

An unfinished experimental didactic novel. Chapter 9: Istanbul

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I woke up with a shriek from a nightmare on my first morning in Istanbul. I dreamed that I was K., the land surveyor in Kafka's *The Castle*. He is self defeating and gets in trouble with the very official who has to deal with his application, Klamm, by taking Klamm's mistress Frieda away from him. In this rather droll and comic scene Kafka writes,

They embraced each other, her little body burned in K's hands, in a state of unconsciousness which K tried again and again but in vain to master as they rolled a little way, landing with a thud on Klamm's door, where they lay among the small puddles of beer and other refuse gathered on the floor. There, hours went past, hours in which they breathed as one, in which their hearts beat as one, hours in which K was haunted by the feeling that he was losing himself or wandering into a strange country, farther than man had ever wandered before, a country so strange that not even the air had anything in common with his native air, where one might die of strangeness, and yet whose enchantment was such that one could only go on and lose oneself further. (Wagenbach 2003, p. 87)

However in my nightmare the droll and comic scene changed because Frieda became J. and there I was breathing with her as one, lying together with our hearts beating as one. I too had the feeling described by K. above from this miraculous experience and found myself wandering into a strange country farther than man had ever wandered before and enchanted in such a way that I could only go on and on and lose myself further. This serious cosmic experience was suddenly interrupted by Henry who roared into the room, dragged J. from me and took her away.

And so, I woke up with a loud cry of anguish. The shock of coming back from that enchanted country to the sudden harshness of reality caused intense anginal pain for me, a substernal crushing, an aching in the elbows that I could barely stand. It was the worst angina I had ever had. I reached for my nitrostat and in a few moments it began

to subside. In ten minutes I took another nitrostat and it disappeared entirely, only to be replaced by a throbbing headache which I always got when I took nitrostat.

However I was determined to go on. That morning the remainder of the group would visit the standard tourist sights in Istanbul and in the afternoon we would hold another seminar on the magnificent grounds of the Çırağan Palace Hotel.

Yes we were at the Çırağan Palace Hotel, Istanbul's most luxurious hotel. Although the grant had not allowed for it I added my own money because I wanted to have a day or two to enjoy what I considered to be one of the most beautiful places in the world, the view from the garden of the Çırağan Palace Hotel overlooking the Bosphorus. This hotel was built by the Sultan Abdul Aziz in 1863. It was originally a palace but there is not much left of the original palace itself as a major fire had gutted the place in the 19th century. The location is unparalleled, so the Turks built a hotel next to the palace and also restored the palace.

We were placed in large rooms in the elegant hotel but these rooms had no balcony and not much of a view; one had to go out onto the grounds to appreciate the view. We walked to the Old Palace that is adjacent to the hotel. This walk was along the Bosphorus itself. One could see boats of all description, from quickly moving little skiffs to huge lumbering tankers and freighters, going back and forth.

There was much fuss that morning about an airline refund due to us. Lisa, with her usual efficiency took care of it. Then, with Ali instructing Abdul the bus driver we began to tour Istanbul. The enormous skill of Abdul now showed itself at its greatest display. To drive a bus through the narrow streets of Istanbul and weave in and out of the heavy traffic was an extraordinary feat; at times he had to drive the bus backwards in order to back it up to a place of interest. It was a truly impressive accomplishment and enabled us to see whatever we wanted in Istanbul.

Istanbul is Turkey's largest city with about twelve million residents. It is the business and cultural center of Turkey even though Ankara is the capitol since 1922 of the newly proclaimed Turkish republic. In the seventh century B.C. a group of sailors led by a man named Byzas came to the city and renamed it from its original name Lygos, a fishing community founded around the end of the second millennium B.C., to Byzantium, after their leader. In the first half of the fourth century B.C. it was made the capitol of the Eastern Roman Empire by the Roman emperor Constantine the Great and the name was subsequently changed to Constantinople. With the decline of this eastern Roman or Byzantine empire from the 11th century on, Anatolia witnessed the rise of a new civilization, the Turks. They became known as the Ottomans and eventually in 1453 they captured the city and renamed it Istanbul. Then, until the very last years of the Ottoman Empire the sultans spent tremendous amounts of money to build the architectural style in the cosmopolitan structure of the city. This was important for our group because Istanbul displays beautiful monuments of the Roman and the Byzantine times to the very best works of the Turkish-Islamic age.

I don't think it is necessary for me to review in detail the major sites of this wonderful city we investigated, as they are quite familiar. We went, as everyone does, to the Hagia Sophia and the Blue Mosque. They were surprisingly quite dark and the Hagia Sophia was in very poor repair. The Blue Mosque is of course very beautifully

decorated with great areas of mosaics. The Hagia Sophia displays a remarkable overlap of Islam and Christianity... but everything in there was falling down! Here was one of the important places I was trying to show the group — or what was left of it — an illustration of Freud's metaphor of a buried city with one layer on top of another. One could see where the ancient Byzantine and Christian icons and decorations had been painted over with Islamic symbols, writings, and decorations. The Hippodrome, with a capacity of one hundred thousand spectators, was completed under Constantine and similarly the stones from this Roman race track were used in the construction of the Blue Mosque.

The group seemed to have enjoyed themselves. We ate lunch at a café that was very expensive. The city was absolutely mobbed with all kinds of people but to my great surprise the tourist places were rather empty. The traffic was unbelievable, going on day and night almost at gridlock.

After lunch we all piled back in the bus. Gertrude and Pearl sat near the front as did Ali, with Claire sitting right behind him. Henry and J. sat in the middle and Lisa and Sarah sat across from them. I sat alone musing in the back. It was quite a long return trip to the hotel and we were all tired. I fell asleep and dreamed of a monkey that was in a cage and was not well kept up. It made a mess in the cage. My associations were: This mess is me. My choices are never quite right. I feared that I had done poorly in Ankara and the rest of Turkey but it was not all my fault. Psychiatrists in Turkey are in the psychopharmacological world and Dr. Kozturk should not have invited me.

That afternoon we sat in the lovely garden among the flowers, all of us: Sarah, Lisa, Pearl, Gertrude, J., Henry, Ali, Claire, and myself. I continued to talk about the Roman times in Istanbul (then known as Constantinople and before that Byzantium) and about the Roman Empire. I began, "The famous Roman 'orgies,' just like the drinking, eating, or drug-taking 'binges' seen clinically today, appear superficially to be phenomena of primitive license, with the simple goal of satiation in a drugged or drunken stuporous state. Perhaps the final degeneration of such orgies into pure pleasure seeking and uncontrolled behavior, with the implication of a certain revulsion that exists toward this in the contemporary civilized mind, is to be found in the description of 'soma' orgies and of the 'Orgy-Porgy Festival' in Huxley's novel, *Brave New World*."

"The behavior which has come to be known as orgiastic was originally not associated with pleasure in the physical sense. It began with the worship by the pre-Greek and ancient Greek people of the gods Dionysus and Bacchus, and later their prophet, Orpheus. Dionysus was originally a great nature-god of Thracian-Phrygian stock, powerful over all vegetation and especially revealing his power in wine.

"The oriental mysteries associated with Attis, Cybele, Isis, and Sabazius, which invaded later Greece and early imperial Rome, were originally akin to the rites of worship of Dionysus and contained many concepts in common with them. But their orgiastic ecstasies were more violent, and the psychical aberrations to which the votaries were prone through their passionate desire for divine communion were more dangerous; for example, emasculation of self was practiced by the devotees of Attis.

In Greek orgies, originating even before the days of Homer, the emphasis was on a fusion with the god Dionysus or Bacchus. This was not thought of as a pleasure in

the physical sense but rather as a purification ritual. The original meaning of the word orgy was 'sacrament'. The rituals enabled the individual to escape from the wheel of birth, and the votary became as one with the divinity Dionysus and temporarily possessed his powers.

"The etymological meaning of the word 'enthusiasm' is 'union with god.' The Bacchic ritual produced what was called 'enthusiasm', in which the god was supposed to enter the worshipper. Homer in the *Iliad* speaks of Dionysus as 'raging,' an epithet that indicates that the orgiastic character of his worship was already recognized. Homer did not consider him very important nor did Hesiod, who first called wine the gift of Dionysus.

"Women played a prominent part in the ritual of worship, and a savage form of sacramental communion was at its base, in which a human, and later an animal victim, was torn to pieces raw and eaten. This victim was regarded as the incarnation of the divinity, so that his ingestion enabled the votary to gain his strength.

"The spectacular wild ecstasy and orgiastic self-abandonment practiced at these rituals is perhaps most magnificently described by Euripides in his play *The Bacchae*. These women companions of Bacchus were also called Maenads, and they took a major part in his festivals. In the course of time the mysteries celebrated became occasion for intoxication and great licentiousness. The Bacchanalia, another name for these festivals or rituals to Bacchus or Dionysus, were introduced into Rome about 200 B.C. and were at first celebrated by women only. Later men were admitted, evening celebrations were introduced, and the orgies were held frequently instead of only three days in a year as at first. Gross immoralities and intoxication were practiced and finally in 186 B.C. the senate ordered the arrest of the priests and forbade further meetings in Italy. This is dramatically described by Livy, who writes, 'More uncleanness was wrought with men than with women, and whoever would not submit to defilement. . . was sacrificed as a victim'. The senate suppressed the cult, arrested 7,000 of the devotees, and sentenced hundreds to death. This did not succeed in ending these rites, which continued unabated as a very popular festive activity.

"Any cooling process of the Dionysian fervor that spread over the western world from the seventh century B.C. onward was arrested by the wave of the Orphic brotherhoods associated with the name of Orpheus. Such people were the original wandering preachers and had for initiation to fulfill 'the solemn rite of the banquet of raw flesh' and henceforth robed themselves in pure white, avoided the 'taint of childbirth and funerals', and abstained from meat. Most significantly the novice then was permitted to call himself by the very name of his god Bacchus, the mystic union having been brought about through the meal of raw flesh or the drinking of the blood of the human incarnation, such as the bull, of this god."

"What explains this tremendous spread and popularity of such behavior among a people such as the Greeks and Romans who were characterized by prudence, forethought, rationality, and devotion to science?" asked Ali.

Henry answered, "I think it was essentially a reaction to the rapid development of what we might call the predominance of the reality principle in the Greek civilization;

that is to say the Greeks developed a love of the primitive because they had become civilized so quickly and this love was accompanied by an hankering after a more instinctive and passionate way of life than that sanctioned by civilized morality.”

“Well this may be correct as far as it goes,” said Sarah, “but it leaves out the deeper and magical meanings of the Bacchanalia. This was taken up by Frazer, who gave numerous examples of eating the god or anyone more powerful in order to gain his power, and of the savage rite of homophagia where eating raw flesh in order to absorb a portion of divinity that is incarnated in that flesh. This is what Frazer, in *The Golden Bough* has called the ‘homeopathic magic of a flesh diet.’”

Now it was the psychoanalyst Pearl’s turn. She added, “Freud, in *Totem and Taboo*, picked this theme up and saw in the slaying and eating of the totem animal or victim a repetition of the destruction of the primal father by the sons. He pointed out how they accomplished their identification with him by devouring him and each acquires a part of his strength. This is called by Freud the totem feast and is repeated in many forms of religion and celebrations. He believed that there was an identity of the totem meal with animal sacrifices, with the anthropic human sacrifice, and with the Christian eucharist. He believed these rituals deal with a crime by which humans are deeply weighed down but of which, thought Freud, they must nevertheless feel quite proud.”

“Well,” said Gertrude, “whether or not Freud is correct in his theory of the primal horde, there seems to be general agreement among authors as to the origin and development of the orgy. At its historical roots lies the homeopathic magical process of fusing with a lost object through a cannibalistic act. The hyperingested substance is invested magically with power as a reincarnation of the powerful object with which the individual wishes to fuse. Eating this material or ingesting it in some way confers the powers and characteristics of the lost object upon the ingestor. Clearly this is a form of purification or replacement therapy in which the ingestor regains a previous state of bliss, and indeed at times even a superhuman state if the ingested substance is a reincarnation of divinity itself. Furthermore, the appeal of such a primitive procedure is seen as related to the establishment of the reality principle and the harsher and the more rapidly ‘reality’ has been imposed, the greater is the appeal for relapse into such mysteries. This is consistent with our clinical observations that the addictive tendency to embark upon periodic hyperingestion as a way of restoring the lost source of maternal supply is enhanced by an early childhood atmosphere of harshness and forced rapid development of what some authors have called ‘pseudomaturity’ in the child.”

As a feminist Gertrude could not help herself and had to add, “It is not excessively speculative to postulate that the great attractiveness that these rites held for females in the days of the Greeks and the Romans was a consequence of the greater harshness of female upbringing resulting from the status of women in society. This rite also enabled the discharge of a substantial amount of rage at the male figure. In the development of the orgy, the overt murderous aspect seems to have become less prominent when men also joined the ritual, and the features of gorging or hyperingesting as a way of fusing with the lost divinity became more central. Thus we see that behind superficial appearances, just as behind the superficial appearance of the proverbial jovial ‘fat man,’ lies the cannibalistic rage rooted in the deprivation experienced during early infancy.

Perhaps this is an important determinant in the later choice of periodic hyperingestion as the means of relieving the longing for the alimentary bliss experienced by the infant at the breast. It is significant that the most common example of Roman orgiastic behavior is associated with the emperor Nero, who, like some schizophrenic patients, showed clearly the murderous and cannibalistic aspects of his personality — acted out even towards his own mother.”

That evening Pearl and Gertrude informed me that since the tour was officially over after tomorrow, they would not be coming back to Chicago via Milan as the itinerary stipulated. They were going to stay in the Middle East and perhaps tour Israel and Egypt. Their attitude toward me was one of indifference; it was clear they had absorbed very little from the trip and were much more concerned with their new found love for each other than with anything that I was trying to communicate to them. If they never saw me again they probably would have been satisfied. Their mutual situation was as Sappho (Carson 2002) put it in Fragment 47:

*Eros shook my
mind like a mountain wind falling on oak trees.*

Ah, the famous dogs of Istanbul, an endless variety of mangy mutts barking on and off all the night. And then at 4:30 A.M. the call to pray! I slept very poorly and got up at 5 A.M. I went out for a walk and took some photos of the old Palace which I found out does also have rooms — which were mostly occupied by very wealthy Russian mafia. In the morning Abdul drove us all to the famous Topkapi Palace for a couple of hours. The highest point of our visit there from my perspective was the Mullah singing the Koran continuously in a closed glass chamber, part of a room that contained sacred objects from Muhammad such as his hair, tooth, and so on, collected by the sultans.

We proceeded to the archaeological museum where we found out that the “Alexander sarcophagus” was a phony replica but there was indeed a magnificent authentic “mourning woman” sarcophagus. We walked across the Galata bridge, teeming with people and hawkers of every sort, to a tower that we laboriously climbed to enjoy a great view of the Golden Horn joining the Bosphorus. That afternoon we heard that a Frenchman had committed suicide by jumping off the tower we just visited.

We continued on to drive through the terrible traffic and arrived at Yildiz park, once the private garden of Sultan Abdül Aziz, where the women of his harem would stroll. As we tried to relax, some horrible popular music, very loud, was piped in by a loudspeaker which even drowned out the call to prayer in the afternoon.

We went to the Dolmabahçe Palace which struck me as a kind of antique junk shop, a poor imitation of Versailles. The last sultans of the Ottoman Empire resided here and in 1923 it became the home of Atatürk. Only the great reception room with its wooden pillars painted like stone and featuring a Queen Victoria chandelier of four tons was impressive.

After a visit to the Chora museum to see the remarkable mosaics and frescoes came a cruise on the Bosphorus. The boat went up to the opening of the Black Sea.


The weather was perfect, a marvelous once in a lifetime experience. As we went under the bridges we finally we saw the magnificent houses on the Asian shore and all the palaces including our hotel on the European shore. The water was extraordinarily blue and beautiful. It was possible to photograph the remains of the Constantine Wall and also the Fethiye Mosque — a masterpiece of the famous architect Sinan.

The Bosphorus, wider than a river and deeply blue, connects the Black Sea with the Sea of Marma, which flows into the Dardanelles and the Mediterranean. It is of course a centerpiece of history. But what was most striking was the contrast between the magnificent scenery and the tremendous bustle of the city with the continual calls to prayer that I found deeply moving and curiously attractive. The calls suggested that we should not forget about transcendence. They serve as a constant reminder that there is more to life than materialism. But I also noticed that the Mullah reading the Koran in the Topkapi Palace was frequently checking his watch!

Of course we had to visit the grand bazaar where the ladies became immersed in shopping and finally the Nurosmaniye (Light of Osman) Mosque, built around 1750 in the style known as Ottoman Baroque. We ate dinner in a stuffy coffee shop and walked past a dignified and elegant Turkish wedding in process.

Ali insisted that we take the long climb up to the Pier Loti coffee shop that offered a magnificent view of the Golden Horn. He then led us to the Eyop Mosque, a minor mosque dedicated to a sultan who was killed by an Arab “martyr”. It was located in the heart of a teeming fundamentalist Moslem district filled with seriously religious people. The women were dressed from head to toe in black chadors. The women in our group were rather uncomfortable in their tight pants and without a head scarf so they just sort of stayed in the background as much as they could. Istanbul is a raucous mixture of the new and the old, which, along with the barking dogs, is what the city is all about.

Abdul took us on a hair-raising ride through a totally mobbed flea market. The Turks are traders from centuries back, to and fro in their area with constant bargaining over every conceivable kind of item as those laid out on the street. We ended at the Süleymaniye Mosque, another beautiful bit of architecture — the grandest creation of the architect Sinan — and well preserved, but as we were talking about it Ali said it was time to return to the hotel. The drive back to the hotel was again a marvelous accomplishment in hellish traffic on narrow crowded streets, the likes of which I had never seen. Abdul stopped here and there and asked Ali in Turkish to explain to us a monument or two that he knew about.

That evening a few of us went for a walk and sat on the shore of the Bosphorus again in the garden of the Palace hotel. The second seminar that we held there was essentially devoted to my last formal presentation on the tour. Ali and Claire had been asking me throughout the trip to speak about the problem of the interaction between the resident and the supervisor, and how they disappoint each other. So that evening, after we had toured the sights, Ali, Claire, Pearl, and Gertrude and I had come back to this rather remote  the Palace garden. Sarah could no longer bear to be in the company of Pearl and Gertrude, her former lover, and so she went elsewhere. I offered them this formal discussion:

Martin's Last Seminar

Over fifty years ago, as a trembling resident beginning psychiatry, I entered the office of my first supervisor on a hot summer day. This beloved gentleman, now deceased, was well known for his exceptional ability to understand and supervise the psychoanalytic treatment of schizophrenic patients. Unfortunately, he tended to be rather quiet and withdrawn into himself. In his office was a noisy fan, and my first recollection of supervision was of my trying to decide what to say or do about this noisy fan in a hot office that made it impossible for me to hear his low-pitched voice — especially as he tended to cover his eyes and face with his hands when he was talking. For a long time I was unable to hear what the supervisor was saying and the disappointment of this initial experience — humorous as it may sound in retrospect — set me on a path of thinking for a long time about the problems of supervision in general.

From his or her personal point of view, the resident is facing a crucial triad of difficulties: The development of one's identity as a psychotherapist; the anxiety attendant upon the development of psychological-mindedness; and developing a conviction about the meaningfulness of psychodynamics and long-term intensive psychotherapy.

The identity problem is confounded by many factors. The environment expects the resident to have capacities of empathic understanding and behavioral observation which he or she has not yet developed. Brody (1969) points out that developing the identity of psychotherapist threatens loss of the physician's professional mantle of social responsibility and authority. He also mentions the irrelevance for the psychiatrist of so much learned at arduous cost during medical school. Many authors have described the increasing sense of alienation the psychiatric resident feels from his or her fellow residents in other specialties as their development progresses.

The tremendous anxiety problem of the resident has been mentioned in the literature, but it has not received the attention it deserves. D'Zmura (1964) discussed the interference with learning that undue levels of anxiety in the student produces. This anxiety is often increased by the usual experience of the resident in the first year where he or she is assigned the most pathologic and the most difficult patients that psychiatry has to offer. Between the resident's lack of experience and the serious pathology of his or her case load, not very many patients in psychotherapy are going to respond successfully.

Taking psychoanalytic theory as the basic form of reference, the dyadic therapeutic relationship is conceived of as the primary model of the clinical psychiatrist. Gaskill and Norton (1968) write,

... fundamental to this is an increasing awareness and understanding of the dynamic unconscious and intrapsychic conflict as it relates to the patient and the therapist. . . knowledge of the intricacies and complexities of this relationship with all of its theoretical and therapeutic implications and unknowns is the unique tool of the psychiatrist of both today and the future.

If these areas of interference are not attended to with deliberate intent on the part of the training staff, three serious dangers are present (Semrad 1969). The most obvious will be the development of a psychiatrist who is mediocre or worse. A second danger is

that the beginner will constrict himself or herself in a narcissistic, self-limiting fashion. The resident tends to go his or her own way and becomes at that point unteachable. The resident makes a closure in his or her points of view too early — a closure based not on training and experience but manifesting instead the rigid characteristics of a flight from anxiety.

Perhaps the most dangerous resolution, because it is so subtle and easy to rationalize, is what Ornstein (1968) described as “uncritical eclecticism.” This can take many forms, for example, a premature immersion in community psychiatry, administrative work, or somatic therapies, resulting in a psychiatrist who is a jack-of-all-trades, master of none, with a fuzzy identity, and who tends to resemble an “as if” personality. Everyone who has supervised residents has met these individuals, who represent, as Ornstein points out, a serious pedagogic failure. Thus, the shift toward eclecticism and disappointment in psychodynamics and psychotherapy are symptoms that the training program is defective.

A variety of techniques have been described, ranging from the simple to the complex, as to what the supervisor can do. Spiegel (1956), in discussing the factors in the growth and development of the psychotherapist, emphasizes the importance of the therapist’s personal life as a training unit. In addition, gaps in the therapist’s own life experiences must be filled in by reading seminars, emphasizing not only technical books but the great novels of the past and present. These books are valued as case histories, as models to follow in the sensitive description of human beings and in widening the therapist’s understanding of human problems. Chessick (1983) has written a book on this.

On a more sophisticated level, the “work-ego” of the trainee must be constantly improved through the continual reflection on his or her own empathic processes in both seminars and individual supervision. These empathic and introspective processes constitute the vital tool of the effective psychotherapist.

Grotjahn (1949) asks:

How to teach patience and devotion, tact and timing, decency and tolerance, empathy and intuition, modesty and respect in the face of supporting loyalty and keeping distance, carefulness and courage, honesty and frankness?

Grotjahn’s answer is that the psychiatric attitude can be acquired best by identification of the student with his or her teacher. The teacher offers himself or herself for such identifications — he or she uses the human contact in the personal relationship with the student as a model for the student to experience the psychiatric attitude at work. As he points out, “the psychiatrist shows himself in his interpersonal relations.”

Rosenbaum (1963) presents the problem as that of a teacher-student situation with the additional factor that the anxiety must be reduced and relieved so the student may be able to learn and grow. The phrase “supervisory alliance” or “learning alliance” has been repeatedly introduced by authors as parallel to the “therapeutic alliance,” in which a certain partnership must be developed between the supervisor and resident, free of a disrupting level of anxiety and devoted to the learning and growth of the resident. The development of such an alliance is the primary task of the supervisory sessions, just as

the development of the therapeutic alliance is the primary task in psychotherapy.

Schlessinger (1966) describes two major positions on what the supervisor should do which are in rather direct conflict with each other. On the one hand there is the view of Ekstein and Wallerstein (1958) that the focus of the supervision is on the resident's problems in learning. The supervisor concentrates on the relationship between the resident and the supervisor, on the hypothesis that what the resident sees and presents about the patient is reflected in the problems he or she experiences with the supervisor. The extreme example of this attitude is found in Searles (1955), who points out that, "the processes at work currently in the *relationship between* patient and therapist are often reflected in the *relationship between* the therapist and supervisor ." Thus, the supervisor's emotional experience with the resident have "informational value," useful in the supervisor process.

On the other hand, Tarachow (1963) proposes that the basic rule of supervision should be instruction in terms of needs and problems of the patient as expressed in the specific clinical phenomena of the patient. Tarachow believes that the supervisor should view himself or herself as a teacher and definitely not as a psychotherapist for the resident.

I believe the anxiety level is the crucial factor in determining to what extent the supervisor should be purely didactic and to what extent he or she should begin to approach unconscious processes in the resident that are interfering with his or her work with patients. So, the anxiety level of the resident becomes the crucial factor in determining the supervisory maneuvers.

One must constantly keep in mind what Emch (1955) calls "the social context of supervision." The student hopes to get from the supervisor "potent remedies," both realistic and magical, in order to increase his or her sense of power and competence. The resident also hopes to please his or her supervisor, to make an impressive presentation in seminars so as to achieve prestige among peers, and to have all this work accredited by the training program. Many aspects of the social context of the therapist's work are competing and sometimes interfering with what ought to be his or her primary wish, to be an effective therapist with the patient for the patient's sake. An extremely complicated and disruptive situation can occur when the social pressures on the resident arising from his or her yearnings are contradicted by the supervisor's goal for the resident. For example, if the institution is primarily oriented toward the production of administrative psychiatrists or psychopharmacologists and the supervisor pressures the resident to spend a lot of time doing intensive individual therapy, a conflict in the resident is bound to develop.

In addition, the resident is under severe personal pressures. Because of the feeling of ignorance the resident looks to the supervisor in order to obtain either "omniscience" or "omniscience," as Sharaf and Levinson (1964) call it. In this deep yearning for magical power, the resident is bound to be disappointed. The disappointment will be extremely intense if the supervisor pretends to have such power or has not worked through such yearnings in his or her own psyche. The shock of discovery that even if the resident slavishly imitates the supervisor, yet his or her patients do not get well, is often very difficult for the resident to accept.

The gains to the supervisor from the supervisory process can be divided into primary gains and secondary gains. The primary gains arise naturally from the fact that a worthy psychotherapist is devoted to personality growth in others, is generally respectful and trustworthy, and neither exploitative nor retaliatory. The devotion to personality growth normally spills over as the psychotherapist gains experience, into devotion to teach and catalyze the growth of future psychotherapists.

In my opinion this primary gain, as laudatory as it may be, is not realistically sufficient to motivate the majority of supervisors. There must be important secondary gains, and these are not pleasant to talk about because they appeal to the less noble and sublime and the less mature aspects of the supervisor's personality. Unfortunately, they have important practical application and to ignore them is analogous to falling in the mud while gazing at the stars.

These secondary gains involve the relief of professional loneliness of the psychotherapist supervisor who is isolated in an office, a chance to discuss his or her ideas and expose one's self to the criticism of intelligent residents, an opportunity to rethink basic assumptions and to review the literature, the maintenance of a teaching appointment which has competitive value, and whatever narcissistic gratification is involved in being a member of a faculty alongside one's former teachers and in having a voice in the accreditation of further colleagues.

Disappointment in the resident-supervisor relationship is analogous to failure in psychotherapy. When the needs of the resident or the needs of the supervisor are not being either met or communicated or worked through — failure and disappointment will be the result. For example, Halmos (1966) discusses the faith of the counselors, under which he includes the paradox of the "faith in short cuts and expedencies." The psychoanalytically oriented teacher recognizes that "intellectual insight" and direct didactic instruction are very poor methods indeed to bring about change in people. Yet, our seminars are all based on the assumption that such didactic work will bring about a change in the work-ego of the resident. If the expectations for change are too great on the part of either the resident or the supervisor, there will be disappointment.

Tischler (1968) describes a number of rather amusing reports of the resident's perception of his or her initial supervisory experience, analogous to that described in the opening of this lecture. The basic theme of these reports is the confusion of goals between the resident and the supervisor. As in psychotherapy, if there is a conflict between what the patient is looking for and what the therapist is attempting to do, there will be a failure unless this matter is brought to the surface and resolved. Such a resolution demands the recognition by the supervisor that the resident may have goals different from the supervisor, and the willingness to help the resident expose and discuss these goals.

This leads to the next example which might be defined as "taking too much for granted" (Allen 1958). Supervisors sometimes take too much for granted at first and tend to assume the residents have technical knowledge and know fundamentals of therapy which they do not actually know. The residents often go along with this to save face. Anyone who has overheard the conversation of residents or developed a good supervisory alliance will hear a great deal about the subject of saving face. If the

supervisor does not recognize what the resident needs, due to a lack of empathy for one reason or another, the resident, under the social pressures described above, will make every effort to save face — even at the cost of learning nothing from the supervisor.

For, as Semrad (1969) points out, being supervised is painful for every resident — it can be described as a narcissistic injury,

one in which his or her ideal image of himself as possessor of a personality with penetrating insightfulness and curative powers is badly shaken. There follows that threat or actual occurrence of anxiety and a lowering of self-esteem which is felt as depression.

As a result, a good supervisor from time to time may have to face serious hostility from the resident, based on transference phenomena and upon the narcissistic wound the supervisor must inflict on the resident as part of his or her supervisory process. Grotjahn (1955) points out that the hostility of one's future colleagues is in many ways harder to face than the hostility of one's patients.

The common complaints of residents about supervisors who have overloaded schedules, "no time," or are poorly prepared, suggest that some supervisors may be avoiding the intense interpersonal experience with the residents by the usual variety of minor acting-out procedures. One must ask whether the prolonged bombardment of the supervisor by the ambivalent emotions of residents over the years will not, unless special precautions are taken, lead to first a feeling of boredom (which masks anxiety, of course) and eventually to a loss of the desire to teach. Just as the resident may lose his or her desire to learn due to a failure in the supervisory alliance and manifests this by coming late to sessions or "forgetting sessions," and so on, so the supervisor may act out in the same way.

The conflict between the needs of the hospitals for as many hands as possible and the development of a good teaching program must be resolved. There is a tendency to accept almost anyone who applies in order to fill the many service needs of the hospitals involved in the training program. If there is to be a good training program, careful attention must be paid to the selection of both residents and supervisors.

It may be necessary for the training committee to renounce the wish for a supervisor with a famous name who is known to be a poor supervisor in practice, or to renounce the residency applications of a number of physicians who could easily attend to service needs such as prescribing drugs, and so on, but who do not have the capacity to develop psychologic-mindedness. Such renunciation is very very difficult, considering the pressures that hospitals and training programs are under.

More seminars are necessary, emphasizing study of the humanities, literature, philosophy, drama, and other aspects of human experience. Seminars should be carefully coordinated and reading lists should be exchanged, so that supervisors and seminar leaders are aware of and may refer to books and papers which the residents are supposedly familiar with from their seminars. Seminars should be under constant evaluation by both residents and the training committee.

It is unthinkable that a good training program would not afford a regular seminar for

supervisors. It is mandatory to recognize the extreme difficulty of effective supervision, the many unsolved problems in the supervisory process as I have tried to outline them above, and the serious responsibilities involved in the training of new psychiatrists. A seminar for supervisors permits and encourages the exchange of information and experiences among the supervisors and promotes the growth of the supervisor.

But how can we get supervisors who are busy in private practice to get together? Various authors have reported the difficulty in drawing the outside supervisors to a meeting. For example, Escoll and Wook (1967) tried to ease this problem and foster cohesion in the group "by scheduling monthly dinner meetings of all preceptors to discuss matters of mutual interest." They go on to report "it must be admitted" that the outside supervisors do not come regularly.

The answer to this problem lies in the clear definition of an outside supervisor. Either it must be made clear what the demands of the program are upon the outside supervisor and just what his or her role will be, or the program should abandon the use of outside supervisors altogether. It is reasonable to expect that if the outside supervisors understand the problems involved in supervision and if the training program is in turn meeting their needs, they will respond positively to reasonable demands.

Tischler (1968) and others have suggested the use of the preceptor system. Each resident should be assigned a preceptor who functions not as a supervisor but as the "resident's man," who brings the resident's problems with his or her seminars and his or her supervisors to the attention of the training committee. Similarly, the training program should encourage the formation of a resident organization, enabling the residents to speak to the training committee as a group. This will facilitate honest communication, since no individual will be held responsible for criticism.

Every effort must be made to utilize the supervisor in those commitments that he or she is most willing and able to carry out. Care should be taken to assign supervisors to the type of residents they work best with. For example, Rosenbaum (1963) suggests that a beginning resident might feel very comfortable and gain emotional support from a warm, kindly, benevolent and nonthreatening supervisor, whereas an advanced resident might be bored. Furthermore, all supervisors should be vitally involved as preceptors, and in the selection and the ongoing evaluation of residents.

The training committee should face squarely the fact that no one except a genius can possibly become an adequate psychotherapist without personal psychotherapy. This does not imply that every resident must undergo a prolonged psychoanalysis but it is inconceivable that fairly early in the residency there should not be sufficient motivation stirred up to drive the resident to get some kind of psychotherapeutic help. If a resident by the second year of training does not strongly feel the need for personal psychotherapy, there has been either a mistake in selection or a pedagogic failure. The task of the training committee is to provide an atmosphere in which residents in psychotherapy are comfortable and do not feel inferior to their colleagues, and to help residents via the preceptor to make contact with effective psychotherapists in the community. It almost goes without saying that no supervisor, preceptor, or administrator in the program who has contact with the residents should simultaneously be giving psychotherapy to these residents, since this obviously sets up a malignant peer com-

petition and an obvious conflict of interests.

There was not much discussion after my talk because what I had to say seemed so self-evident or perhaps my insistence on personal psychotherapy for every psychotherapist was too threatening. Only Pearl objected that it all seemed too idealistic. Gertrude pointed out that the whole trend in psychiatric residency programs today has been away from teaching psychotherapy and towards teaching psychopharmacology, implying that I was talking obsolete nonsense. None of it pertained to the teaching of psychopharmacology, which is simply done with the same methods that are used in medical school. So the blunt question came up from both Pearl and Gertrude as to whether any of this is worth knowing about. "Get with it Martin," sneered Gertrude.

Ali and Claire objected to this kind of sarcastic response. Ali was especially concerned because in Turkish Medical schools the situation is just as Gertrude described it — psychopharmacology is taught and psychotherapy is not. He despaired of it ever changing. Claire was equally disturbed because she noted the same trend in American psychiatry and American psychiatric residency training programs, which mostly pay only lip service to psychodynamics. So my seminar ran down, leaving the group in a kind of sad, depressed ambience.

Pearl and Gertrude coldly bid us farewell; it was clear they considered the tour a failure and got very little out of it except an exchange of lovers.

As everyone was preparing to go to their rooms, the evening concluded to my great surprise with J. asking if she could have a word with me. We wandered off to a secluded corner of the hotel bar and she said, "I didn't realize that the part of the relationship that ended between us, the idea of our being lovers, was everything for you. I completely misjudged things and I think I have exchanged the guilt I have over loving you for another kind of guilt."

I replied, "There is no need to feel guilty. Apparently you are happier for having gotten rid of me forever, and if that is true, I think it is best for you. I still intend to stand by you in every way I can for the rest of my life: you will never find a truer friend than I am. What I find most painful is that I will never get to see you and you will become a phantom. Looking and touching are very primitive forms of gratification in the animal species and without them one is very lonely indeed. Franz Kafka had a married woman lover who came to visit him many times. He pointed out that she had no shyness and did not consider it shameful to experience feelings intensely. Love to her was something clear, something self-evident."

"I am truly sorry," said J., "but it does have to be this way. I am sorry if I hurt you but the guilt I felt about listening to your pleading and your claims that you could not live without me forced me to break off our relationship." She rose as if to leave. I said, "Tonight I will dream we are in Puerto Vallarta, where we can stroll on the beach every evening and watch the yellow-red sun sink into the pure blue sea and consider ourselves incredibly lucky that those last few years between now and the unspeakable ugliness of death could be so splendid, so warm, so enchanting." As she walked away she replied, "Martin, you are an incurable romantic but you must face reality and the reality is that after this trip you will never see me again." She added, "By the way, I

have never been so bored as I was on this trip listening to so much pontification.”

I went to my room on our last night in Istanbul feeling very uncomfortable and with a sense of cardiac arrhythmia and mild angina, which I simply ignored. I took a couple of sleeping pills in order to erase that last image of J. walking away and erase the last words that she said. I remembered what Tasso, rejected as beggar and banished, said to Antonio in Goethe's *Torquado Tasso*:

*I reach out to you with open arms, Just as the sailor
clings fast to the very
Rock upon which his vessel should have foundered.*

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