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Mirror processes in the protected space of psychoanalytic supervision

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Summary

Supervision is a useful instrument in psychodynamic psychotherapy as well as in a multi-disciplinary teamwork. Precondition is a confidential setting in which the trainee is able to open him/herself in the relationship to his/her supervisor. Institutional conditions and rules as well as the personal background and professional experience of the trainee play an important role. The specific interest of the authors is the phenomenon of what happens within the trainee-supervisor-relationship, in particular the mirror processes: In general, the patient's emotions, wishes, fantasies may induce in the therapist specific reactions which psychoanalysts call "counter-transference". These processes are both conscious and unconscious. The counter-transference feelings can be used in a constructive way as important information about the actual state of the patient's feelings or can deliver hints to relationship experiences in his life history. These phenomena may take place between patient and psychotherapist as well as between therapist and supervisor. A short empirical questionnaire has been applied to trainees in psychodynamic training to give short examples. The results illustrate that the trainees could be sensibilized for these mirror processes in a cognitive and emotional manner and were able to continue their psychotherapeutic work with deeper understanding for their patients.

counter-transference / transference, psychoanalytic training / mirror processes

INTRODUCTION

There are two historical roots of supervision. One root derives from the USA of the twenties, at the time it was the question of evolving professionalization of honorary assistants in the field of social work. Supervision became a permanent component in the framework of the training of social workers at the time. Approximately at the same time, supervision or the so-called control analysis was made obligatory for the training of psychoanalysts in Europe. Until this day, the teacher-student relationship goes hand in hand with psychotherapeutic training [1].

The topic of our presentation is related to our two institutional settings: the Munich Training and Research Institute of the German Academy for Psychoanalysis which offers psychoanalytic and psychodynamic training for psychologists, physicians and educators, and the Dynamic Psychiatric Hospital Menterschwaige in Munich with psychodynamic psychotherapy as its main treatment method.

At the beginning of their clinical work, psychotherapists in training are often anxious, they feel overwhelmed or inferior, or they take statements of their patients personally since they are not able to establish a necessary professional dis-

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tance yet. Sometimes trainees ask: "What shall I do with the patient?" and hope to receive a management plan from the supervisor. There is often a sense of shame when speaking about the concrete problems during the therapeutic process in an open way.

In our paper we would like to describe the instrument of supervision for trainees within the psychoanalytic training or for practicing psychotherapists who utilize supervision for efficient monitoring of their treatment. This way, supervision can also be seen as a tool for quality assurance of therapeutic treatment. Supervision is an essential part of the treatment process since it enables a deeper access to current phases of treatment, for example to momentary phases of non-understanding of the trainee or difficult communication between the patient and the trainee. In order to experience supervision as helpful it is necessary to establish a confidential space between supervisor and trainee. The supervisor has a senior position due to his/her long professional experience as a psychotherapist, as a training analyst and as a lecturer in that field for many years. The supervisor conveys his theoretical knowledge, clinical experience and personal style to the trainee. He may serve as a role model with the task of sensitizing the trainee's attention to unconscious processes between him/her and the patient. After having gained a more profound professional experience, the trainee may develop later-on his/her own psychotherapeutic style [2, 3].

Our specific interest is to learn more about the phenomenon of what happens within the trainee-supervisor-relationship, in particular about the mirror processes, and about how the transfer from supervision to the next psychotherapy session functions.

WHAT ARE MIRROR PROCESSES?

When working with the term „mirroring", we would like to begin with Kohut [4]. Kohut understands mirroring not as a "true" reflection; rather he describes a normal stage of self-aggrandizement in which the child's overvaluing of its abilities must be "mirrored". "Mirroring is the gleam in the parent's eye that connotes the parent's pleasure and excitement in the child's being, at a critical stage. Through the stage-appropriate mirroring of the child's grandiosity, the child is permitted a sense of greatness at a time of developmental vulnerability." [5, p 8] Judith Teicholz, training analyst and supervisor at the Massachusetts Institute for Psychoanalysis, understands the term of mirroring in the clinical work as a synonym for confirmation. She emphasizes that it is important to give the patient the feeling of being recognized, understood and accepted. The patient's experience of "being held" enables him/her to let the originally unbearable emotions off and then to allow/admit modified affective reactions [5, p 9]. The author thus describes mirroring not only as a process of reflecting but as a basic therapeutic attitude.

The UK psychoanalysts Fonagy and Target [6] also represent a broader understanding of mirroring. They claim that the mother takes care of a meaningful and necessary balance and a relieving distance in the mirroring of affects such as grief by admixing some kind of irony, humour and scepticism to it. This kind of admixture is called "contaminants" by the authors. Without such useful "contaminants" of the mother's perspective within her mirroring of the child's anxiety or distress, the mother's response might simply reinforce the child's anxious state [7].

We would like to quote a clinical example of the New York psychoanalyst Frank Lachmann [7, p 65f] in order to illustrate the transfer of the child development to the clinical work with adults. "In adult treatment, mirroring with a touch of irony can shift affect directly as is illustrated in a response by a supervisee of mine. Her patient said to her: 'My self-esteem is at zero.' The therapist, my supervisee, recalling previous sessions, commented: 'Well that's up from minus ten.' In her comment, the therapist had in mind how the patient had described herself in the prior session. In offering her response, she placed the patient's comment into a temporal perspective, recognized her patient's current despairing state but added a 'contaminant' of irony gently perturbing her. The patient smiled with relief and during the course of the session regained a broader perspective about troublesome aspects of her life. She could continue to speak about her current despair without feeling as totally enveloped by it as had been true of her in the past."

In the recent literature the term „mirroring" has been discussed in a differentiated manner by the German psychoanalyst Peter Kutter [8] from the University Frankfurt. He refers to Freud's [9, p 384] term of mirror who says: "The doctor should be intransparent for the patient and should show nothing but what is shown to him - like a mirror." However, according to Kutter, a pure mirror in the person of the psychoanalyst does not exist, therefore we have to expect contaminants and distortions. Kutter broadens Kohut's term of mirroring towards the field of supervision. The supervisor can be experienced by the supervisee like an extension of his grandiose self or like an idealized parent imago. Kutter states that good supervisions may even provide catching-up personality developments of the supervisees. Also supervisees may have experienced in their childhood unfavourable mirroring through their parents and may therefore have developed deficits and disorders. This would be visible in the supervision process. Ideally, through his/her particular empathy and professional experience, the supervisor should offer a better mirroring to the supervisee who might be able to utilize it for his own therapeutic work and personal development. Our psychotherapeutic school would agree with this attitude. However, most of psychoanalytic schools principally recommend a strict separation between supervision and training analysis.

H.F. Searles [10], a well-known psychoanalyst and an expert for psychosis already described in 1959 that in supervision of the treatment of psychotic patients that it is precisely those problems that had not yet been understood between the therapist and the patient that become visible here. These problems become visible because a supervisor and a supervisee are reacting unconsciously to the emotions involved in the report of the supervisee. Searles' opinion was that often the supervisee identifies with the patient while the supervisor slips into the emotional position of the supervisee. Through this event, the relationship between supervisee and the patient is being mirrored from the „There and Then" in the „Here and Now" of the supervision session.

Kutter [8, p 84] represents the consequent standpoint: „For me personally, a supervision is perfect only when the relevant psychodynamics of the interactions, about which is reported in the supervision, are immediately affectively mirrored in the relationship between supervisee and supervisor. Therefore we can say: without mirroring of the decisive affective relationship in the supervision no successful supervision is possible."

RESULTS OF A SHORT QUESTIONNAIRE TO TRAINEES AND PRACTICING THERAPISTS

We handed out a short questionnaire to trainees of our Training Institute and to practicing psychotherapists at the Dynamic Psychiatric Hospital Menterschwaige with the following text and open questions. In psychotherapeutic treatments we find the well-known phenomena of irritations, getting entangled, phases of non-understanding and of uncomfortable emotions of the therapist. Please give us an example in written form in which you have experienced mirror aspects in the framework of your supervision. Please describe the therapeutic situation and the current problem between you and your patient shortly. Could you describe, for example, your specific uncomfortable feelings as a reaction to your patient? How has this reaction been mirrored in the supervision? Could you work out some repetition aspects or counter-transference feelings towards the patient (e.g., connection to the patient's life history) together with your supervisor? What effect did the supervision have towards the further treatment process? How did you experience the supervision personally?

Six trainees and therapists out of 22 have answered. The results show that the respondents have different levels of therapeutic experience. Two are working already in their own practice, two are working in an outpatient clinic and two are in midst of their therapeutic training. All participants' responses show that they had been involved emotionally in the supervision session and that they wanted to understand cognitively what is happening at this point of treatment.

On an emotional level, they describe feelings such as anxiety, to get stuck in the resistance of the patient, feelings of being uneducated and insufficient, feelings of impatience, the experience of losing the thread, being far away.

On a cognitive level, they stated that they did not understand the patient's concrete problem;

another therapist recognized her own personal aspects of being involved in special problems of separation processes of the patient; another therapist could improve her perception of the patient's splitting-off dynamics; another therapist was able to recognize her avoidance of being more active in the therapy session due to own anxieties.

TWO EXAMPLES OF OUR STUDY:

a) One therapist wrote that her adult patient induced in herself feelings of inferiority and of being uneducated and that she experienced the same feelings towards her supervisor. The patient is an educated woman and comes from a family in which culture and education had a very high significance, especially the father conveyed this value. The patient emphasizes how important the therapist is for her, especially in phases of emotional crises. Otherwise she demonstrates in many occasions her great knowledge and devalues the therapist when she does not have the same knowledge. The effect of this is a feeling of inferiority and insufficiency in the therapist. The therapist describes in her supervision her unpleasant feelings towards the patient and realizes that she has developed the same feelings towards her supervisor. She experiences her supervisor as highly intelligent, fast and that she always finds the right words and that she can immediately recognize the psychodynamic relationship of the problem. In the supervision it became apparent that her feelings could be understood as a mirror phenomenon. In the therapeutic sessions she unconsciously took over the patient's feelings of inferiority towards the father which the therapist internalized in the sense of "projective identification". That means, the patient unconsciously transferred her unbearable feelings of inferiority onto the therapist who literally took them as her own personal feelings in a concrete way. Through the assignment of the therapist's personal feelings to the life history of the patient in the supervision, the therapist was able to develop an emotional distance and had more freedom in the contact with the patient and could develop a deeper understanding for the patient's suffering. As described above, we can summarize that this case example can be understood as a mirror phenomenon as Searles (1959) has described.

b) A child and adolescent therapist reported her counter-transference feelings in an open way. Her feelings in a supervision session are described as follows: "I cannot say anything, I feel sick. I feel myself like dead. Little, dark, wither, sitting in the corner, totally without any use. In my head is black emptiness." In the supervision it became clear that the therapist unconsciously took over the role of an important dead family member of the young patient. The conflict situation of the therapist originally emerged when she spoke in a serious way with her patient in order to protect him against a dangerous self-damaging situation. The mirror process can be understood in the following way: The therapist unconsciously perceived so far unknown feelings of the young patient. The family has not yet spoken and mourned about the loss of this important family member. Instead the patient projected the unbearable feelings into the therapist. Also the therapist was not able to assign these negative feelings. The speechlessness of the patient in the therapy session was mirrored in the speechlessness of the therapist in the supervision session. From an emotional point of view, it was important for the therapeutic process that the therapist had contained the unbearable feelings of the young patient.

CONCLUSIONS

We selected these two examples since they demonstrated the involvement of intensive feelings of the therapist which are often the case in mirror processes. In the supervision it can be experienced that difficult and sometimes unbearable feelings can be put into words and be assigned to the life history of the patients. The therapists can realize that they may serve as a container of difficult feelings and that exactly through these feelings it is possible to understand the patient and to develop empathy with him. The supervision enables the therapist to develop therapeutic instruments to strengthen the perception for psychodynamic processes, to verbalize them and to find ways to help the patient to understand himself better. Through the mirror processes and the work about these special emotions, the patient is increasingly able to deal with difficult feelings and to stand them better.

The supervision provides for the therapist a protected space for his/her unbearable feelings and irritations. For this it is necessary to establish a confidential contact between trainee and supervisor. Basic conditions are the consciousness of the supervisor that there are problems of shame and feelings of inferiority. It is favorable to deal in a conscious way with rivalry, idealization and devaluations. The supervisor's attitude should imply acceptance, esteem and collaboration. The supervisor should be ready to enter into the therapeutic processes and to get involved into unconscious conflicts. Also he serves as a container for the difficult and sometimes unbearable feelings of the trainee and should bring with himself favorable "contaminants" of the mirror in order to find a new and better view of the current problem.

In our school of Dynamic Psychiatry, the development of a psychotherapist is always regarded as an identity development process according to Ammon [11]. Apart from the training analysis as an essential part of the psychotherapy training, supervision is an important tool for the trainee to integrate theoretical psychoanalytical knowledge into the practical work. Through the emotional processes, as we have described above, the trainee himself experiences intensive emotions and develops a better knowledge of himself, his capabilities and his inner conflicts – for example in terms of personal counter-transference tendencies. As Kutter [8] mentioned above, this intensive working process in the supervision can induce an emotional development process in the trainee. In our school the identity development "catching-up process" is a central concept in psychotherapy [12]. We would like to conclude that the trainee could enlarge his/her own emotional capabilities on the basis of a supportive contact with the supervisor. Ideally on the basis of a solid psychotherapeutic knowledge, the trainee could develop his/her own therapeutic style with the support of a benevolent and appreciative attitude of the supervisor. Supervision can be seen as entering a process in which both are involved and the emotional space and cognitive knowledge can be enlarged. Also the supervisor cannot know at the beginning of each supervision session to which direction the process will lead. The supervisor needs to remain open and to understand himself as participant of a complex process.

We would like to close with a quotation of a German training and supervisor analyst Marina Gambaroff [quoted in 13, p 22]: "It was my experience that whenever a situation in a supervision became unclear or seemingly at a standstill, the revelation of my own counter-transference feelings allowed a more lively interaction, anxiousness and resistance diminished, the creativity of the supervisees and the mutual understanding increased. (…) Apparently such revelations are understood by the supervisee as an indirect permission to admit difficult emotions and problematic images and fantasies in herself or himself."

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