for several decades. Kay had been in recovery for the last decade. She had been married to a Pacific Islander for twenty-three years. They had three children. Her husband was emotionally abusive and treated her like a servant. He also had extra-marital affairs. He had died fourteen years ago. Kay sold their family home to her own daughter and moved into her half-brother's rest home in the role of caretaker. There she suffered her first depressive episode. The precipitating event was the death of her only secure attachment figure, a lady twenty years her senior. Kay returned to her old home, now owned by her daughter. Her relationship with her daughter was fraught with difficulty because her daughter reminded her of her adoptive mother. Kay could not drive a car, so her daughter and granddaughter took turns to bring her to her weekly psychotherapy.

When we began supervision, UJ was not in the habit of thinking in developmental terms. He was not familiar with transference-countertransference dynamics. However, he was able to communicate empathy and acceptance to Kay and her symptoms were decreasing steadily. There was a sense of comfort

between UJ and Kay even though, at times, his anxiety led him to be active and prescriptive in the session.

Kay's bond with her biological mother was severed. As an infant she would have felt the psychological effects of the ruptured attachment. But infant Kay could not give voice to the trauma. She could only experience it. The severed maternal bond was patterned into Kay's being where it became a part of her personality. It was at the core of Kay's suffering even though she was unaware of its genesis. When her old friend died, Kay re-experienced the original loss and her self-system collapsed into depression (Holmes: 1997).

Analysis of anxiety in supervision

UJ needed a client for his case-study. Intuitively he chose Kay without recognising the unconscious pull to repair the relationship between himself and his mother through Kay. Emotional turmoil had impeded UJ from affective involvement with Kay. Both Kay and UJ were emotionally ambivalent in the relationship. Kay narrated her story to UJ without emotional tones. Later, UJ retold Kay's story to me without any affect. I wondered about this and UJ acknowledged that he did not have any feelings when he was with Kay. Kay's narrative was essentially a metaphor of her self-in-representation, both internally and interpersonally. Kay's self revealed itself through its emotional dullness in the intersubjective space (Stolorow, Atwood, & Brandchaft: 1994) between her and UJ.

During the supervision hour, I experienced myself as being in a featureless terrain, dull and monotonous. It was this experience that gave me insight into Kay's self-experience. The challenge I faced with UJ was how to make conscious and give form to Kay's self-experience through symbolisation in words. I began to draw emotional pictures for UJ. Though UJ was not the abandoning mother, he would have to know by Kay's treatment of him what it felt like to be the abandoned child. UJ did not carry exactly the same experience in his personal history. But the psychiatric training programme provided experiences akin to that of abandonment.

By not being emotionally present to Kay, UJ was in a way abandoning her in her non-attached inner world. Kay began to withdraw from UJ by absencing herself from therapy. UJ's withdrawal from me was visible in his lateness for the supervision hour. Whatever was unthought was played out in therapy and in supervision. I gave voice to my thoughts in emotional pictures. I wondered aloud how newborn Kay would have felt when separated from her fourteen-year old mother. I painted

word pictures of emotions a teenage mother could feel when separated from her baby. At times, I tentatively offered an interpretation of what was happening between Kay and UJ and UJ and me. Above all, I maintained a capacity for reverie. Free-floating imagination and fantasy created an ambience where I was able to think. The unthought known (Bollas: 1987) of UJ was present in supervision but was unavailable to his consciousness.

I discussed my formless thoughts and fantasies with colleagues in a peer supervision group. One of my fantasies was about being in a kindergarten. I free-associated with this in the group and discovered that I was resisting identification with UJ in his struggle to be a psychotherapist. He was finding it difficult to get away from the mode of a scientific researcher. UJ felt deskilled and timid in the new field of his learning. Parallelling this I came face to face with my lack of tolerance towards the kindergarten play required of me by UJ, the beginning psychotherapist.

Another problem I faced was regarding the boundary between supervision and therapy. At one stage UJ's intense anxiety evoked in me fantasies of him entering into personal psychotherapy with my own psychotherapist. It was as if I wanted my therapist to look after my kindergarten supervisee. In this fantasy I recognised my anxiety about containing UJ's anxiety. Becoming conscious of this allowed me the freedom to be what UJ needed me to be for his learning.

I reflected on the process of facing anxiety in a supervisory relationship. In summary the process involved the following dynamics:

- Disidentification with the projection;
- Allowing the relational space inside me as well as between me and the supervisee to remain open;
- Allowing intolerable emotions to surface in my mind;
- Refusing to gratify the ego's demand to act in order to reduce anxiety.

By verbalising the process in a step by step manner I have been able to make sense of the process.

Analysis of systemic issues

There were many factors that made learning psychotherapy difficult for UJ. As a psychiatrist, his academic and scientific training, professional culture and ideals of medicine seemed distant from the philosophy of psychotherapy. In

his professional ego-ideal, symptom relief and easing of pain took priority. The culture of medicine was prescriptive and action-oriented. UJ the scientist found difficulty in tolerating helplessness and powerlessness as a physician. His years of scientific training had almost closed-off certain channels of perception and learning. The psychotherapy culture of learning from experience, with its focus on subjective elements of feelings, fantasies and the subtleties of relationship, was a new challenge for UJ. Beginning psychotherapy without obvious maps or structure was anxiety inducing for him. He managed to tolerate this anxiety due to his unreserved trust in me.

Initially he commented on the vagueness of psychotherapy methodology. His ideal was scientific objectivity and an active treatment approach. He was unable to cherish the attitude that his personality, his thoughts and emotional reactions were part of the equation. In order to make the shift towards intersubjectivity (Stolorow, et al.: 1994) I created a space, in supervision, for UJ to articulate his feelings, fantasies and perceptions. I focused on his self-experience in relationship to his colleagues, consultant psychiatrists and other professionals. The catch phrase UJ came to recognise, as my trademark was: 'What was happening to you at that time?' After several months of supervision, UJ was able to narrate his experience of himself in relationship with Kay and with me.

Gradually he began to be excited about the prospect of widening his capacity for self-observation in all his relationships. UJ began supervision with an attitude to learning that focused on the 'technology' of psychotherapy as a requirement to enable him to write his case study. This made me very anxious as it was totally against my philosophical stance. I did not believe in a banking system of learning where UJ would draw on the currency of my psychotherapy knowledge. I believed in learning through relationship and through intuitive processes. To illustrate UJ's shift in learning-focus, I shall describe a scenario from supervision in detail.

UJ began the supervisory hour by playing the audiotape of the previous therapy session. After the first few sentences of the dialogue I signalled him to stop the cassette player because I noticed UJ's tone of voice when he responded to Kay. The verbatim follows from there:

UJ: Kay began the session by saying that she came on her own accord and not under pressure from her daughter.

Supervisor: Um ...

UJ: I asked her what happened to her usual protest.

Sup: (shocked) I wonder what was happening in you to evoke this response.

UJ: Oh, I was surprised. Usually she would say that she did not want to come, her daughter forced her or how long she needed to keep coming etc. ...

Sup: Last session she was enthusiastic.

UJ: Yes. (silence)

Sup: (pause) I get the sense that something significant happened between you and Kay at that moment.

UJ: Yes, because she began to be quieter and silent after my comment (silence).

Sup: If you were to take a few moments to let your mind wander and say what comes up with regard to Kay ...

UJ: (pause) She was like a little girl, comes back home from school, telling me a success story ... wanting me to give her a prize

Sup: She was behaving like a little girl ... in your mind she was a sixty-four year old woman.

UJ: That is why I got irritated. This little girl stuff is confusing.

(Here UJ began to express his beliefs about how people should behave in age-appropriate ways. He says he expected this from his son and daughter.)

Sup: (annoyed) Therapy often is about babies, little girls, mothers and fathers.

UJ: Yes, I know. It is transference. I have a long way to go, to work at the level.

Sup: It is important that we continue to explore this aspect of therapy.

UJ: Yes, it is my learning curve.

Kay, who had been showing ambivalence in therapy, suddenly became enthusiastic. She began the session by stating that she came on her own account without any prompting from her daughter. UJ responded by asking Kay about her previous protests against therapy. Kay's mood altered. She became quieter and withdrawn. I explored UJ's inner landscape at the time of Kay's enthusiasm. He had a fantasy of a little girl who wanted daddy to give her

a prize for her good behaviour. UJ was not able to join in the little girl's play. He was unaware of the regressive aspect of the transference. UJ took the position that Kay's behaviour was not age-appropriate.

I was in the grip of a parallel process (Ekstein and Wallerstein: 1956). I too had notions of age-appropriateness which evoked in me annoyance towards UJ. I thought that he should have been mature enough to understand the transference/countertransference dynamics. Momentarily, I lost touch with the regressive phenomenon occurring in the supervisory milieu. Peer supervision threw light on my inability to engage in play with UJ. I needed to create a space for UJ to learn by playing with me. I recalled that UJ had forewarned me at the beginning of our supervisory relationship that his assessors had implicit expectations of him which were threatening to him. Unwittingly, I had identified with his tutors in psychiatry.

In the following supervision hour I explored UJ's self experience in relationship to me. He disclosed his fantasy that even though he experienced me as forbearing until now, he expected me to become exasperated with him. He talked about his mother's attitude towards him as a child. He was allowed to make the same mistake two or three times. After that she expected him not to repeat the same mistake. I emphasised that like his mother, if I became intolerant of his repeated mistakes that would be my personal issue. I would deal with the intolerance in my own supervision and would not allow that to affect my relationship with him. This was a turning point in UJ's supervision and generated an atmosphere of calmness. Later on UJ commented that he experienced tranquillity in the supervisory hour and noticed that Kay was more relaxed and playful with him.

The focus of supervision became the developmental longings of both Kay and UJ. Kay had begun to get in touch with her needs for relatedness, meaning and security. UJ explored with me who he needed to be for Kay so that Kay might gain insight into her experience of loneliness. For UJ, this had meant growing in awareness of his own subjective experiences.

Examples of transference and countertransference in supervision

UJ began the supervision session by saying that Kay had begun to be playfully challenging in therapy. She had asked him at the beginning of the previous session whether he had a solution to her problems. UJ responded to this query by giving her an explanation of his role as therapist. I became aware that I felt

an impulse to explain to him that this intervention was a wasted opportunity for deepening the transference. I recognised my impulse as a countertransference response. In my mind I saw myself as being angry with UJ for his lack of awareness about transference. I realized that if I explained transference to UJ I would be doing to UJ what he did to Kay. I allowed myself to go beneath the impulse to explain, to get in touch with my irritation and anger towards UJ. I imagined myself saying to him that I was angry and frustrated with him. This reverie helped me not to give vent to anger.

Instead, I asked UJ to recall the thoughts and the feelings he experienced when Kay asked him for a solution. UJ recalled that he had an image of a six to seven year-old girl daring her father playfully, to give her what she wanted. He also felt that Kay was finding fault with him for not sorting out her problems quickly. He thought that she was indirectly alluding to the deficiency in her therapy. UJ said that psychiatrists were expected to fix problems. UJ said he felt frightened that Kay might become angry and disappointed with him. I invited him to free associate regarding this fear. UJ talked about his fear of disappointing authority figures. He talked about the meticulous care with which he completed tasks at work. UJ said that even if he gave one hundred percent, this did not seem to meet work expectations. This was a moment for me to reflect on my expectations of him and the feelings of frustration and anger I had felt towards him earlier. I had joined the authority figures in his life. I asked UJ whether he experienced me as expecting more than his one hundred percent. UJ said that his defects did not seem to impact on his relationship with me. He felt free to tell me his therapeutic mistakes and could feel he was still acceptable. But in his training programme he felt wary of his tutors detecting any mistakes. I asked whether he had felt these feelings during his growing up years. UJ recalled the environment in his family where high standards were the expected norm. While his brother rebelled, UJ, the middle child, learned to cope by being compliant to ward off criticism. UJ wondered how this insight could help him in his therapeutic work. I explored with him the parallels in Kay's history. She too had to become compliant in her adopted family in order to be included. Kay too was under threat of criticism from her husband and was unable to express her rebellion against him. Perhaps she was now finding the therapeutic space safe enough to be challenging, demanding or to be angry with UJ. UJ recognised that he was standing in for a number of people in Kay's past life. He also recognised that his psychodynamics might cloud his thinking. I felt that UJ's narcissistic vulnerability to criticism and rejection could be contained within the supervision relationship with me because he experienced me as accepting of him.

On one occasion Kay talked about her ongoing experience of aloneness and isolation at her adoptive parents' house. UJ took the stance of empathising with her parents. In supervision, he said that he felt like bringing some reality into Kay's perceptions. This countertransference response, when explored, brought to light UJ's personal issues stemming from childhood as well as the issues he was facing currently as a parent. Here supervision boundaries almost touched therapeutic terrain and I allowed UJ to ponder on the next step in his learning process, namely, personal psychotherapy.

Conclusion

Supervising UJ called for flexibility in me. I had to become educator, mentor, cultural advisor and supervisor. My imaginative processes and reverie helped me to stay connected to UJ's mind. UJ and I spoke directly to each other and not about each other. In the midst of UJ's emotional arousal I was able to make thought accessible to him. Anxiety was ever present when UJ revealed his work with Kay. I perceived the risk involved due to UJ's beginner's status. But I was able to maintain relationship with my anxiety by emptying my mind of theory and keeping awareness of UJ's unconscious processes and my emotional response to him.

UJ taught me that parts would have to be surrendered in order to see the whole. Instead of seeing acorns I had been learning to see the oak tree. UJ began talking animatedly about a new way of learning where the focus was not intellectual knowledge but rather emotional awareness. It was a hopeful statement which illustrated the shift that was happening in UJ's philosophical stance.

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