Introduction

SUPERVISORY EXPERIENCES AND THEIR CONTEXT

Hanoch Yerushalmi¹

Psychoanalytic supervision goes far beyond being a formal and pre-determined procedure designed to develop the supervisees' skills and to award them recognition as accomplished therapists. It is also more than a private and singular relational event occurring between supervisor and supervisee. Supervision is a structured and boundaried professional activity, in which intrapsychic, relational, and learning processes can and should be carefully studied, drawing on the accumulating knowledge of analytic reasoning. The study of supervisory processes parallel to therapeutic processes draws on supervisor's and supervisee's introspection and examines their motivations, communications, and reflections, the development of their personal-professional relationships, as well as their supervisory settings. It is anticipated that expanding the knowledge of supervisory processes through methodical introspective reflection will promote patients' well-being and supervisees' development as analytic therapists.

The contributors to this special issue on supervision (Yerushalmi, 2019a) discuss highly relevant supervisory issues through meticulous examination of supervisors' and supervisees' communications and responses, offering valuable theoretical and practical conclusions. These conclusions appear to be not definitive, but provisional suggestions for the reader's consideration, as one stage in a developing and continuous open discussion about structural elements of analytic supervision.

Hanoch Yerushalmi, Ph. D., Guest Editor of this Special Issue on Supervision, is a clinical psychologist and a professor emeritus at the Department of Community Mental Health of the University of Haifa, Israel.

Address correspondence to: Hanoch Yerushalmi, Ph.D., Professor Emeritus, Department of Community Mental Health, University of Haifa, 48a Eder Street, Haifa 3475293, Israel.

Thus, readers are invited to reflect critically on these reports and reflections, to re-examine them and either elaborate further or modify them in synchronization with their own experiences as therapists and supervisors.

In this issue, Kernberg (2019) presents an overview of psychoanalytic supervision as an activity destined to present supervisees with a comprehensive theory of technique derived from an integrated psychoanalytic perspective, with the objective of helping them to develop a personal theoretical frame of reference for analytic interventions. The author examines the tasks and challenges of supervisors from the very beginning of the supervisory process through its development as a dialogue about transference-countertransference manifestations and existential life issues such as individuals' aspirations and ambitions, and the limitations of actualizing them. Kernberg identifies frequent pitfalls and challenges of the therapeutic and supervisory work as well the supervisors' and supervisees' resources and instruments to cope with these challenges, while struggling to bridge the different analytic approaches and offering an integrated overarching analytic supervisory stance.

Lysaker *et al.* (2019) elaborate on the challenges of supervision relating to an innovative therapy of people with schizophrenia that combines analytic and meta-cognitive elements. The authors depict schizophrenia as a psychological condition characterized by a massive, painful fragmentation of the experiences of the self and the world, severely disrupting patients' lives and calling for a comprehensive recovery-promoting treatment. Therapists taking this approach struggle to facilitate patients' ability to integrate their self-experience by strengthening their reflectivity on their life challenges and their evolving personal and relational experiences. In the proposed supervision of therapies with people with schizophrenia, supervisors are encouraged to make meaning of their supervisees' emotional responses vis-à-vis the patients' manifestations of self-fragmentation and to help the supervisees integrate their patients' self-experience, occasionally using relevant self-disclosure.

Sarnat (2019) examines the concept of parallel process, which in recent decades has played a central role in explaining, in supervision, unconscious therapeutic processes and patients' experiences through exploring unexpected intersections between supervisory and therapeutic relationships. The author surveys the concept's development, starting from the interpersonal approach, through ego psychology, object relational, and relational approaches. The paper focuses on how the understanding of this concept evolved in relational psychoanalysis as a multi-directional phenomenon associated with unconscious enactments that sometimes lead the supervisory relationships to an impasse. The author highlights the usefulness of consultations at such points of impasse, as well as contributions made by

education and neuropsychology, to understand and use parallel processes productively, to enhance personal and professional growth.

Soreanu (2019) investigates the contribution of the Budapest School to psychoanalysis and to the theory and practice of analytic supervision and to the training of therapists. The author believes that throughout the entire history of psychoanalysis, the Budapest model has been marginalized and its significant contribution to the theory and practice of analytic therapy overlooked. The reason given for this historical development is that this school presented the analytic community with disturbing questions about the use of authority and about ethical issues as expressed in the writings of authors such as Ferenczi and Balint. The author explains that the Hungarian school's supervision pioneered in highlighting the significance of the supervisees' countertransference for understanding therapeutic processes, and she examines the implications of some of the school's principles in the context of analytic supervision.

Watkins *et al.* (2019) elaborate on culture as a minimally-addressed but critical issue in analytic supervision, exploring ways to cope with its challenges and to help supervisees grow as culturally-sensitive analytic therapists. The authors draw on the concepts of "cultural humility" and "cultural third" and propose a multicultural perspective on supervision. They also use recognition theory to understand the creation and elaboration of the "cultural third" and to suggest effective ways to repair ruptures in supervision caused by cultural sensitivities. The authors' theoretical and practical suggestions attempt to promote the supervisors' position of "not knowing" about their supervisees' cultural sensibilities, which would enable them to learn gradually how to expand their supervisees' consciousness to cultural issues.

Zicht (2019) employs and integrates concepts from the interpersonal school with findings from attachment theory, to highlight the importance of creating psychological security in supervision. The author claims that maintenance of a secure base for supervisees enables them to establish and maintain steady therapeutic frameworks and strengthens them in their struggle to remain attentive to their countertransferential experiences while resonating with their patients' experiences. Supervisors succeed in these tasks when they are susceptible to the vicissitudes of their supervisees' relational experiences, originating in the supervised therapies and enacted in the here and now in supervision, and attempt to provide them with a sense of security.

De Masi (2019) writes about some of the essential elements for an effective analytic supervision across a diversity of theoretical approaches as well as clinical and supervisory training experiences. The author examines the underlying dynamics of supervisors' choices of how to listen and

respond to the supervisory materials, struggling to broaden the supervisees' perspectives on psychopathology and on ways to contain and deal with patients' experiences. The author emphasizes supervisors' need to understand their supervisees' inner images of their patients and their implicit hypotheses about the unconscious forces at play in their therapies.

Yerushalmi (2019b) examines the influence of the two contradictory, complementary, and alternating relational phenomena of the supervisors' presence and absence on the supervisees' daily work and their development as therapists, parallel to presence and absence in parent-child and therapist-patient relationships. Drawing on developmental analytic literature, the author suggests that both these relational phenomena are needed for the supervisees' internalization of their supervisors as models for analytic therapists. Furthermore, he suggests that supervisors' absence and presence, like other relational paradoxes, cannot and should not be solved, but have to be understood and accepted by both partners. Helping the supervisees to negotiate their experiences of the supervisors' presence and absence facilitates their capacity to contain the alternation of these two phenomena, each representing specific aspects of their supervisors. Such negotiations help the supervisees to integrate and internalize contradictory aspects of their supervisors, and help supervisors to renounce an omnipotent fantasy of being ever-present for their supervisees.

The papers in this special issue, representing a variety of theoretical and experiential points of view, are thoughtful presentations of essential unconscious, intrapsychic, and relational processes in the supervisory field and offer integrative theoretical explanations. Their authors borrow concepts from developmental and clinical psychoanalysis to create new understandings of both patients' and supervisees' developmental processes. They highlight the supervisors' need for receptivity and openness toward their supervisees' vulnerabilities and emotional needs, which often reflect and simultaneously influence the experiences of the patients in the therapies brought to supervision. The authors also emphasize the supervisors' need to explore and construct cohesive explanations for emotional barriers to the supervisees' capacity to reflect on therapeutic processes in which they participate and on their patients' experiences.

Another point that arises repeatedly in the different papers is the diversity of the two participants' self-expressions in the supervisory field: verbal and nonverbal, explicit and implicit, hence the writers' recommendations for especially attuned listening to supervisees' multi-layered therapeutic narratives. Finally, the authors emphasize the need of both supervisory partners to develop emotionally-involved and sensitive dialogue while reflecting on and constructing therapeutic processes. The diversity and richness of the papers' perspectives, written creatively and eloquently by

experienced clinicians, undoubtedly expand and deepen our picture of this central professional activity in which supervisor, supervisee, and professional organization invest so many of their resources.

Notwithstanding the important theoretical contributions, vividly demonstrated through examples from supervision, the papers do not mention the analytic community — a background entity that is present in every supervisory dyad. The concept of analytic community, on which I will elaborate here, refers to a group of professionals serving as a cultural-professional framework for each other's therapeutic and supervisory interactions. Like other social, economic, political, and professional communities, the analytic community has some concrete aspects in the form of professional and clinical organizations, as well as some symbolic aspects such as narratives and rituals. It includes therapists who identify with its collective values, beliefs, theoretical tenets, and procedures. The analytic community's history reveals that its core beliefs and perceptions have remained basically unchanged during the many years of its existence, despite alterations, adaptations, and the creation of new concepts and procedures (Grech and Azzopardi, 2012).

Both supervisory partners, as members of the analytic community, fundamentally accept its authority and code of ethics and seek its guidance to respond and act as therapists in structured therapeutic settings. They draw an important part of their own authority to offer interpretations for patients' experiences and clinical situations from the community's theoretical knowledge of developmental and therapeutic processes, accumulated throughout many years of clinical experience. Consequently, the analytic community is manifest in every supervisory dyad as a "third presence," affecting the participants' responses and helping them to preserve the supervisory and the therapeutic settings, including their boundaries and ground rules (Greenberg, 1999).

Notwithstanding the analytic community's centrality for therapy and supervision, the analytic literature has not devoted much effort to studying the community's structural and procedural components or the unconscious forces activated within them through its well-established concepts and methods of investigation. The limited literature that has relevance to the concept of community has been written mainly from the point of view of therapeutic communities (Koh and Twemlow, 2016), but not from the perspective of individuals' unconscious processes with the communities' concrete and symbolic aspects. Thus, for example, there are hardly any studies of unconscious motivations, conflicts, or enactments of members toward their communities as transference manifestations, most likely stemming from the evocation of internalizations of the community members' families of origin in early childhood.

One of the exceptions to this avoidance is a recent paper examining the community's function as a potential space, where its members, in Winnicott's terms, can sense being held and playing while moving between reality and fantasy (Ainslie, 2017). Nonetheless, despite the scarcity of such analytic studies on communities, a recent tendency is growing among contemporary therapists to recognize their own and their patients' need to belong to reliable, well-boundaried, and cohesive communities. Here, I will suggest two main reasons for this tendency, based on recent cultural and global developments.

The first reason is related to accumulating evidence in various disciplines that communities function as balancing forces to problematic global and cultural developments, such as the current accentuation of individuality and self-actualization that increases individuals' isolation; recent changes in technology that have led to new and isolating behavioral modes such as individuals' immersion in cyberspace; mass emigration from geographical areas of economic and political distress, and accelerated Westernization of non-Western societies. Thus, we are witnessing the loss of traditional communities' special role of organizing people's inner and social lives; communities such as extended families, religious congregations, and residential constellations in villages and neighborhoods (Cushman, 1995).

These developments leave people confused about their identity and ideology, and the framework for their personal struggles (Ainslie, 2017) is more isolated and lonelier than in previous generations. Therefore, many have cultivated a yearning for an alternative, safe, and meaningful psychic entity enabling adherence to collective ideals and symbols (Daniels, 1985; Akhtar, 1995) and providing them with an "identity validation that builds trust, attachment and commitment, and a feeling of inclusion in and acceptance" (Hogg, 2015, p. 590).

Another reason for therapists' recognition of the need for a durable and protective community is that, currently, the analytic community is facing serious external challenges by scholars from biological and psychological sciences. These scholars criticize psychoanalytic theories of motivation, development, and psychopathology, claiming that these theories are underpinned by inappropriate methods of investigation, removed from empirical principles. No less cause for concern is a cultural critique by "anti-individualistic and antisubjectivistic currents that reflect a societal trend toward pragmatic problem solving and quick fixes," directed against cherished analytic values, principles, and therapeutic modes (Kernberg, 2014, p. 151). Another criticism has been directed toward the length and cost of analytic therapies, convincing many policy makers and financiers to withdraw their support for these therapies. Following these attacks on the analytic community, therapists, more than ever before, wish to strengthen it

in order for it to function effectively as a boundaried, containing, cohesive, and authoritative framework, capable of protecting their ideals and interests (Ainslie, 2017).

Amid these cultural and global phenomena, supervisors are usually identified with and integrated in the analytic community, associating with similar colleagues, who are also members, and accept its theoretical concepts and practices (Frawley-O'Dea and Sarnat, 2001). Consequently, supervisors can function as ushers to this community and as mediators between the supervisees, who struggle for professional recognition, and the analytic community that struggles to rejuvenate and strengthen itself with new and energetic members. In this role, supervisors help their supervisees to internalize and assimilate the community's main components into their professional identity through elucidating the community's principles and its attitudes toward social, scientific, and political issues. Supervisors also explore the supervisees' unconscious negative feelings toward the community, stemming from their early relational experiences.

Supervisors sometimes appreciate that supervisees' assimilation of the analytic community may be facilitated by the knowledge that they are, or will be in the future, able to foster changes in the analytic community in directions that are important for them. It is always easier for people to be influenced by others when they, too, can influence those others, as is the case with patients who need to change their therapists, in some way, in order to be affected by them and to change their inner structures (Slavin and Kriegman, 1998).

When supervisees assimilate aspects of the analytic community into their professional selves, they are likely to feel safer to share their emotional reactions to clinical struggles with other community members who are similar to them. Thus, for example, supervisees can share their doubts about intricate clinical and ethical dilemmas, clinical-existential questions, and their wishes and anxieties about therapeutic relationships with others in the community with whom they feel twinship. Belonging to an authoritative community also provides supervisees with a place in which to share some of their, sometimes burdensome, clinical responsibilities. Moreover, the analytic community helps them to contain their painful sense of "not-knowing," characteristic of many moments in therapeutic interactions before therapeutic materials appear patterned and explicable, when "the past eclipses the present, and the present is projected into the future" (Ogden, 2005, p. 15).

Like other communities that help their members to make educated choices in society and at work, the analytic community guides its new members, the supervisees, in how to listen to clinical material, to construct its meaning, and to reach balanced and informed clinical choices. In

addition, when supervisees assimilate the analytic community into their identity, they are likely to feel strengthened in their position by the community's commitment to come to their aid, in times of crisis, with advice and validation and by nourishing an "awareness of the existence of an external perspective on what goes on between therapist and patient" (Frawley-O'Dea and Sarnat, 2001, pp. 92–93).

Indeed, if supervisors view their role as mediators between their supervisees and the analytic community and wish to pass on its values, beliefs, and practices to their supervisees, they are likely to see themselves as a link in a historical chain (McWilliams, 2000). From this perspective, supervisors help to preserve a unique cultural and scientific heritage as a vivid and relevant theory with its ensuing practices and its core "ways of being and ways of seeing" characterizing analytic relationships (Ogden, 2005, p. 8) amid all the significant global and cultural changes. However, when attempting to mediate between supervisees and the analytic community, supervisors are faced with some significant challenges that call for their sensitivity and flexibility.

One of these challenges is to convey the centrality and meaning of the community's core collective symbols and rituals to supervisees: "In psychoanalysis there is a fixed routine which has a symbolic, evocative, and transforming potentiality and which provides the aura of a ritual. There are fixed timing, fixed place, and fixed payment" (Hoffman 1998, p. 230). These symbolic elements validate and support the community members' interrelationships and help them to maintain its principles and beliefs (Arnett, 1986; LaMothe, 2008). To help supervisees accept and internalize the community's collective symbols and rituals, supervisors have to find flexible ways to integrate them into the supervisees' personal and culturally-affected symbols regarding relevant issues such as health, illness, and suffering.

A second challenge facing supervisors is elucidating and befriending the analytic community's jargon, since some of its expressions, which are highly meaningful and communicative for the community's members, might seem odd or obscure to outsiders (Carr and Cortina, 2011). Cooper (2016) writes on this issue: "I speculate that by using more common and shared language of social discourse, language that is descriptive and less embedded in analytic jargon, we might help to improve our communication, understanding, and education both within our communities... and to outsiders" (p. 242). Nevertheless, since the analytic jargon does function as an important uniting element for the analytic community's members, supervisors need to help their supervisees to understand and accept this jargon. In this mission, the supervisors have to help their supervisees to become familiar and comfortable with this jargon and integrate it with the

supervisees' natural, personal, and culturally affected concepts and linguistic expressions.

A third challenge is to help the supervisees understand the logic behind the analytic community's collective ideals and values, and to identify with them. Supervisors can accomplish this mission only by integrating these elements with supervisees' personal sets of ideals and values, often affected by contemporary culture. Without such sensitivity and flexibility, the analytic community's ideology might appear odd or outdated to a new generation of growing therapists. For example, Mendenhall (2009) suggests that the ideal of terminating therapy has changed over the years, since therapists used to believe that the ideal termination was either when patients' symptoms had been eliminated or when they had achieved autonomy and separation from symbiotic attachments.

Alterations in the perception of biological and psychological growth have led contemporary writers and clinicians to believe that human development is continuous throughout life and that its pace and direction are determined by different physical and relational contexts. These changes have led therapists to understand that the analytic relationship is evolving and, in some sense, unending (Mendenhall, 2009). From this perspective, terminating therapy appears to be more of a temporary interruption than an ending. Thus, only through sensitively integrating the core analytic community's ideals and values with the supervisees' personal ideology, affected by current cultural perceptions, can the supervisors help their supervisees to assimilate the analytic community into their professional selves.

Effective mediation between supervisees and the analytic community is likely to result in promoting the supervisees' inclusion into the larger and reassuring professional entity, beyond the supervisor-supervisee dyad, thus furthering their capacity to contribute to and benefit from the analytic community. Once assimilated, the analytic community can provide the supervisees with "both comfort and an indispensable compass by which to navigate during storms within ourselves and in the treatments" (Muller, 2017, p. 387). In their struggles to facilitate the supervisees' capacity to internalize the analytic community's symbols, ideals, and jargon, supervisors strengthen this community, during challenging times, by helping new and energetic therapists to join and enrich it with new resources.

In concluding the introduction to this special issue on supervision, I would like to draw attention to the literature's suggestion that therapists should extend their areas of investigation, beyond the patient's intrapsychic system, to larger systems as well as inter-systemic relations, to understand patients' lived experiences (Sucharov, 2000; Preston and Shumsky, 2016). Therefore, I suggest here that there is a need to investigate the analytic

community's role as the larger system that contains the smaller intersubjective, interpersonal, and intrapsychic systems in which supervisory processes evolve. The individual supervisee is embedded in these systems that interact among themselves and create multiple influences on supervisees' constructions of therapeutic processes and of patients' experiences. Theoretical contributions, which relate to understanding the role of each of these systems and their interaction for the development of supervision, strengthen our capacity, as supervisors, to help supervisees and patients to cope with their challenges.

NOTE

- 1 Hanoch Yerushalmi Ph. D., Guest Editor of this Special Issue on Supervision, is a clinical psychologist and a professor emeritus at the Department of Community Mental Health of the University of Haifa, Israel. He has formerly been the director of the Student Counseling Center and a senior lecturer at the Hebrew University in Jerusalem. Prof. Yerushalmi served as a consultant to psychotherapy centers in Israel, the USA and Central America and published numerous articles on relational psychoanalytic therapy, supervision and therapists' development, crisis and growth, and psychiatric rehabilitation.

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