Psychotherapy Supervision: A Self-Psychology View

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From the perspective of forty years of practicing psychoanalytic psychotherapy, two of my former clinical supervisors now stand out. My first supervisor as a beginning psychotherapist was the pastoral counsellor Carroll Wise, who was a model of patience and non-intrusiveness. The most important supervisor, however, was Leo Thomas - Father Leo Thomas - a Religious priest and staff member during a twelve-month post-doctoral Fellowship at the Menninger Foundation. When my clinical load rose rapidly to 15 hours a week, Leo's empathic approach to supervision, his insights into cases and, inevitably, his insights into me, lifted my clinical functioning and left a deep, lasting impression. Leo supervised all 15 hours with only a one-hour weekly session by using a steady flow of process notes (one or two pages) for each session with every client. These notes were dictated each evening, transcribed by a secretary the next morning, and placed in his basket, with copies to me.

During that Menninger Fellowship my clinical learning took a quantum-like leap. My supervisory relationship with Leo turned out to be a "good enough fit," something I would not have predicted when first assigned to him. My two supervisory relationships and my personal psychotherapy with Richard Chessick have convinced me that the concept of tropism ("the good enough fit") is important to understanding human behavior. For tropism, an explanatory theory from the biological sciences, explains why some personal, clinical, and supervisory

relationships work better than others. On being exposed to Heinz Kohut's theories about treating narcissistic disorders a few years later, I recognized that it was Leo's attempts to twin my therapeutic experiences in supervision that had helped increase my professional confidence, and moved me from a therapeutic apprenticeship to journeyman status. This twinship, moreover, was mutual.

Leo twinned my experiences with clients and I twinned Leo's empathic stance with me in my relationship with clients. The more I experienced Leo affectively twinning my empathic successes and failures with clients, the more this experiential twinship sustained my empathic explorations with them. My clinical learning came from neither idealizing Leo, nor from his meager mirroring affirmations, but from experiencing him as an understanding psychological presence. Consequently, the positive feelings he helped create in me increased my capacity to create a similar experience in the client.

Several years later, my supervisory function as Professor of Pastoral Counseling at Garrett Theological Seminary/ Northwestern University challenged me to look at supervision as a supervisor and to explicate a theory of supervision. For example, with doctoral students on their first clinical cases, I was confronted with the question "how does one supervise beginning psychotherapists?" Books that discuss the pragmatics of supervision generally lacked a clear, coherent theory. So, as often happens, I ended up supervising students the way I was supervised as a beginning psychotherapist by Carroll Wise.

During the last 30 years, however, important supervisory skills have developed from interactions with supervisees. Out of these experiences, four major theoretical postulates have emerged as keys to a self-psychologically oriented supervision. These are: (1) Supervision focuses on the professional self-configuration in the psychotherapist. (2) Supervision involves experiential learning. (3) Supervision primarily utilizes a twinship selfobject experience, and (4) Supervision fosters structuralization of the supervisory experience. In what follows, we explicate these postulates.

1. Supervision focuses on the professional self-configuration

A common confusion among aspiring psychotherapists is their lack of clarity between training psychotherapy and supervision. For, although both psychotherapy and supervision conducted from a self-psychology perspective expose a student to the empathic method, their purposes are different. In psychotherapy the goal is to focus on understanding the whole of a student's self-organization, whereas in supervision the primary task is to firm the development of the professional "self sector," based on the assumption that the therapist's overall self-organization is already reasonably well integrated. Where the supervisee does not have a sufficiently cohesive self-organization, supervision stumbles as a learning experience, and can only move forward after further gains in psychotherapy. These functions of supervision and psychotherapy obviously overlap, but when they are understood as having different foci, such overlapping need not undermine either process. A major reason for focusing on the professional "self-sector" in supervision is to help a psychotherapist's

self-organization withstand the chronic stress of psychotherapy, especially when conducted on a full-time basis.

If the goals of psychotherapy are to resolve repetitive transferences, to transform archaic selfobject transferences, and to help facilitate the development of compensatory self-structures, in comparison supervision focuses on the psychotherapist's attempt to empathically understand a patient. Supervision assumes that training psychotherapy has sufficiently transformed the psychotherapist's transferences, and that these make it easier for the supervisee to believe in the possibility of a client becoming transformed.

What is meant by the concept "professional" is not a cold, defensive aloofness from being engaged in the psychotherapeutic process. Rather, professional means that a person has such firm, cohesive structures in the professional self-sector that he/she does not easily fragment under the persistent patient demands for a selfobject experience, especially if these are archaic. What then is meant by a self-sector? Kohut, in referring to self-sectors and to self-segments was attempting to describe sub-systems that function within a larger self-system. He resorted to spatial analogies, where a circle represents the self. This self is divided into segments and sub-segments or sectors. Importantly, Kohut emphasizes that for psychological health, a person's peripheral self and nuclear self need to be connected in at least one sector. He says, (1978), "At least one sector in the personality has established itself in which ambitions, skills and talents, and ideological goals form one unbroken, functioning continuum" (p. 265).

Psychotherapists need that sectoral continuum in the professional sector of the nuclear self. This means that in a psychotherapist's professional self-sector the ambitions are realistically proportional to skills and knowledge, and the psychotherapy is conducted according to such ideals as client confidentiality and with the client as the primary focus. Influenced by the work of Stolorow and his colleagues (Stolorow, Brandchaft and Atwood, 1987) about the theoretical dangers of reification by using spatial analogies, however, it may be better to conceive of self-sectors in the dynamic image of self-configurations. In this conceptualizing, the professional sector becomes a self-configuration that is organized around commitments to and experiences of professionalism.

A professional self-configuration, or lack of it, expresses itself in many ways. It is particularly revealed from the psychotherapist's attitude towards money, as reflected by whether the psychotherapist sees himself/herself as a "businessperson/psychotherapist," or a "psychotherapist/businessperson."   One psychologist in Chicago, for example, practiced along the businessperson/ psychotherapist line, after teaching for a decade at a university. He set up a private practice in brief psychotherapy with the goal of making as much money as he could in five years, and retiring at the age of 45. To enable his retirement he wanted to make $500,000 a year! So, he charged the going rate (in the early 1980s) of $160 U.S., saw only short term clients (10 sessions maximum), and used his many referral sources to create a steady stream of patients, 66 client-hours a week (11 hours a day, six days). He had tailored his practice to the needs of insurance companies who paid the going rate as long as the work was brief.   Clearly, the ambitions of this person's professional self-configuration did not match his professional ideals or skills.

When I met this psychologist about a year later - at a professional meeting of all places - he had reached his financial goal, but was clearly "running out of steam." He looked thin, tired and somewhat depressed. Obviously he had not been motivated by a professional self-configuration that focused on the client's best interests, but from a "bottom line" business model. Such an example highlights the importance of investing in a client, and understanding the client from the client's perspective, as a key feature of the professional configuration of the psychotherapist's self-organization, a configuration that encompasses a supervisee's peripheral and core self configurations. Without such a professional commitment to patients, it is my experience that a therapist's ability to help patients change is severely restricted.

Therapeutic arrangements are sometimes equated, mistakenly, with a professional self-configuration (Stone, 1961). Arrangements of time, place, length of sessions, fees, and limits to out-of-session contacts etc. (the list can be endless), form explicit and implicit "rules" (guidelines) for the conduct of the psychotherapy. Clients, however, tend to experience a therapist's strict adherence to a "frame-oriented" professionalism as cold-heartedness. Under a rigid "frame" model, therapeutic arrangements are the major focus of supervision in order to develop a "professional," rule-dominated self-configuration in the supervisee. But as Carl Rogers (1961) has reminded the therapeutic community, the key to a professional therapeutic identity lies with being "person-centered," not rule centered. Such a person-centered view was also expressed in Winnicott's (1965) idea of therapeutic arrangements as a "facilitating environment," not a "frame." Despite such an avowed person-centered approach, an emphasis on a frame model of psychotherapy and

supervision often occurs when psychotherapists are insecure after hearing of a colleague unprofessional conduct of becoming sexually involved with a client. In response Kohut says that the remedy for such sexual "acting out" is not a stricter adherence to rules, but increased attention to the therapist's capacity for structural cohesion.

Over the years I have seen the consulting rooms of many colleagues. Some of these are arranged with elaborate indirect lighting, expensive musical systems, and impressive oil paintings. Others are quite plain or a little untidy like the psychotherapist's room in the movie "Good Will Hunting." I confess that I have always suspected the therapeutic results of those who place great emphasis on presenting an elaborately furnished, high class, consulting room, as an extension of their peripheral professional self. My convictions are reinforced by the success of a student colleague who, after graduating forty years ago, helped develop a major counseling network in the U.S. that eventually required several hundred staff. The key idea was to invest virtually nothing in overhead expenses by counseling in churches. At least five churches in a local area were approached with the proposal that the psychotherapist provide counseling, a day at each church, for a reduced fee for members, in return for the temporary use of a Sunday school room. The result was that psychotherapy sessions were often conducted using two chairs in all kinds of dirty, dingy informal settings - without diminished outcomes. As the counseling service flourished, it became clear that primacy to being professional was not the physical setting but the quality of the interpersonal setting, that is, the psychotherapeutic relationship. Professionalism that involves the nuclear self as well as the peripheral self, at best, is both patient-centered and adaptable.

(2) Supervision is a type of experiential learning

In his paper "Towards an Embodied Counseling and Psychotherapy Training" Barlow (2004) points to the inadequacy of a "factual" (and authoritarian) learning model in training psychotherapists, of classroom lectures and theories that are memorized and then regurgitated in examinations for their objective accuracy. In comparison, Barlow points to an "embodied" form of learning in which experiences are so incorporated as to change a student's self-reorganization. This embodied learning is a similar idea to Dewey's (1916) concept of learning from doing. It also parallels Kohut's (1971, 1977, 1984) view that significant, lasting changes take place in the nuclear rather than the peripheral self. Learning objective facts, cognitively splitting this material off, and then forgetting most of it as soon as an examination is finished, principally involves the peripheral self. In contrast, experiential type of learning creates modifications and new structuralization in the professional configuration of the nuclear self that are important for functioning as an effective psychotherapist.

Experiential learning for the training of psychotherapists has been around since the beginnings of psychoanalysis, in the form of training psychotherapy and supervision. The idea of supervision, adapted from the medical model, became the centerpiece of psychoanalytic training, with a psychoanalyst's own "training analysis" as the first case from which experiential learning occurs. I have often been asked why becoming a psychotherapist needs personal psychotherapy - implying that, if one has no serious psychopathology what is there to gain from such an expensive process?

Even if the lack of psychopathology is true – it often isn't - the importance of a therapist's psychotherapy lies in helping to develop empathy with a client, by first learning "from the inside" to be a psychotherapy client.

Unfortunately, many modern psychotherapy programs have neglected or given a token nod to this experiential model, in the name of expediency. It is cheaper and easier to run a degree program in counseling and psychotherapy based on didactic courses. I know of a university education department that set up a didactic style Master's program in counseling with many applicants and large classes, as a means of funding less popular areas in the department. When the Chairman of the department was challenged about the lack of supervision, he replied that the students would get the necessary supervision and personal psychotherapy later. Most who graduated, however, as this chairman well knew, simply put up their private shingle, saw clients for a while, had poor results, and generally failed in their practices. This didactic scenario, unfortunately, has been repeated far too often in the training of psychotherapists in the last century   Tragically these failures have been often accompanied by predictable sexual acting out and/or suicides.

I had the experience of seeing how experiential learning verses didactic teaching played out on a theological faculty. This faculty was evenly balanced between the "practice" and "traditional" fields. The practice fields were Christian Education, Church Administration, Worship and Preaching, Social Ethics, and Pastoral Counseling; the traditional fields were Old Testament, New Testament, Church History, and Theology. One consequence of the voting power of the "practice fields," for example, was that all students were required to take a quarter's clinical

training in a hospital setting under a Chaplain qualified in Clinical Pastoral Education (CPE). This gave students a taste of experiential learning, but only a taste. For even with this curriculum, the underlying assumption was that a quarter's clinical experience as a chaplain - or field education in a parish - was supplemental to the main core of didactic material.

This seminary's continued belief in a main core of didactic material revealed that there had not been a shift in the learning paradigm at that seminary with the inclusion of CPE. For when experiential learning is primary, it results in radically different learning than when it is considered supplemental. And experiences of countless failures over the last century, many tragic, have persistently shown that "psychotherapy training" that does not make the experiential learning of personal psychotherapy and clinical supervision the core experience, is totally inadequate for the treatment of extremely needy, maladaptive and disturbed patients.

Supervision where the experiential learning of the therapist is the major purpose needs to be clearly differentiated from supervision where the main motive is legal protection – of a clinic, of the therapist, and of the patient. Supervision that is primarily motivated by a need for legal protection, however, inhibits the creative learning of the supervisee. Whereas, supervision that makes understanding the therapist's experience the primary focus, enhances the creative learning in the supervisory relationship.

Psychotherapy theory can be very much a part of an experiential learning model that assumes a supervisee will be struggling to theoretically understand many

experiences occurring during psychotherapy. Benefits are best attained if any theorizing is based on the experiences of a session, done as soon as possible afterwards. And even if a supervisee does not readily theorize about clinical experiences, a supervisor's theoretical suggestions that are anchored in the clinical experience can lead to a deeper, more incorporated form of learning than simply reading theory out of a "voyeuristic" curiosity for ideas. For in supervision, theory is explored and tested for whether it helps or doesn't help a particular therapist achieve better therapeutic results with a particular patient. In this way theory is not reified as if it objectively exists apart from its usefulness in helping to achieve therapeutic results in specific situations.

Supervision as experiential learning explores not only if a theory assists in understanding a client, it also discovers ways in which theory, if taken too far, limits the effectiveness of psychotherapy. Additionally, the development of useful psychotherapy theory is broadened by bringing to supervision as wide a range of clients and clinical problems as possible. Under such an experiential model, any didactic teaching of theory has a preparatory role for the supervisory process. If, however, students believe didactic teaching is the core of training, and theoretical ideas are categorical, eternal truths, experiential learning tends to be underrated or avoided, and supervision becomes a relatively unproductive ritual. Supervisees, who are unable to develop a working relationship with clients or to retain them in psychotherapy, are virtually impossible to supervise, especially if they cling rigidly to theoretical ideas of a didactic model. This inability to be supervised may also come from a lack of "a good enough fit" between supervisee and supervisor, or it may be

because the supervisee needs to have something resolved or modified by his/her own intensive psychotherapy.

3. Supervision utilizes a twinship selfobject experience

What is a twinship selfobject experience? One can read Kohut's (1984) account of a patient who, as a little girl of four years of age, silently kneaded dough on a little table alongside of a big table on which her grandmother was kneading dough (p. 197). And one can read Kohut's other example where a little boy "shaves" alongside his daddy or is sustained by working next to his daddy with his daddy's tools. If these examples are seen as identification, an idea akin to cloning, there may be confusion about Kohut's concepts of twinship and idealization. This confusion can result from an assumption that Kohut's concept of idealization invariably involves identification, an idea that Kohut rejected.

For Kohut, the major consequence of idealization is the vitalization, stronger cohesion, and increased adaptability of the idealizer. It is a distinctive feature of Kohut's thinking that idealization could vitalize without identification taking place. He recognized that for some patients, viewing someone else as being "wonderful" motivates them to develop their own center of initiative, a view in line with Freud's (1919) comment that mentoring "must always be done with great caution, and the patient should be educated to liberate and fulfill his own nature, not to resemble ourselves [underlining added] (p. 165)." Even so, for others, idealization includes an element of twinship, where persons seek to be like someone else, and this combination of both idealization and twinship covers what has been conceptualized as

identification. The key element in wanting to be like someone is twinship, however, not idealization.

Although Kohut began using the concept of twinship in preference to identification in developing self-psychology theory, the idea of twinship was still relatively undeveloped when he died. I think of twinship as a mutual sharing of experiences, especially feelings (affect states). When a twinship transference emerges in psychotherapy, the client wants to be like the therapist, in the sense of feeling what the therapist is feeling, or the reverse, wants the therapist to experience what the client is feeling. The patient seeks a twinship because he/she needs to feel connected to another through shared experiences, to be less lonely, and to have an increased sense of a cohesive nuclear self-organization.

A twinship experience is part of normal development. Twinship seems to have developed from an infant's innate and adaptive capacity to set his or her own muscle patterns to imitate the face of the mother. An infant looks at the mother's face and unconsciously matches it. This idea is supported by the research of Ekman, Levenson, and Friesen (1983) who, in conducting a study, asked actors to make a face to portray a primary emotion – fear, for example - then measure their changes in heart rate, hand skin temperature, and skin resistance, as autonomic nervous system indices. The results showed different autonomic patterns between negative emotions (fear, anger, disgust) and positive ones (startle, joy). This experiment demonstrates that imitating another's face can change the imitating person's internal affective state.

The adaptive value of matching and sharing affective communications can be seen in the "visual cliff" experiments with one-year-old children. In the classic study (Gibson and Walk, 1960), crawling babies avoided crossing a gap with a visual vertical drop-off, even though this "chasm" was covered with a strong, rigid, piece of Plexiglas. When uncertain infants reached this "chasm" they stopped, looked at their mother's face, and imitated its muscle patterns in order to read its affective content. Stern (1985) reports, "If the mother has been instructed to show facial pleasure by smiling, the infant crosses the visual cliff. If the mother has been instructed to show facial fear, the infant turns back from the 'cliff'" (p. 132). This kind of research supports the idea that a twinship experience using an intersubjective affective approach to supervision will enhance the learning experience.

In a supervisory relationship, the supervisor attempts to twin the therapist by imagining being the therapist in a session as it unfolded with a client. Paralleling a psychotherapy relationship, where a psychotherapist seeks to understand the patient from the patient's point of view, ***the supervisor's primary task is viewing the therapist's work from the therapist's point of view***. I ask the therapist to provide me with a page or two of process notes (like Leo) for each patient's session. These notes are in effect a précis of the session (a narrative) from the therapist's point of view. Some supervisees resist this request on the grounds that a process note does not indicate what objectively took place in a session – still mistakenly assuming that progress in psychotherapy depends on objectivity. And the process note doesn't, of course. But then what does? And whatever could? Fortunately there are more effective ways to gaining therapeutic results than determining what objectively took place in a psychotherapy session.

Although the threat of a process note to the therapist's self-esteem needs to be explored as an issue behind resistance to supervision, the psychotherapist's appeal to objectivity is an issue itself. Such an appeal assumes that if the psychotherapist knew what was objectively taking place, it can be interpreted to the patient and the patient then can use the knowledge to get well. Unfortunately, a century of practice has demonstrated that an "objective" approach to psychotherapy has been mostly ineffective in changing the nuclear self, as illustrated by patients with insight and psychological knowledge about themselves who, nevertheless, remain psychologically unwell. An emphasis on supervision as a twinship experience, in contrast to supervision as the transmission of objective knowledge, goes hand in hand with the rejection of factual learning and the acceptance of a need for experiential learning as discussed in the preceding section. Supervision that takes seriously the need for a twinship experience assumes that the supervisory relationship needs to match the therapist's relationship with the patient. Just as the supervisor seeks to learn from the supervisor/supervisee intersubjective relationship, so the psychotherapist will learn through the psychotherapist/patient intersubjective relationship.

Although a supervisor makes the supervisee the primary supervisory focus, this inevitably leads to hypotheses about the subjective state of the client. Because of the intersubjective nature of both a therapeutic and a supervisory relationship, as a supervisor begins to understand the intersubjective experiences of a supervisee, the supervisor also glimpses into the intersubjective world of the client. And the process works in a circular fashion. As the supervisor gains impressions of the intersubjective

experiences of the client, he/she gains further insights into the intersubjective experiences of the supervisee. If reading process notes for a number of months does not increase the supervisor's understanding of the therapist/patient intersubjective experience, as a supervisor I begin to examine the supervisee's experience to see what I have missed or what may have been unavailable for supervision because it is a "split off," hidden configuration of the supervisee that needs to be explored.

Exploration of subjective states, the supervisee's, the client's, and one's own as a supervisor, is always tentative and, at first, a best guess. I am guided by affective states, particularly feelings of distress. As a working supervisory relationship develops, I share an impression of the subjective state of the client with the therapist, not as fact but as hypothesis. When these explorations about the client's subjective state are tentative and playful, the therapist often responds by entering the hypothesis generating as a twinship experience. I am no longer amazed at the number of times I have worked on a hypothesis with a supervisee about a client's subjective state, then hear in the next supervision session that the client had felt more empathically understood that week, and had rewarded the psychotherapist by sharing new or confirmatory material.

By inviting hypotheses about the subjective/affective state of the client, a supervisor demonstrates what the supervisee needs to constantly do during each session of the psychotherapy, and encourages the supervisee to join in. This can become a playful-like interactive process for both supervisee and supervisor. It reminds me of the parent reading to a child for a number of months before eventually taking turns in reading to each other and then having the child read to the parent.

Such a process fosters a structuralization of the experience of reading that eventually enables silent reading by the child. I know of no better way to hone psychotherapy skills than the experience of supervisor and supervisee working together in a twinship-oriented supervision.

The experience of supervision as a twinship is reflected in the experience of Frank Lachmann, a well-known self-psychologist, (even though he does not actually use the term twinship in his account). Frank (Beebe and Lachmann, 2002) shares, "For my first analytic case, I treated a difficult patient, a suicidal, depressed, bisexual man with an intense, conflicted erotic transference. The analysis lasted ten years and was extraordinary challenging [I read "impasse"], personally and theoretically. The classical analytic technique that I had been taught was of little help when this man spent a weekend leaning out of his window wondering whether to jump. During my training, the input of supervisors exacerbated my problems with the patient and his problems with himself. Finally I found a supervisor, Asya Kadis, who was able to understand the patient [underlining added]. She saw this man's desperate efforts to connect with me, rather than his more superficial attempts to ward me off and resist or 'destroy' me. This way of looking at the transference made an enormous difference to my way of being with the patient and the patient's ability to be with himself (p. 2)."

4. Supervision fosters structuralization in the professional self-configuration

Constructs such as structuralization have had a long history in psychoanalytic thought as a way of depicting patterns of functioning. A stable residue of experience, gives an organism greater adaptability in coping with similar experiences. Stolorow

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(1987), for example, defines self-structures as the organizing of experience, in an attempt not to suggest an image of substance and rigidity that can easily lead to reification. Rapaport (1959) tried to counter any tendency towards reification by defining self-structure as relatively enduring self-configurations with a slow rate of change. Self-structure covers the "content" in learning theory, including Pavlov's associative learning, and has similarities to the idea of memory, as long as memory is broadly conceived as inclusive of conscious memories, and unconscious brain and body memories.

Structuralization does not arise from passive experiencing. A structural residue of previous experiences develops expectations that act as perceptual filters for new experiences. Through their functions as perceptual filters, self-structures actually participate in co-constructing new self-experiences. So Kohut, from his study of narcissistic disorders, made the degree to which self-structures are cohesive a key theoretical postulate. To Kohut, the ultimate goal of psychotherapy was to increase the cohesiveness of a client's self-organization and to make this relatively permanent. He thought permanent change, particularly in the nuclear self-structures, to be as a result of new self-structuralization and the alterations in self-organization these new structuralizations induced.

The structuralizing of the experience of a supervisory relationship is just as important as it is for psychotherapy. Just as the goal for a self-psychologically conducted psychotherapy is increasing cohesion and growth in the nuclear self, so supervision helps structuralize supervisory twinship experiences into a supervisee's professional self-configuration. From Kohut's perspective, structuralizing the

experiences of psychotherapy and supervision comes primarily from structuralization, where a familiar dyadic pattern can take place in the imagination (of the right orbital prefrontal lobe) without the physical presence of the other person. Just as a psychotherapist becomes an internal presence to a client, so a supervisor becomes an internal presence to the supervisee. This presence (externally or in image) of a significant other (therapist/supervisor), influences the experience of the client/supervisee.

Structuralization of supervision enables self-supervision to become integrated into the functioning of a psychotherapist. For example, after structuralizing the supervisory experience, the writing of a process note is more than just writing a process note, for it recalls memories of supervision interactions and evokes an internal supervisory process. So, process notes not only make possible the supervision of a large number of clients with one supervisory session, they also eventually function as a trigger for an internalized form of self-supervision. One supervisee, for example, who functioned empathically as a psychotherapist while in supervision, was not able to sustain her understanding of clients when not in a supervisory relationship, a pattern that had also occurred after previous supervision.

Exploration of her psychotherapy and three supervisory experiences, revealed a resistance to structuralization out of fear of being absorbed by a merger with her therapist or supervisor, as she had experienced with her mother when growing up. In her training psychotherapy she accommodated with her peripheral self to what she imagined would please her male therapist/father, but never allowed the emergence of her split off, mother transference. In exploration with her supervisor, she thought she

had three options, (1) Be supervised forever, (2) give up practicing as a therapist, or (3) seek further psychotherapy. She eventually decided on psychotherapy, this time with a female therapist, where it would be difficult to avoid the mother transference issue. After this supervisee experienced psychotherapy as not requiring her to surrender self-agency to her psychotherapist/mother, she began to internalize much that was beneficial in all her significant relationships, including supervision.

Once structuralization of the supervisory process becomes the ultimate goal of the supervision, it gives a perspective to such "aids" as video or audio taping psychotherapy sessions. Taping is often useful to the supervisory learning of beginning students and for other reasons, but too much focus on the session as taped, and not enough on the therapist's understanding of the session, eventually hinders an adequate structuralization of the therapist's professional configuration in his or her nuclear self-organization. Taping may also be used for research purposes, but this research leads to "objective knowledge" rather than growth in structuralization of the professional self-configuration. Furthermore, the psychotherapy tapes used as teaching material, can too easily reinforce the brilliance of the all-knowing teacher, increase the gap between the supervisee and the supervisor, and discourage a twinship supervisory experience. Perhaps more damaging in a group setting, reviewing the tapes of a beginning psychotherapist runs a risk of a humiliating experience that it undermines and damages a student psychotherapist's self-esteem.

My experience of videotaping a psychotherapy session at the Menninger Foundation demonstrates that tapes have their limitations. Needing to present a videotape for a class, I asked for written permission from the client to tape the

session. The client was understandably hesitant. After I answered a number of her questions about the reason for the taping and who would see it, she expressed a fear of making a fool of herself (or me), before signing. So we went ahead with the taping session, but it was a disaster. It was conducted in a video room, which was unfamiliar to both of us. We were both anxious, but as the session proceeded, the client's anxiety turned into open hostility for being taped. I then realized that she had conformed to my request with her peripheral self so as to please me, but her nuclear self resented it. I tried to focus on her anger, but this was like gasoline on a fire. Two thirds of the way through the session, much to the delight of some of the students in the class, she just up and left.

In the next appointed session the client admitted how angry she felt towards me, towards my supervisors, and towards the Menninger Foundation. She had performed as a favor to me, but now sought to get on with <u>her</u> counseling.   In the weeks that followed, as other class members presented their cases, a similar pattern of client hostility emerged, seemingly as an artifact of the taping itself. There could have been no better experiment to demonstrate the effectiveness of taping for "capturing" a resentful, angry intersubjective client/therapist relationship, but ineffective in capturing the usual intersubjective experiences of the supervisee's conducting of psychotherapy. Perhaps taping presents a similar measuring problem to one confronting Niels Bohr and other Quantum theorists who, in measuring light as both waves and quanta, proved that the act of measuring distorted the results. The same can be said for any "objective" measurement of psychotherapy. The most effective way to "observe" the intersubjective relationship remains Kohut's empathic

immersion.   Such immersion is hard work with "no short cuts" but, when persisted

with, eventually offer the better chances of positive therapeutic results.

There are many signs that supervision is contributing to a supervisee's

increased therapeutic effectiveness with clients. Among these are the growing

confidence of the supervisee, a deeper understanding of clients, a natural increase in

clinical load without a feeling of strain, and an increase in spontaneous positive

feedback from clients. Another way this increased effectiveness shows in supervision

is the supervisee's shift away from wanting to cover all their cases, to focusing on a

couple of the more difficult, "cutting edge" cases. After these difficult cases have

been explored weekly for a significant period of time, perhaps for six months or

longer, with resulting greater understanding, the supervisee will often report that

many of their other cases are easier to understand and manage. Such a report suggests

that the supervision has led to a broader learning beyond specific cases, and has

involved some significant structuralization.

General Comments

This paper emphasized four points that are important for the conduct of

supervision from a self-psychology theoretical perspective. These points allow an

enormous variety of practices and styles in the conduct of the supervision. This

approach does not attempt to cover supervision of relationships where change in the

nuclear self-organization is not the goal. What it hopes to encourage is thinking about

supervision of psychoanalytically oriented psychotherapy that is aimed at developing

new self-configurations, and thinking that will result in further elaboration of a theory

of supervision. More than this, the approach advocated in this paper takes seriously

the idea that an effective supervisory twinship experience eventually structuralized

creates a life-sustaining experience for those that immerse themselves in the conduct

of psychotherapy.

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