

# Introduction

A predoctoral psychology supervisee, Jane,<sup>1</sup> is enmeshed in a struggle with her client, Susie, with whom she has been working for 3 years. Jane cares deeply for Susie but also feels intensely frustrated by her at times. Right now, Jane is preparing to leave the training clinic where she has been seeing Susie to start a clinical internship nearby. Jane has invited Susie to follow her there, but Susie insists that doing so would demand too much of her, and she will not commit to the transfer. She has shut down, become dismissive of the psychotherapy, and is minimizing her feelings of attachment to Jane.

Jane is a thoughtful intern who has a good beginning understanding of how to conduct psychodynamic psychotherapy. She knows “in her head” that Susie is defending herself against feelings of hurt, anger, and vulnerability, feelings that are unbearable given Susie’s

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<sup>1</sup>The names and identifying information of all supervisees and all patients have been changed to protect their identities.

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*Supervision Essentials for Psychodynamic Psychotherapies*, by J. E. Sarnat  
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history of early abandonments and parental neglect and abuse. But, right now, Jane is hurt and angry herself and feels critical of how Susie is behaving. Unwittingly, Jane has gotten caught up in a power struggle with her patient.

As Jane talks about the situation, her supervisor expresses empathy for both Susie's and Jane's plights. The supervisor also makes a number of efforts to help Jane to see and understand what is going on, and to reconnect Jane to the frightened "little Susie," with whom Jane seems to have lost contact. However, the supervisor's efforts seem to be of little use. Jane nods, and expresses agreement with her supervisor's comments in a compliant way, but does not really work with her supervisor's observations. After this goes on for a while, the supervisor begins to feel frustrated, too.<sup>2</sup>

This situation describes my dilemma in working with a supervisee. A portion of the session in which this occurred is transcribed and discussed in chapter 4 of this book.

## A RELATIONAL MODEL OF PSYCHODYNAMIC SUPERVISION

Supervisors inevitably struggle with such dilemmas. *Supervision Essentials for Psychodynamic Psychotherapies* is intended to help supervisors to think about—and expand their options for how to work with—such dilemmas. Bringing relational psychoanalytic ideas to bear, Mary Gail Frawley-O'Dea (1997a, 1997b, 1997c, 1998) and I (Sarnat, 1992, 1997, 1998) began, independently, to develop a similar approach to supervising. We then collaborated on fleshing out the model as coauthors in *The Supervisory Relationship* (Frawley-O'Dea & Sarnat, 2001) and have continued to do so in subsequent publications (Beck, Sarnat, & Barenstein, 2008; Burka, Sarnat, & St. John, 2007; Frawley-O'Dea, 2003; Sarnat, 2006, 2008, 2010, 2012, 2014).

This relational model of psychodynamic supervision puts the supervisory relationship front and center in the mind of the supervisor and

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<sup>2</sup>The full hour appears in the DVD *Relational Psychodynamic Psychotherapy Supervision* (2015), available at <http://www.apa.org/pubs/videos/index.aspx>.

guides the supervisor toward creating an interpersonal context (Sarnat, 1992) in which it becomes both possible and ethical to work experientially in the here and now of the supervisory relationship. The model offers a framework within which more may be felt and understood about both the supervisory and clinical relationships.

A number of questions may occur to the reader about such a model. How exactly does one create an interpersonal environment where more can be experienced and known than is possible in more didactic, patient-focused, and hierarchical supervisory relationships? Does a supervisor who thinks relationally neglect didactic teaching, the traditional “bread and butter” of supervision? How does the relational supervisor work within boundaries and in a respectful way, while also engaging deeply with the supervisee?<sup>3</sup> This volume explores these questions and more. In so doing, it will, I hope, enlarge the reader’s sense of what is possible during the hours spent teaching and learning the art of psychodynamic psychotherapy.

I will provide both theory and evidence for this approach, and will offer numerous vignettes and detailed supervisory process. Through this material, I hope to bring together the best of two different ways of conceiving of the process of supervising psychodynamically oriented treatments. Eizirik (2014), in discussing a collection of articles on psychoanalytic supervision, noted that some of the contributing authors treated supervision as a process of developing a set of skills and abilities that can be clearly defined and monitored—that is, they approached supervision as “psychological science.” In contrast, he noted that another group of contributing authors seemed to conceive of supervision as more “art” than science, an art that was based on an ultimately inscrutable process of emotional learning. This second subset of authors, emphasizing “the uniqueness and the peculiar nature of each analytic relation” (p. 643) and the unique process through which each analyst acquired his or her own analytic identity, was opposed to systematizing or quantifying the “mystery” of what transpires in a supervisory relationship. As both a psycho-

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<sup>3</sup>For purposes of clarity, the supervisor and the patient are given a feminine pronoun, whereas the supervisee is given a masculine pronoun.

analyst and a psychologist, I identify with each of these points of view and think of them as complementary: I think that systematizing-averse psychoanalysts have something to learn from hard-headed psychologists, and empirically oriented psychologists have something to learn from engaged-in-the-mystery psychoanalytic psychotherapists. In this book, I hope to build bridges between these worlds, referring, at times, to competencies, psychological standards and codes, and “hard-headed” research, and at other times exploring, in-depth, the experience of particular supervisory pairs, in an effort to capture what is “unique and peculiar” about a given supervisory relationship.

In the remaining pages of this introduction, I will first provide some historical context for the book as a psychodynamic and specifically *relational* psychodynamic approach to supervising. I will go on to consider the issue of *process consistency* in supervision, looking at the relationship between the treatment approach that is being taught in supervision and the supervisory approach itself. I will then describe my own process of becoming a relationally oriented psychoanalytic supervisor. Finally, I will describe the readership for whom this book was intended, and offer readers a “road map” to the rest of the book.

## THE ORIGINS OF PSYCHODYNAMIC SUPERVISION

Psychodynamic psychotherapy, of course, grew out of Sigmund Freud’s revolutionary theory and treatment, psychoanalysis. Freud was profoundly progressive in his willingness to grant a voice to his female hysterical patients, who had been silenced and treated with contempt by others. He was also determined to find meaning in their symptoms rather than viewing their symptoms as only pathological. On the other hand, Freud and many of his followers assumed a hierarchical attitude toward their patients that, although typical of that era, was highly problematic.

As Frawley-O’Dea and I noted in *The Supervisory Relationship* (2001), Freud maintained a strongly hierarchical attitude toward his supervisees as well. In the Wednesday night meetings at Freud’s home, in which supervision arguably had its inception, Freud was the unquestioned authority:

One participant remembered that “the last and the decisive word was always spoken by Freud himself” (in Gay, 1988, p. 174). Freud did not hesitate to oust “supervisees,” including Adler, Jung, Stekel, and Ferenczi, who, despite their brilliant elaborations of psychoanalytic theory and practice, deviated too much from his “canon.”

Freud’s authoritarian attitude, sadly, was passed along to many of his analytic descendants, an intergenerational transmission that continues to influence some models of psychoanalytic treatment and supervision today. Psychoanalytic institutes are political places. Supervision can be a means for exerting influence over the new generation—a vehicle for shoring up one’s own “camp” within psychoanalysis (Berman, 2004). This politicization of supervision may also explain, at least in part, why psychoanalytic supervisory models have persisted in their hierarchical, supervisor-as-expert orientation long after psychoanalytic clinical models had evolved toward viewing the psychotherapist as a more mutual participant.

One of Freud’s most brilliant students, Sándor Ferenczi, held a less hierarchical attitude toward his patients and was prescient in his understanding of the analytic relationship as a relationship between participants who are more alike than different. We can imagine that he maintained a similar attitude toward his supervisees, thus serving as an alternative forefather for relational models of psychodynamic supervision. In the tradition of Ferenczi, each member of the supervisory dyad would be understood to be fully human and, therefore, an unconscious contributor to any difficulties that arise in that relationship (Frawley-O’Dea & Sarnat, 2001).

## THE DEVELOPMENT OF A RELATIONAL MODEL OF PSYCHODYNAMIC PSYCHOTHERAPY

According to Aron and Starr (2013), almost as soon as psychodynamic psychotherapy emerged as an offshoot of psychoanalysis, psychoanalysis proper began to assault it. Psychoanalysts, especially those within the United States who followed more in the tradition of Freud than of Ferenczi, created a radical dichotomy between psychoanalysis and psychodynamic

psychotherapy, treating psychodynamic psychotherapy as “other” and splitting off and projecting into it all that was unwanted from within psychoanalysis. Thus, “suggestion” and any relational factors that helped the patient (vs. the “pure gold” of insight) and the feminine (vs. the male/phallic) were relegated to psychotherapy. Conducted by “nurturant” female social workers, rather than by “scientific” male physicians, psychotherapy was considered a second-rate treatment to be offered to those who could not “tolerate” the challenges of “real” psychoanalysis or afford its cost.

As Aron and Starr (2013) observed, American relational psychoanalysts have pushed back against this polarization of psychoanalysis and psychotherapy, asserting that relationship and insight are *both* of value, as are science and care, and the “feminine” and the “masculine.” They believe that choices about how silent versus participatory the psychotherapist should be, about how frequently the patient should be seen, and about whether or not the couch should be used are equally legitimate and should be determined by the specific needs and preferences of the individuals involved and the situation in which they find themselves. They have argued that five-sessions-per-week, on-the-couch treatments are not by definition superior to other forms of psychodynamic treatment, even though more intensive treatments may be necessary for treating some patients. It is this view of psychodynamic psychotherapy that I subscribe to and that serves as the basis for my model of relational psychodynamic supervision.

## THE RELATIONSHIP BETWEEN TREATMENT MODEL AND SUPERVISORY MODEL

Falender and Shafranske (2004) consider psychodynamic supervision to be a “clinical model based”<sup>4</sup> form of supervision. This description of psychodynamic supervision assumes that all psychodynamic supervisors teach the same clinical model, and from my point of view this is an oversimplification

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<sup>4</sup>Bernard and Goodyear (1998) called supervisory models that had been developed as extensions of clinical theory (and that are used to train clinicians to work in that clinical model) “clinical models based” forms of supervision. They differentiated such models of supervision from models that were developed specifically for supervision without ties to any particular clinical theory.

that is misleading in several ways. Beyond the distinctions between Freud and Ferenczi already discussed, many “flavors” of psychoanalytic theory and practice have proliferated. For the purposes of this monograph, it is important to keep in mind the distinction between more classical, one-person, intrapsychic models, such as those employed by Freudian, ego-psychological, and Kleinian clinicians, and the more relational, two-person, intersubjective models, originated by Ferenczi, Winnicott, Bion, and the interpersonalists and more recently employed by the American relational school and authors such as Ogden, Bollas, Ferro, and Civitaresse.

If we keep in mind the distinction between relational and nonrelational approaches to both psychodynamic psychotherapy and psychodynamic supervision, it follows that a supervisor can, for example, be teaching an intersubjectively informed model of treatment but supervising in a non-relational way. Such supervisors are *process-inconsistent* in their approach. This matters because process-inconsistent supervision is less pedagogically effective than process-consistent supervision, in which the supervisor not only “talks the talk” but “walks the walk” (Sarnat, 2012).

Process-inconsistent psychodynamic supervision has developed, in my view, because of the conservatism inherent in the apprenticeship model through which supervisors, until recently, have learned to supervise. Without the benefit of specific supervision training, one’s manner of supervising is picked up informally—and often without awareness—from one’s own supervisors, supervisors doing to their supervisees as was done to them. As a result, a nonrelational approach to psychoanalytic supervision had been passed with impressive fidelity from Freud through the generations of supervisors, even though those same supervisors’ clinical models often have evolved substantially.

### **Limitations of Process-Inconsistent Supervision: An Example**

Frawley-O’Dea (1997a) and Hirsch (1997) wrote complementary papers about their experiences as supervisee and supervisor during Frawley-O’Dea’s psychoanalytic training. Frawley-O’Dea was struggling in the transference-countertransference with a patient who was a survivor of early childhood

sexual abuse. She found the inconsistency between Hirsch's interpersonal clinical orientation and his more classical, hierarchical, didactic supervisory approach to be particularly problematic in her work with this patient. Frawley-O'Dea felt that the difficulties with which she most needed help in supervision could not be accessed through her supervisor's approach, which focused primarily on the patient's verbal material. She came to realize that essential material was being communicated in nonsemantic, affective registers in both the clinical and supervisory relationships and was being enacted between supervisor and supervisee via the parallel process. Hirsch eventually concurred with Frawley-O'Dea that his supervisory approach had insufficiently helped Frawley-O'Dea with these experiences.

### **Process-Consistent Supervision**

In contrast, some supervisors have delineated supervision models that are explicitly based on the clinical approach they are trying to teach. Ekstein and Wallerstein (1972) used ego-psychological principles to teach an ego-psychological form of psychodynamic psychotherapy; Jarmon (1990) used object relations concepts to teach an object-relations-based form of psychotherapy; Ungar and de Ahumada (2001) used a Bionian approach to teach Bionian clinical technique; and Frawley-O'Dea and I have drawn upon relational psychoanalytic principles to create our approach to supervising intersubjectively informed psychodynamic psychotherapy. Process-consistent supervisors teach in a way that is experientially rich and model the approach the supervisee is trying to learn.

### **HOW I CAME TO A RELATIONAL MODEL OF SUPERVISION**

In 1976, immediately after obtaining my psychology license, I was called upon to supervise trainees in the university clinic in which I was employed. I had received no training in supervision, as was typical for that era. However, a trip to the psychology library turned up Ekstein and Wallerstein's (1972) book. I was impressed by the power of their process-consistent



and supervisee-focused model of supervision, which offered supervisees help with their own conflicts and resistances as these manifested in the supervisory and clinical relationships. This was exactly the kind of help I had yearned for in my own training.

Although some of the clinical faculty at the University of Michigan had come from The Menninger Clinic, where Ekstein and Wallerstein had developed their supervisory model, they tended to work in supervision in a patient-focused, didactic, nonexperiential, and process-inconsistent manner. My supervisors focused sparingly on the anxieties and resistances that emerged in my work and did not attend to what was being lived out in the supervisory relationship itself. Even Edward Bordin, who developed the concept of the supervisory alliance in his writing (1983), shied away from focusing directly on our relationship and the conflicts that emerged in it and in my relationships with my patients. Although I was engaged in a helpful psychodynamic psychotherapy, my therapist could not provide the specific help with how my conflicts emerged with my patients that a supervisor might have.

When, a few years later, I had an opportunity to supervise a group of graduate students in a university department of clinical psychology, I checked in with my new colleagues about how they supervised. There, too, I found myself alone in my admiration for Ekstein and Wallerstein's experiential, supervisee-focused, and process-consistent approach to supervising. Several colleagues let me know that they were wary of Ekstein and Wallerstein's model because they found that when they focused on their supervisees' psychologies, supervisee anxiety escalated to unmanageable levels, interfering with teaching and learning.

This was not my experience as a supervisor. I was able to address my supervisees' psychologies without much difficulty and found my supervisees to be eager for the help I was offering. Why? Eventually, I concluded that my colleagues must have run into difficulty because they were trying to address their supervisees' psychologies from a position of "objectivity,"<sup>5</sup> while I was open with my supervisees in exploring how my own conflicts

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<sup>5</sup>Ekstein and Wallerstein, writing before the advent of the relational turn in psychoanalysis, also assumed supervisor objectivity. See Sarnat (1992) and Frawley-O'Dea and Sarnat (2001).

and resistances contributed to difficulties in the supervisory process. I believe that my stance created an interpersonal context in which it was safer for supervisees to acknowledge their conflicts and resistances (Sarnat, 1992).

When I looked back later on how I differed from my colleagues, I realized that I had been influenced by larger cultural (countercultural) forces. I had been affected, first, by the “encounter group” movement. When I was a graduate student, I received training from an extracurricular organization that taught graduate students such as myself to run groups for undergraduates, based on an amalgam of National Training Laboratory and Tavistock group models. My experience as a leader of these groups (which had a strongly egalitarian tone) helped me to see that I was as much affected by unconscious conflicts as were members of my groups. I learned this lesson simultaneously with my immersion in ego-psychological training in graduate school, where it was assumed that (well-analyzed) therapists and supervisors were capable of keeping their conflicts out of their professional relationships.

A few years later, I was further affected by a transformation in psychoanalytic theory itself. Relational psychoanalysis began to emerge in the meetings of the newly formed Division of Psychoanalysis (Division 39) of The American Psychological Association. I found this fresh perspective on psychoanalysis both exciting and helpful in formulating what I was already doing as a supervisor and a clinician but had been unable to articulate coherently. My efforts to sort all of this out for myself led me to write my first paper arguing for a relational approach to psychodynamic supervision (Sarnat, 1992).

Over time, more fully elaborated relational and intersubjective conceptualizations of psychodynamic supervision began to emerge in the literature. My book with Frawley-O’Dea (2001) contributed to this process of theory building.

## THE AUDIENCE FOR THIS BOOK

Psychodynamic and psychoanalytic supervisors who want to deepen their knowledge of the art of supervision, as well as those who aspire to become supervisors, are the primary intended audience for this book. Supervisees

who want to approach supervision with a clearer sense of the full range of possibilities for how one may work in supervision will also find the book useful.

In addition, this book may be of interest to supervisors and supervisees who do not specifically identify as psychodynamic. All supervisors face the challenge of establishing and maintaining growth-promoting relationships with their supervisees and, in turn, teaching their supervisees how to establish and maintain growth-promoting relationships with their patients. All supervisors should become aware of the power of experiential learning and how to create a supervisory situation in which this kind of learning is possible and ethical. Thus, many of the insights offered in this book may be useful to supervisors who teach a variety of models of psychotherapy, including cognitive behavioral therapy (CBT), existential, family therapy, and others, as well as psychoanalysis proper. Similarly, it may be of use to supervisees who are being trained in those clinical models.

## AN OVERVIEW OF THE CONTENT OF THIS BOOK

In chapter 1, I define three essential dimensions of a relational model of psychodynamic supervision, using those dimensions to differentiate the model from what I call “classical model” supervision. First is the nature of the supervisor’s view of her knowledge and authority, which is a more egalitarian and perspectival view than is found in a classical model. Second is the range of material taken up in supervision, which is much broader than in a classical approach. Third is the supervisor’s mode of participation, which goes beyond the classically didactic to include experiential and “quasitherapeutic” interventions, always used in the service of the educational task.

In chapter 2, we take a look at the empirical evidence supporting the effectiveness of a relational approach to psychodynamic supervision. Drawing on the limited supervision research literature, as well as research literature from psychotherapy, education, cognitive science, and neuroscience, I present evidence that suggests that essential aspects of the relational model are good pedagogy. In particular, research findings support the model’s emphasis on attending to the supervisory relationship as a means

of enhancing emotional and relational competencies in a psychodynamic psychotherapist.

Having provided the theoretical and empirical basis for the relational model of psychodynamic supervision, I go on, in chapter 3, to describe some of the model's specific methods. This chapter discusses how to individualize supervision to fit the learning needs of the supervisee, how to select the format in which material will be presented in supervision, and how to approach evaluation and documentation. Finally, I present in some detail my thoughts about how to facilitate supervisee development in case conference.

Chapters 1, 2, and 3 prepare the reader for chapter 4, which is an excerpt from a transcript of my actual supervisory work. This session, which I referred to at the beginning of this chapter, makes explicit my process as I begin to recognize that my efforts to "teach" my supervisee are proving ineffective. I describe my thinking as I stop trying to "impart wisdom" to her and begin to work with her in the here and now.

The next three chapters address issues that all supervisors confront. In these chapters, I explain what the values and techniques of a relational model of psychodynamic supervision can contribute to a supervisor's way of working with each of those issues.

Chapter 5 explores working with supervisee "difficulties." I sketch a continuum from "normative" difficulties, a form of regression in the service of growth and learning; to "moderate" difficulties, which require significant work in the here and now of the supervisory relationship; to "serious" difficulties, which may not be amenable to supervisory work and are far more problematic for both supervisor and supervisee. I offer examples of how I work with supervisees who are at various points along that continuum.

In chapter 6, the issue is working with difference. Here I draw upon the relational psychoanalytic literature to suggest how to work with these challenging issues in both the supervisory and clinical dyads. I also show how a relational approach is well-suited to developing supervisor awareness of her own participation in destructive cultural assumptions; how the model facilitates negotiation of areas of cultural disagreement; and

how it supports the supervisor in working through disturbing feelings that emerge when issues of difference come into the supervisory or clinical conversation.

In chapter 7, I consider working with legal/ethical issues. I suggest several ways in which a relational perspective encourages ethical supervisor conduct, in particular, how the model's view of the supervisor's authority supports self-monitoring and counters supervisor arrogance. I also explore legal/ethical areas that require special attention when a supervisor is working relationally—the most important of which is respectful maintenance of the teach–treat boundary.

I conclude, in chapter 8, by imagining future directions for psychodynamic supervision. I suggest that working through supervisors' resistances to the relational model is one important goal, as is opening supervisors' minds to innovative skill development and technological approaches. I emphasize the importance of supervision training. I recommend increasing the availability of consultation (that is, supervision of supervision) to supervisors so that they may be helped to look at their unconscious participation in the supervisory process and be protected from burnout. Finally, I propose some ideas for future research on supervision.

In an appendix, I have provided an annotated list of readings for those who would like to further delve into the literature on relational psychodynamic supervision. Here, supervisors as well as supervisees, and psychotherapists as well as psychoanalysts, should find additional material relevant to their specific interests.

By presenting and demonstrating this relational model of psychodynamic supervision, I hope to help the reader discover how to better facilitate the development of emotionally available, skillful, and self-reflective psychodynamic psychotherapists. Join me in exploring the enigmatic art of helping psychotherapists to grow.