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Viewing the supervisory situation as comprised of three interacting perspectives requires substantive changes in understanding and facilitating the supervisory process. The paradigmatic transition from positivistic to relativistic science has provided the required underpinnings for the ongoing shift in the psychoanalyst's stance from an "objectively based" authoritarianism to a perspectivalist-based co-participation. In the analytic arena there are 2 perspectives; in the supervisory situation there are 3; and no one perspective can be elevated as "objective." Borrowing from contemporary theoretical developments within self psychology, the purpose of this paper is to utilize the concepts of listening perspectives, intersubjectivity, self- and motivational-systems, and the organization model of transference to explore further a model for psychoanalytic supervision. Clinical vignettes will be presented for illustrative purposes.

LISTENING PERSPECTIVES

It was in keeping with the emergent perspectivalism that Kohut (1959, 1982) more systematically formulated the empathic mode of observation. Essentially this mode of observa-
tion is a listening stance aimed at understanding from “within” the perspective of the analysand. Of the 2 perspectives involved in the analytic endeavor, the analysand’s perspective needs to be in the foreground for purposes of illuminating the analysand’s subjective world. While all analysts variably listen from within the analysand’s perspective, Kohut and, subsequently, self psychologists have emphasized listening consistently from within the analysand’s perspective. Listening from within the analysand’s frame of reference is relative, however, for we can never truly extricate ourselves from our own subjectivities.

All analysts aim to understand the analysand’s inner world; yet, analysts differ as to the use of various listening stances. Recently, in 1996, I proposed two principal listening/experiencing stances: the analyst experientially can resonate with the analysand’s affect and experience from within the patient’s vantage point, the empathetic mode of perception, or what I also call the subject-centered listening perspective—a self psychology’s emphasis; and the analyst can experience the patient from the vantage point of the other person in a relationship with the patient, what I call the other-centered listening perspective—an emphasis in object relations and interpersonal approaches. Countertransference discussions traditionally have involved listening from the other-centered perspective (for example, “he’s manipulative,” “she’s seductive,” “he’s provocative,” “she’s sensitive”). I believe that in relationships we naturally oscillate between these two listening perspectives and both provide us with important data about the analysand. Listening from the other-centered perspective tells us about how another person might feel in a relationship with the patient, tempered by the fact that the analyst’s particular subjectivity variably shapes the experience as the other.

We, as analysts, differ, often without awareness, as to our relative use of these two listening perspectives. We also vary as to which listening perspective we base our inquiry, as well as the degree to which we introduce our subjectivity in interven-

responses. Whereas one analyst begins exploration by using directly his other-centered experience with the patient, for example, “I’m experiencing you as hostile!” or “I wonder why you’re being hostile!” (an approach variably used by interpersonals); another tends to deemphasize this experience in order to focus on an inquiry into the analysand’s subjective experience, for example, “What are you experiencing?” (self psychology’s emphasis). To start from within the analysand’s experience facilitates the analysand’s self-articulation and protects against possible derailments due to the imposition of the analyst’s viewpoint and agenda onto the analysand. To attempt to remain totally within the analysand’s perspective, however, can deprive the analysand of the input from the analyst as the other that can further illuminate relational scenarios as well as provide the relational experiences necessary for facilitating development. Thus, I have proposed that while inquiry needs to emanate primarily from an empathic perspective, the analyst’s listening from “within” and “without,” oscillating in a background-foreground configuration, can illuminate more fully the patient’s experience of self and of self-in-relation-to-others. As the interpretive sequence clarifies the patient’s feeling via the empathic perspective, the focus on interpersonal consequences of the patient’s state and corresponding behavior via the other-centered perspective becomes useful in illuminating the patient’s experience of self and self-with-other experience.

How do these two listening perspectives affect the supervisory situation? Within a psychoanalytic supervisory setting the intersubjective field (Atwood and Skolow 1984) consists of three interacting subjectivities, namely, the analysand’s, the analyst’s and the supervisor’s. Supervision can focus on six possible overlapping areas, namely, the subjective experience of each of the three individuals and the intersubjective experience between any two individuals within this field. For example, the supervisor might focus on the content of the analysand’s description of a relational experience outside of the analytic
relationship, or on the ongoing process (Fosshage 1994) between the analysand and analyst as experienced by the analysand, analyst, or supervisor. As the analyst presents the analysis, the supervisor can listen from within the analysand’s experience, wondering what the analysand was experiencing; or the supervisor can listen from within the analyst’s frame of reference, inquiring as to the analyst’s experience of the analysand. In addition, the supervisor can listen to the analysand from the other-centered perspective, which might help to illuminate the analyst’s experience of the analysand and the analysand’s relational patterns; or the supervisor can listen to the analyst from the other-centered stance, which might help to illuminate the analyst’s contribution (via the analyst’s relational patterns) to the analysand’s experience. Finally, focusing on the supervisory process, the supervisor can listen to the analyst’s experience of the supervision from an empathic perspective or gain information about the relational scenario through the other-centered stance.

This intersubjective system between analysand, analyst, and supervisor is exceedingly complex and is probably rarely captured through addressing a single linear process. A number of analysts (Caligor 1984, Gediman and Wolkenfeld 1980, and Searles 1955), for example, have delineated what has been called “parallel process,” namely, the transference pattern emergent in the analyses-supervisor relationship is re-created in the analyst-supervisor relationship through the presentation of the clinical material. In other words, the supervisor’s experience of the analyst “reflects” (Searles 1955) the relationship that is occurring between analysand and analyst. This formulation is based on a number of presumed processes:

1. the analysand is the principal, if not sole, contributor to the transference experience;
2. the analyst is a minimal contributor to the transference;
3. the analyst in relating the case material momentarily identifies with the analysand’s experience (Arlow 1963)

and relates to the supervisor as the analysand relates to the analyst;
4. during this re-creation the analysand’s transference configuration is sufficiently powerful to shape substantially the analyst’s and supervisor’s interactive experience; and, finally,
5. during this re-creation, although the analyst and supervisor bring to each interaction unique subjectivities, they are viewed as contributing minimally to their experience.

The concept moves us toward a one-person psychology, that is, the interactive experience in both the analytic and supervisory situations at a given moment emanates from the analysand. Clinical evidence indicates that the analysand’s transference configuration, through triggering affect states in the analyst and supervisor, is, on occasion, sufficiently powerful to affect these 2 interactive processes; yet, because of the uniqueness of each analyst and supervisor, each responding to the analysand’s transference configuration in his or her particular way, parallel process, it would seem, is too readily assumed. For example, the patient blames the analyst for a stalemate and the analyst feels at fault and immobilized; the analyst blames the supervisor for the stalemate and the supervisor begins to be rendered impotent. One could invoke the concept of parallel process and note that the scenario began with the patient’s criticism of the analyst. This framing,

1. Searles (1955), who first wrote about this phenomenon, cautioned us as to its frequency of occurrence: “This reflection process is by no means to be thought of as holding the center of the stage, in the supervisory situation, at all times. Probably it comprises, in actual practice, only a small proportion of the events which transpire in supervisory hours” (p. 133). Yet, in discussions of supervision, the concept is frequently invoked.
however, conceals the analyst’s and supervisor’s unique, although in this instance similar, contributions to their reactions to being blamed. The analyst and the supervisor might have reacted quite differently to the patient’s accusation. Rather than concluding prematurely that parallel process is operative, we need to illuminate carefully the contributions of each participant to understand the triadic intersubjective encounter.

The primary task of the supervisor is to understand as well as possible the patient and the patient-analyst interactive experience occurring in the analysis in order to facilitate the analytic process and development of the supervise. To listen as-the-other contributes important data, yet it is too-often assumed that this data is directly revelatory of the patient’s experience, thus creating the danger of imposing the supervisor’s perceptions and agenda onto the analysis. To enter into the patient’s and the analyst’s respective experiences is best facilitated with the use of the empathic mode of listening. However, using the empathic mode does not preclude premature and (therefore) distanced, impositional organizations onto the material. To listen closely to the analysand’s and, subsequently, the analyst’s experiences requires us to live in suspense for a sufficient period of time in order to enable the material, not our schemas, to be primary in the shaping of our experience. The typical once-a-week supervisory experience makes this especially difficult. To inquire consistently into the analysand’s experience and, then, the analyst’s experience both illuminates the respective experiences and provides an important model for the analyst.

As supervisors listening closely to the unfolding of the analytic process, what criteria do we use to assess an analyst’s intervention or sequence of interventions? We know well that the various psychoanalytic models inform and shape both analytic interventions and their assessment. Any given intervention will be applauded by some and repudiated by others. In this sea of contradictory opinions is there any criterion we might rely upon to steady ourselves? When reviewing the process, the most sensible criterion for assessing interventions is, in my judgment, the analysand’s response or sequence of responses. (While our models and subjectivities affect the evaluation of any given response, more agreement may be arrived at if we examine a sequence of responses.) We have all heard interventions that at first seemed either mystifying or ill-suited, if not destructive, and were surprised to discover that the analysand’s sequence of responses evidenced these interventions to be facilitative. Clearly our models affect what we assess as facilitative; yet, placing the analysand’s sequence of responses as central for assessing the analyst’s interventions provides the best hope for understanding and evaluating the process at hand.

While an experience-near approach mitigates (not eliminates) the imposition of a theory-dominated assessment of an analytic process, a phenomenological emphasis is often criticized for not dealing with the “unconscious.” Theory-dominated assessments that, to my mind, steal away from the process at hand frequently involve, even require, the invocation of the “unconscious” and assertions that the analyst is not dealing with the unconscious or some specified unconscious material. The content of one analyst’s view of the unconscious, however, can look vastly different from another’s view (e.g. the vastly different understandings of the same dreams by representatives of various psychoanalytic persuasions, Fosshage and Loew 1987). Experience is always more or less affected by unconscious mentation. Illumination of experience expands awareness, which includes the gradual emergence of unconscious factors. An experience-near approach in supervision tends to bias the supervisory process to a lesser degree and keeps the process for the analyst and supervisor more open, facilitating the emergence of the unique affects and meanings of the analysand and of the analyst.

While an experience-near approach to supervision, in my view, has much to offer, we, as all analysts, still must posit goals
for an analysis in order to assess the analysand’s responses. These goals vary from one analyst to another—for example, to make the unconscious conscious, to manage conflict with more mature defenses, to transform the internalized bad objects, or to develop and consolidate a positive sense of self. Lichtenberg, Lachmann and I (1992) recently delineated 3 fundamental goals for an analysis, namely, self-righting, expansion of awareness and symbolic reorganization. While an experience-near approach to supervision, in remaining close to the analyst and analysand’s respective experiences, facilitates the analytic and supervisory process, each supervisor approaches the supervised analysis with formulated or unformulated goals which uniquely affects the analyst and the analysis.

SELF EXPERIENCE

While there were many important contributors (for example, Hartmann, A. Reich, Lichtenstein, Sullivan, Winnicott, Guntrip) in the evolution of psychoanalytic thought to the conceptualization of the self and recognition of the need to maintain a sense of identity and self-regard, perhaps Kohut most legitimized self concerns and the need to develop and maintain a positive cohesive sense of self. While within self psychology the vicissitudes of the self and self experience are central, the importance of the analysand’s self-regard has become highlighted throughout psychoanalysis. Whereas previously the goal was to make the unconscious conscious, from today’s perspective no intervention aimed to make the unconscious conscious will be optimal unless it is framed in such a way that the analysand can digest the interpretation without serious threat to his sense of self. If the interpretation is experienced as threatening or as shame-provoking (Nathanson 1987, Morrison 1989), the analysand will either accommodate and feel deflated or become aversive to the interpretation and the analyst. Similarly, the supervisor needs to pay close attention to the analyst’s sense of self, particularly to the analyst’s sense of competence and ability. Regardless of the professional level, revealing an analytic process—a highly intimate process—increases each presenter’s feeling of vulnerability. The supervisor’s use of the subject-centered or empathic mode of listening in investigating the analyst’s experience supports self-cohesion. To be listened to, to have one’s experience acknowledged and to be taken seriously bolsters a sense of self, what Kohut (1982) noted as the therapeutic impact of using the empathic mode of perception. Entering into the experience of the analyst and analysand helps to create an ambience of respect for, and understanding of, the unique dyadic process that the analyst is discussing. It is from this within perspective, based on the recognition of multiple perspectives, in contrast to an authoritarian teaching stance, that understanding of the process can proceed and alternative suggestions can be provided more easily without threatening the analyst’s sense of competence and ability.

Mismatches occur that make it difficult for the supervisor to understand the analyst’s approach, creating mutually frustrating and undermining scenarios. A few years ago, for example, a psychoanalytic candidate came to me feeling seriously doubtful of herself as an analyst and of her work with a particular analysand. While the candidate was emotionally connected, she tended to lead with cognitive understanding. In contrast, the style of the supervisor, whom I also knew, was to aim for affective expression. The supervisor reportedly would become disgruntled with the candidate for not being more emotive herself and for not pursuing fuller affective expression from

2. Just before completion of this paper I had the opportunity to read Martin Rock’s paper on “Effective Supervision.” His thesis (chapter 4, this volume) with which I concur, that “what is learned will be a function of the relational context in which it is learned” emphasizes the importance of the supervisee maintaining self-esteem and a sense of autonomy.
the analysand. The supervisor and candidate were caught up in a frustrating and deteriorating impasse. Meanwhile, the analysand, a graduate student in this field, wanted more cognitive understanding and denigrated the analyst for its lack. The analytic candidate was barraged from both sides, which seriously undermined her confidence.

Our first task, as I saw it, was to understand what had gone wrong in the previous supervision through a close subject-centered listening to the candidate. This approach, in contrast to the previous more authoritarian “teaching,” helped to create a respectful, facilitative ambiance within which the analyst could regain her self-equilibrium (a self-righting process). The second task was to investigate from a within perspective, as best as we could, as to what was occurring in the analysis, not what ought to be occurring. We recognized underneath the disappointments and criticisms the analysand’s striving for an idealizing self-object connection with the analyst that centered on the analyst’s demonstration of comprehending the analysand. This recognition aided the analyst to feel less deficient and to understand and ally with the positive strivings in the patient. As the analyst regained her self-equilibrium and began to offer more self-assured interpretations of the disappointments and search for an idealizable figure currently and historically, the analyst became more idealizable to the analysand, an experience sorely needed. Both the analyst and analysand began to feel more positive about themselves as they formed an effective relationship.

ORGANIZATION MODEL OF TRANSFERENCE

As the analyst spells out the case material, the supervisor listens for the emergent transferential configurations from the analysand to the analyst and from the analyst to the supervisor. Each person—analysand, analyst and supervisor—enters the arena with shifting motivations (Lichtenberg 1989) and characteristic ways of organizing experience. The conceptualization of transference, itself, centrally shapes the organization of data and tends to create a specific supervisory ambience. Anchored within the positivistic scientific tradition, the classical or “displacement” model of transference refers to those feelings, thoughts, and attitudes inappropriately displaced and projected onto the analyst, distorting the “reality” of the analyst. The analyst’s task is to remain anonymous, neutral, and a blank screen in order to “reflect back” these distortions and their intrapsychic origins. The analyst takes on an “objective” tone that tends to create a hierarchical arrangement between analyst and analysand. Within the supervisory situation, as the supervisor picks up on the distorting and pathological countertransference of the analyst, the same authoritarian relational arrangement is created. (This is an example where the theory, not the patient, tends to create the parallel process “from the top down.”) [see Martin Rock’s Chapter in this book.] A supervisor’s recommendation that a supervisee take back to his analysis his countertransference problems—as if one could choose at the behest of an authority-figure to work productively on what are often largely unconscious issues—can easily be experienced as exhortation and criticism, thus further destabilizing the supervisee’s sense of self.

In contrast, over the past decade a number of authors, including Wachtel (1980), Gill (1982, 1983), Hoffman (1988, 1991), Stolorow and Lachmann (1984, 1985), Lichtenberg (1990), Lachmann and Beebe (1992), and myself (1994) have contributed with many variations to an emergent, what I call, organization model of transference. This model corresponds in many respects with what Berger and Luckmann (1967), Hoffman (1983), and others call the social-constructivist model. This model, in part based on theory by Piaget (1970), refers to the characteristic ways of organizing experience that have gradually crystallized out of thematic lived-experience. “These organizing principles or schemas (the ‘mental sets,’ if you will)
do not distort a supposed 'objective reality,' but are always contributing to the construction of a subjectively experienced 'reality' (Posshage 1994, p. 7). Thus, transference refers to the analysand's experiences of the analytic relationship that are constructed, perpetually and interactively, with the analysand's primary organizing patterns. The analysand's organizing patterns vary in frequency of use, openness to reflection, and modifiability. The analytic task is to illuminate the patient's particular thematic organizations and their origins in his or her lived experience. The goal of the exploration is to increase the analysand's perspective and subsequent flexibility of use, aided by the gradual formation of alternative views of oneself and the world, thus increasing the complexity and enriching of experience.

Our capacity to form organizing patterns is a product of our cognitive sophistication. The patterns become pathological on the basis of thematic lived-experience, for example, a negative self-schema formed on the basis of repeated parental criticism. Recognizing the cognitive sophistication inherent in a schema, understanding that the schema forms on the basis of lived-experience, and acknowledging its role in constructing relational and non-relational occurrences through such processes as "expectancies" and selective attention, all serve to create a more accepting ambience. The analysand's transference and, similarly, the analyst's countertransference are not distortions but constructions. The analysand selects particular cues, ascribes meaning, and interactively constructs. The analyst variably contributes to the transferral experience. Through recognizing the analyst's and analysand's variable co-determination of the transference, an atmosphere of co-participation is created. When the focus is on the analytic relationship, the analyst continuously inquires about the meaning of the interaction for the analysand and consistently asks "Who's contributing what to the analysand's experience?" to make sense of the intersubjective encounter. No participant has a hold on the "truth." Similarly, the supervisor illuminates the analyst's ways of organizing (including the use of particular models), deciphering as well as possible the analysand's contribution and the analyst's to the analyst's particular organization. The supervisor may offer alternative ways of organizing which may fit or not, be facilitative or not. As issues emerge concerning the supervisory relationship, the door is open to explore the contribution of each. Anchored in relativistic science, this view of transference lends itself to a more accepting, co-participating ambience, an ambience which increases space for reflection and dialogue.

Based on Kohut's work (1971, 1977, 1984) the model of transference in self psychology has been expanded to include two fundamental interacting dimensions, the selfobject experience-seeking dimension and, what I call, the repetitive relational dimension (Stolorow and Lachmann 1984, 1985; Lachmann and Beebe 1992, Posshage 1994). Within this model, developmental and restorative needs are viewed as embedded in conflict. Conflict, in part, emanates from traumatic failures of responsiveness in the past, leading to fears of their potentially self-fragmenting reoccurrence (Ornstein 1974) and expectations that failure will reoccur, all of which require various self-protective measures. These are the repetitive problematic relational themes that variably impede a person developmentally and in conflict resolution. Other transferential organizations are forward-looking crystallizations of developmentally or self-restorative needed experiences. A patient hopes for the "new," expects the "old," and tends to construct the analytic experience in keeping with both the "new" and the "old." While traditionally psychoanalysts have emphasized the pathological themes, a number of contributors (for example, Jung, Fairbairn, Winnicott, Balint, Guntrip, Kohut) have stressed the strivings for the new. While both dimensions of the transference must be illuminated, picking up on what the analysand is striving for, what Kohut (Miller 1985) called the "leading edge" of the material, provides implicit self-consolidating affirmation and strengthens a vitalizing (selfobject) tie. The supervisor, in turn, needs to attend to
both dimensions of the analyst’s organization of the supervisory relationship. When the analyst’s self needs come to the foreground, the supervisor must find a way directly or indirectly to attend to the analyst’s momentary disequilibrium in order to facilitate the supervisory process.

Recognizing the co-participation of analysand and analyst in the analytic relationship has expanded the concept of countertransference “to include, not just the pathological, but the entire range of the analyst’s experience and its actual usefulness in ongoing analytic work, what has become known as the ‘totalist’ perspective (see Kernberg 1965, for a review, also Gorkin 1987, Tansey and Burke 1989)” (Fosshage 1995, p. 376). Defining countertransference as the analyst’s organized experience of the patient (Fosshage 1995) positions the supervisor to invite all of the analyst’s experience into the supervisory situation. Recognizing that the analyst, as the patient and the supervisor, is always organizing his/her experience alleviates dichotomizing and categorizing the analyst’s experience into pathological and non-pathological, which aids a more open investigation. In addition, to define countertransference as the analyst’s experience of the patient nullifies the question as to whether or not to work on countertransference within the supervisory situation, for the analyst’s experience of the patient is central in understanding and guiding the analytic process. Within this context, the “teach or treat” dichotomy is no longer a meaningful distinction, for “treatment” corresponds with illuminating the analyst’s experience, a necessary process for “teaching.” Thus, supervision becomes another arena in which the analyst can reflect on the analytic process and oneself.

CLINICAL ILLUSTRATION

A brief clinical vignette will illustrate identification and use of the 2 dimensions of the transference, creation of reflective space and maintenance of the supervisee’s self equilibrium.

A seasoned female psychoanalytic candidate presented in a small group supervisory workshop a 37 year-old male actor who had been in psychoanalytic treatment for 14 months. His reasons for seeking treatment were the recent breakup of a long-term relationship, anxiety, and intense feelings of inadequacy and guilt. The candidate described her patient as very bright and having a wonderful sense of humor. The patient’s father was described as a gruff, pugnacious owner of a small business who either yelled or was depressed, often leaving the patient feeling scared, in the wrong, and not a part of the world of men. Mother was described as possessive, controlling and humiliating. She would dress the patient and call him “her little man.” In relationship to women the patient described how the woman takes over and he loses himself. The candidate was presenting the analysis because it felt chaotic, keeping her “off-balance.”

In the session on which we will focus, the patient first spoke of his sadness and guilt with regard to the woman from whom he had separated—“She’s a good person and look what I’ve done. What’s wrong with me?” He then related a recent get-together where he hung out with a group of male friends smoking cigars, and remembered a “terrible” dream. “I was in a fraternity and had been elected President. We heard a commotion upstairs. I went up to investigate. Upstairs I saw an older man trying to insert a rat in a woman’s anus. I was repulsed and tried to stop him.” The patient then lamented his “sadistic impulses” and dejectedly commented that perhaps the woman with whom he had lived was right about anal intercourse, that it is abnormal. In an attempt to capture the patient’s experience, the candidate reflected at the end, “You’re feeling like a rat.” The patient assented. In the following session the patient appeared to be more agitated, disorganized, down, and apologetic to the ana-
lyst for not coping better. The analytic candidate had a disheartening sense that something had gone awry and, for this reason, was presenting the material.

In the group supervisory situation, we began to explore the candidate's experience—a potentially self-stabilizing process. She explained that using the structural model she had understood the dream to be the patient's struggle over his id impulses, specifically his sadism. While she was not experiencing him at that moment (from the other-centered perspective) as sadistic, her particular framing appeared to position her inadvertently to confirm the patient's self-condemning interpretation of the dream about his sadistic impulses with her statement, "You're feeling like a rat." Her feeling for the patient and her tone was empathic, not sadistic, which ruled out a sadomasochistic transference-countertransference enactment. This exploration suggested to the supervisor that the candidate's model at this juncture was primary in impeding understanding of the patient.

To create some space for reflection and for the consideration of alternative understandings, I attempted to guide a reentry to the patient's world by inquiring as to the patient's experience in the dream, initially his experience in the fraternity and being elected President. While the candidate had not pursued this line of inquiry with the patient, her general feeling, and that of the other supervisory group members, was that he was feeling the same pleasurable camaraderie with the men as he had been describing just prior to associating to the dream. This positive experience with men was a new experience, for, based on the relationship with his father, he had felt typically estranged and fearful. To be elected President of the fraternity in the dream was additionally affirming of him as a leader of men, an emergent vitalizing self-organization.

We were immersing ourselves in the dreamer's experience with anticipation of juxtaposing it with the dreamer's waking experience. To enter into the patient's dreaming experience helped to dislodge the candidate from her organization which had implicitly confirmed the patient's waking configuration that he was the rat. We continued to explore the dream—most strikingly, the older man's sadism and the dreamer's repulsion and assertion to stop the older man. In the dream he was not the sadist but the hero who was intervening. This corresponded with recent confrontations and assertions vis-a-vis his father. The patient in the dream appears to be envisioning and further integrating new feelings and attitudes about himself in the world of men—the developmental movement that needs to be picked up and facilitated. Not surprisingly, the patient's waking organization of the dream moved in his typical self-deprecatory fashion, which was in keeping with his negative self schemas. (The question is not whether or not the patient has sadistic impulses—presumably he does by simply being human and, more specifically, of being raised within his particular family matrix. The dream's scenario, in my view, is not directly addressing that issue. The dream's thematic structure directly reveals the dreamer's struggle with the older man's sadism which the dreamer is assertively attempting to curtail. To translate the image of the sadistic man to be a self-representation and thus to reflect the patient's sadism misses the relational scenario of self with other so evident in the structure of the dream and so thematic in the relationship with his father.) In keeping with the negative self schema, the patient apparently "heard" the candidate's statement, "You're feeling like a rat," as implicitly confirming—that he, indeed, is a rat. Hearing her statement as confirming the negative image of himself momentarily undermined his self-esteem and equilibrium, evident in the following session. The candidate, I
believe primarily due to her model, had for the patient inadvertently become the denigrating, humiliating parent, momentarily replicating the repetitive traumatic experience (keeping in mind that transference is variably co-determined, it appeared, in this instance, that the patient’s proclivity to feel negative about himself predisposed him to hear the candidate’s reflective comment as confirmatory of his negative self-image). In the state of disequilibrium, the patient in the following session apologized to the analyst for not coping better, thereby hoping to elicit a forgiving, if not affirming, response—that is, the search for the needed vitalizing (self-object), self-restorative experience with the analyst comes to the fore.

To see the developmental thrust of the dream relieved the candidate’s stressful quandary as to what had gone wrong and what to do about it. Her discomfort about having gone awry was relatively easily overcome with a renewed sense of confidence that she understood the dream and could easily use the dream in affirming the patient’s emergent contrasting image of himself. The group similarly participated in the discovery of a new understanding, and felt relieved and supportive of the candidate.

Every analytic intervention variably affects the patient’s sense of self. Analytic illumination of the repetitive transference must be closely monitored for the subtle and not so subtle impact on the patient’s self-experience. Similarly, every supervisory intervention variably affects the supervisee’s sense of self. In this instance, the supervisor, with the candidate and the group, had to find a way to facilitate the candidate’s openness to reflection and to the consideration and integration of an alternative understanding, quite discrepant with hers, without triggering her feeling aversive, crushed or depleted—not a small task. Exploring the candidate’s experience, respectfully addressing the candidate’s model of dream interpretation, and attempting to enter into the patient’s dreaming experience and then his waking experience, were the ways in which I attempted to facilitate a supervisory process in which the candidate and group could discover new ways of viewing the material and to further consolidate the candidate’s sense of competence.

While each supervisory experience is unique and varied, one guideline of sequential steps for the supervisory process, especially applicable to process material, is as follows:

1. listen carefully to the interval and interactive experience of analysand and analyst, attempting to understand the experiences of each and what is occurring within the interactive system;
2. inquire of the analyst’s experience of the session;
3. track closely the entire session if time permits, or at least sequences that involve poignant internal and interactional moments;
4. inquire and assess together the patient’s meaning, offering alternative formulations if needed;
5. inquire and assess together the analyst’s aims and interventions and their impact as revealed by the patient’s response; understand and affirm facilitating interventions; understand why other interventions are problematic and offer alternatives.

This close tracking provides a useful model for following the analytic process and facilitating charge.

In conclusion, the awareness of different listening perspectives and the different data generated, the primary use of the empathic mode of listening for inquiry, the awareness of the repetitive transference and the search for the vitalizing (self-object) experience in the analytic relationship, all have far-reaching value for the supervisory process as we continue to make the shift from an “objectively based” authoritarian stance to a co-participatory, perspectival stance.
REFERENCES

——— (1990). Rethinking the scope of the patient’s transference and the therapist’s counterresponsiveness. In The