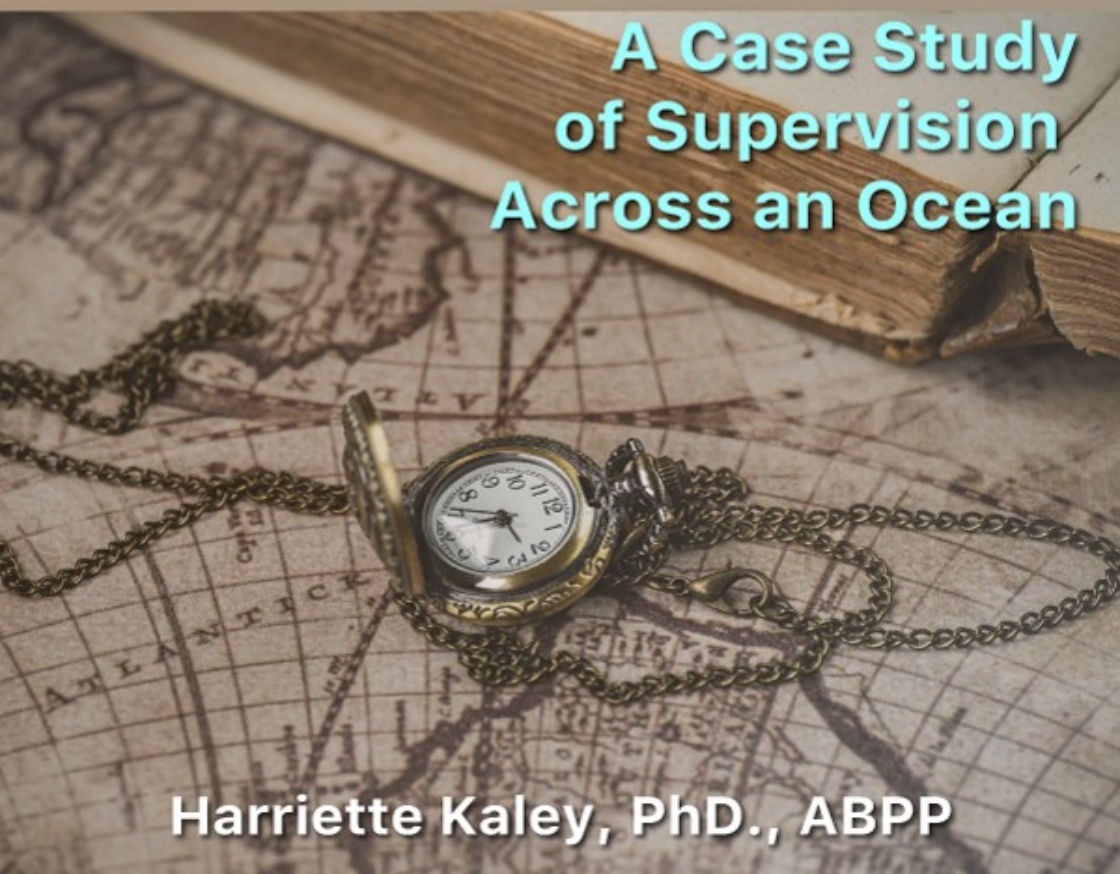


Technology in Psychoanalytic Supervision

A Case Study
of Supervision
Across an Ocean

A pocket watch with a chain is the central focus, resting on an old, sepia-toned map. The map shows a grid of latitude and longitude lines and some geographical labels like 'ATLANTIC'. In the background, the spine and pages of an old, thick book are visible, suggesting a historical or archival context.

Harriette Kaley, PhD., ABPP

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It has been said that at the heart of psychoanalytic training is an apprenticeship system. The apprenticeship system is called supervision. Regardless of what school of psychoanalytic thought an analyst belongs to, the supervision component of the training is foundational. An analyst in training, usually called a candidate, treats a patient, then reviews the treatment, session by session, with a senior experienced analyst, and slowly the work gets better. The system is time-honored, for good reason; it is hard to imagine psychoanalytic training without the training wheels of supervision.¹ But recently, contemporary technology has permitted variants of supervision that have many professionals marveling, and sometimes reeling. This report describes a kind

of supervision situation that our new technologies permit.

Not long ago, at a colloquium, a presenter described a treatment—not a supervision, but a treatment—that he considered unconventional, even radical, that respectfully incorporated the patient’s absorption with online gaming. It is time to stop thinking of such work as radical. At this point we need to accept, even be participants in, our patient’s technological worlds. That’s particularly important for our younger patients. We seem to be pulled into them, willy-nilly, whether we want to or not; on the simplest levels, patients these days e-mail us, they forward links, they show us photos of their significant others. It is time that we welcome such forays into the future.

This is not to ignore the telling, even damning, critiques that can be levied against new technologies and the ways they have frayed significant human bonds by replacing personal interaction with its many simulacra. For that, I refer you, for example, to Botticelli's recent essay about how "the seemingly bottomless plentitude of sexual opportunity on the internet damages desire, that Lacanian fount of humanness, and replaces it with the lesser gratifications of pleasure".²

Clearly there are real dangers. But Luddites always are fighting rear-guard actions and, in the end, never prevail, so it's worth thinking about what we can gain by embracing the new internet-based means of communication. Besides, sometimes in this brave new world there just seem to be interesting possibilities that

simply never existed before. What is happening is in some ways new in the world; yet in other ways it is simply an extension of the traditional supervision situation but with an adaptation to changing times, changing technology, even the changing demographics of future psychoanalysts.

That said, what is possible now is a relatively simple, relatively noncontroversial use of technology that permits analysts like me to supervise a class of Chinese psychoanalytic students more than 6000 miles away. In 2016 when the class took place it was already on its way to becoming “the new normal”³; nevertheless, it is remarkable. The candidates study in China, through the Chinese American Psychoanalytic Association, called CAPA, and we engage with them via on-line video

platforms, particularly Zoom. They have American psychoanalysts as teachers, supervisors and analysts. There are several sites in China, Singapore, and two or three others—where one to five or six second-year psychoanalytic students gather, usually at an absurd time like 5 a.m., so that the timing works out for faculty like me in New York. (That is one of the ways in which these students demonstrate their work ethic and their intense commitment.) I am not conversant with the administrative details of the program—how students are recruited, what the admission process is, whether there are tuition costs, etc.—but I do know that after the second year, some are chosen to continue in the program and others are not. Some of the students have reportedly gone on to be accepted for analytic training in the United

States. Although I believe that there are some modest fees for supervision and for personal analysis, all the teaching is done on a pro bono basis. If you wonder how an entire faculty is recruited on such a basis, for over a hundred courses at any one time, at four different grade levels, here is the story I was told: someone asked a faculty member how he had come to teach in the program, and he nodded at Dr. Elise Snyder, the founder and chief engine of the Program, and said, “I stood too close to Elise in an elevator.” She is indeed persuasive.

I had taught in this program twice before, for a full 15-week semester each time, with case presentations continuing for perhaps two to three sessions, so I had some sense of what to expect. This particular class met for just 5 sessions (over a six-week period, due to a Chinese holiday) for

a weekly 75-minute class, though by agreement we often ran longer by about a quarter of an hour. We stayed with a single presenter for the run of the class. The alternative would have been to have different people present for each session; while that would have permitted a wider range of clinical materials, we opted for the approach that allowed us to see how the treatment developed over time. Using Zoom, my computer screen showed the students in front of their own computers, in approximately passport-sized cameos. I had a tiny postage-sized picture of myself in the bottom right of my screen, which I found occasionally distracting. The students saw me in the larger format. There were four women, three men, in 5 different sites. They ranged in age from the mid-20s to 55; their English varied from barely serviceable to very good, though

some accents were impenetrably heavy and for some it was clear that they understood and could think a lot more in English than they could articulate. In contrast to my previous classes, these people seemed to be very much a bonded group; they laughed at each other's jokes, helped each other out with the fine points of translation and of cultural byways, and referred to one another as friends. I saw less competitiveness among them than in my previous classes; perhaps this one, being a smaller group, was also already a somewhat selected group. They were collegial in an unstudied, friendly way, responding to each other's comments and generally being intensely involved and focused on what we were doing. From the first moment of the class, they were welcoming, receptive, even open-hearted. They endeared themselves to

me very quickly; within a few minutes of starting the class, there was a flurry of Chinese chatter and when I asked them to tell me in English, their unofficial spokesperson giggled that they were talking about how nice they thought I was. (I was so relieved that we were off to a warm start that I convinced myself a transference interpretation was not in order at that moment.)

During introductions, I told them I'd been in China in 1987, that I'd long been interested in the art and aesthetics of China and that I even have a small collection of Song dynasty porcelains. They really liked that. I told them I had just finished reading a book, "China in Ten Words," by a well-known dissident Chinese author, which claimed to represent present-day China, warts and all, and thus had not been

published in China; the next session, they showed me the book, which somehow, they had gotten hold of. I'm not sure what they were telling me with that: that all kinds of books are pirated in China? That the tiger was in those days made of paper and was easily circumvented? That my ideas about China were unfounded? That they were listening and following up very carefully? We never got clear about that; as we all know from our analytic sessions, time can be tight and sometimes needs to be allocated judiciously.

Then I moved into telling them about my interpersonal orientation and, knowing that their course work hitherto had been Freudian, I wondered if they'd had any exposure to interpersonal theory. It turned out they had read some Winnicott, so they knew there are

approaches other than traditional one-person drive-oriented theory, but they didn't know much else about it. They also had, as it turned out, read something about attachment theory, but had not made the leap from that to interpersonal thinking about adults.

Presenting interpersonal theory to a group new to it, in a context intended to focus on clinical not theoretical material, requires leapfrogging over a lot of important ideas. I talked about it as a two-person rather than a one-person approach, one which understands development as an interactive and social process rather than a biological unfolding, so that as we do treatment we focus on the engagement of patient and therapist in the session, and I explained that we'd go into more details about it as we looked at the clinical material. I took this

approach largely because I knew from previous experience that students in this program, at this level, tend to overemphasize theory. That is only natural: largely lacking clinical experience, it's practically all they have at this point, but it also plays into their intellectualizing tendencies, which I knew too well from previous classes, and I wanted to avoid that pitfall.

I did from time to time suggest readings to them, which they welcomed, though they can't always get the materials readily. In the course of the class, I sent them several lists: a group of Edgar Levenson's basic papers that he drew up especially for them, a site Paul Lippmann had suggested when I contacted him about their interest in doing analytic work in small towns where everyone knew everyone else—a topic I knew he'd presented on at various meetings—

and at the end I sent them as an attachment a paper I'd just gotten from Neil Skolnick, which he'd presented that very week and had sent me for them, about the use, or non-use, of the couch⁴ because I'd wanted them to read something about the rethinking in interpersonal terms of the shibboleths of traditional Freudian theory. They weren't able to do these readings while the class was running but at least they have them as a theoretical scaffolding upon which they can later arrange the clinical understandings that we developed in class. I also think they enjoyed that these writers and thinkers were actually alive and well and could be known and engaged by other analysts; I think it helped create a sense that this is work that progresses via exchange of ideas and experiences, and in that sense is a

counterbalance to the tradition in China (and in some theory) of intellectual authoritarianism.

It is worthwhile noting, not quite parenthetically, the significance of this non-authoritarian approach and of the intrinsically non-authoritarian quality of the theory. Authoritarianism is deeply and historically embedded in Chinese culture, ancient as well as recent, and though these students are intellectual outliers, by their very interest in psychoanalysis, they have grown up with authoritarianism as a pervasive part of their background. An unexpected side benefit to them of learning the interpersonal approach and contemporary versions of Freudian theory is the way they open up a more experience-near, less theoretically anointed way of being a therapist and, who knows, maybe even of living.

After introductions — me to them, them to me — we talked about the process of continuous case presentation, its pleasures and pitfalls. I acknowledged how demanding it is to present in a class like this: they do treatment in Chinese, then they write up their detailed notes in English, then go back and apply what they have learned in their work with their Chinese patients. I said how impressed, sometimes even I daresay awed, I am with their industriousness and bilingualism. We also talked about the responsibility of presenting, and how sometimes it could feel burdensome, but clearly, they all felt that it was worth it to get the additional supervision that the class provided.

At the first session, we chose among the patients the class had been asked beforehand to consider. We decided on a 34-year-old divorced

woman. She has a master's degree, continues to take courses in philosophy, and spends weekend time in libraries. As a result of a few sessions of couple's therapy, she had become interested in training to do psychotherapy and the therapist wrote in his notes that—and this shows both the strengths and limitations of his English—“hoping she could find a job in this field and make a wonderful psychotherapist in the future...was one of the important push to her treatment.” She had had 20 sessions, once a week, at the time the class began.

The presenter, whose Chinese name was not used in the class, was called Andrew. Andrew was at 55 the oldest person in the class and possibly the most experienced, though his clinical work had been mostly with very young children. He e-mailed his more-or-less verbatim

notes, in Chinese and in English, in time for me and the class to read them over in advance. He was one of those whose English comprehension seemed significantly better than his spoken command of it, so that sometimes when he elaborated to us on something in the session, it could be slow going. But he was generally non-defensive, eager and thoughtful. It turned out to be a good case, and a good presenter, for our purposes.

That doesn't mean there were no surprises. The first sets of session notes were striking by how intellectualized they were, on the part of both patient and therapist. From literally the opening exchange, it was as if they were doing treatment from an almost parodic recipe book about psychoanalysis, from a decidedly over-

simplified Freudian perspective. Here are examples from the transcripts:

In the first session, the patient haltingly described mixed feelings about her boyfriend, and the therapist says, “Do you think it has something to do with the relation in childhood between you and your father?” Well, yes, that may very well be the case, but it is much too theoretical a leap at this point. Similarly, the patient says:” My father was born indifferent. My mother said that my father held me in his arms only once, when I was a newborn baby in swaddling clothes; it lasted only a few seconds. Then he said, ‘Oh, I don’t know how to hold a baby, it’s better you hold her. It was told by my mother (smiles); I don’t know whether it’s true or not.” And the therapist responds, not “What do you make of that? Do you wonder about it?”, or any of the innumerable ways to open up this remarkable story but rather, “It’s possible as you said that the father had been maltreated in his original family, by his own mother and sisters. It might be in his unconsciousness that females were something violent, troublesome whom he dreaded.”

The patient, on her part, gave as good as she got. She was eager to impress the therapist with her psychoanalytic knowledge. “Could it be reversed, being as said in psychoanalytic literature that what you reject most may be exactly what you want? I wonder if the more I was worried by my father... is it called something like incestuous tendency? Or something else?” and she took every chance to demonstrate her grasp of the idea of unconscious processes (though she was puzzled about how she could be aware of unconscious processes). The therapist responded to the patient with formulations on the same level of abstraction, e.g., Patient is wondering if she’s motivated for treatment at this point, since she’s relatively happy, and he says ”No, people come to treatment surely because they have difficulties in their lives. I mean, anxiety is [inevitable] when treatment goes further; it may overwhelm patients, if [there are]. disturbances or worries in reality, then they may escape or collapse, and treatment processes [are] arrest[ed]”

Again: about sleeping arrangements in patient’s childhood home: “It’s unnecessary [to assume] that your mother worried about something actually happening. But could it be that she would

be unconsciously uncomfortable if you were more intimate with your father than with her?” And later: "Your consciousness thinks I can (handle this). How about your unconsciousness? As noted, these early exchanges read almost as parodies.

The other conspicuous thing about those first sessions was how eager therapist and patient were to be polite and comforting to each other; each of them prefaced potentially difficult exchanges with smiles, e.g., when discussing the patient’s wish to “slow down” the process by having a week off.

Patient: So there comes two sets of holidays in sequence (smiles). I can stay in (a suspended state) longer (laughs.)

Therapist: (Laughs. Hahaha, smiles)

Or when edging up to disturbing material, e.g.

Patient: ‘I wonder if it is my inborn constitution or my identifying with my father that makes me resemble him (smile)?

Therapist: (smile) It's really, as you can see...
Your thinking is similar to your
mother's...

The class didn't seem to notice these things, so I realized we had to begin with rock-bottom fundamentals: with creating a psychoanalytic atmosphere in the treatment, eschewing pleasantries, opening up material, holding off on interpretations, and so on. Sometimes it got very basic indeed: we talked about using the patient's terminology rather than upgrading into the therapist's; about conveying to the patient permission, even encouragement, to say whatever comes to mind; of communicating curiosity about puzzling or unexamined parts of the patient's life (for example, about her father's inability to hold her); examining the interaction between patient and therapist; of generally taking seriously whatever transpired in the room.

We talked about talking less about understanding and more about feelings; about not answering questions before wondering and asking something like, “Why do you ask?” (e.g.,” Patient: ‘No others are scheduled in the morning?’ and Therapist says, ‘Oh no, they prefer afternoon, feeling it is a little early in the morning. How [did] this question came into your mind?’”); about saying, “Tell me more” instead of making an interpretation. Sometimes even his attempts at asking clarifying questions included implicit interpretations; e.g., Patient was trying to describe confusing feelings about a boyfriend, and Therapist asks, “How do I relate to him?”,

Dealing with this was tricky business. Presumably these people had had some experience with personal treatment, and presumably some of them had had supervision,

but frankly they seemed to have little sense of how analytic sessions differ from education. Here was a real challenge. So, we began each class with asking if there was anything left over from the previous session. There never actually was, which I attribute to the culturally sanctioned diffidence they display in the presence of their teachers. Because of that, occasionally it was I who re-opened something. Andrew had expressed disquiet about the difference between the professional self-restraint he felt I supported (e.g., not necessarily laughing at a patient's inducement to laugh) and the encouragement they'd been getting to be "natural" in sessions. I'd been thinking about how better to convey the idea to them, and I finally came up with a distinction between what I called "ceremonial" behaviors, such as a

ritualized “How are you?” on the one hand, and, on the other, spontaneous behaviors that spring from the interactions in the room. Using examples from my own work, I told them, for instance, that I typically respond to the ceremonial, ritualized “How are you?” with, I hope, a good-natured, “That’s MY line,” thus turning the focus back on to why we are in the room together. Concrete illustrations like that generally seemed to help.

I gave examples from my own practice fairly often. There were at least two reasons for that: the first was that it spared an overly close look at their exchanges, thus side-stepping the possibility of their feeling painfully scrutinized and criticized. I chose this route because, based largely on my experience with my previous classes and my understanding of aspects of

Chinese culture, I was even more conscious than a teacher ordinarily is of the importance of not shaming anyone in front of the class and of not arousing competitiveness within it.

The second, much more practical, reason, was that it side-stepped the difficulty they sometimes had explaining something quickly and easily in English. I'd checked with them about how they were doing with understanding me, and they were very positive about it; I'd been concerned that my years of academic lecturing would create difficulties—difficulties around vocabulary, complex grammar, Germanic sentence structures— but they were reassuring, and I was willing to be reassured. Because most of them understood spoken English much better than they themselves could speak, the fine points of how, for example, to phrase something was

often more expeditiously conveyed by an example from me. For instance, we talked about how to end a session, less abruptly than, e.g., Andrew's "Let's end here today." So that they would understand that ending a session is not simply an administrative matter, I told them that I'd been moved by reading something that likened the end of a session to a loss. Then I told them that I usually say something like, "We have to stop for now," or "To be continued," and we talked about the mitigating premise of ongoingness that was thereby conveyed and how sometimes you want to do that.

After addressing what had come up in the previous class, we then moved to the new therapy session, with an opportunity for everyone, including me, to give an overall reaction to the session notes. At first diffident,

the class gradually warmed up to this and by the fifth and last session they were reasonably forthcoming (though usually overly intellectual), and of course they always listened respectfully to what I had to say. After these opening phases of each class, we began a line-by-line perusal of the transcript. I'd made notes and frequently asked questions, for example, seeking to clarify what the therapist had in mind, sometimes the meaning of something in the original Chinese, sometimes about Chinese culture, e.g., parental expectations of children. We thought a lot about the therapist's interventions; in place of Andrew's often-lengthy comments, I frequently suggested, "Tell me more," "What was the feeling?" "Anything else?" They needed assistance understanding when they were making an interpretation, which they did often

without quite realizing it, in the belief that they were helping the patient understand. They needed assistance helping the patient simply open up; they needed help to avoid demonstrating their therapeutic competence by interpreting and explaining and they needed instead to simply join the patient in exploring with interest and curiosity. Part of my note for our second session reads: "...What if both of you were not so eager to make sense of everything? Let her just explore feelings, open them, not explain them all."

This went on for the first three sessions that Andrew presented, with us in class painstakingly trying to create a more fruitful, more therapeutic relationship between patient and therapist. Then came the fourth session—the last session for the class—and it seemed that it all had jelled. When

I later looked back at session notes, I thought I saw signs of development that had begun earlier: more frequent “Tell me more,” fewer attempts to tell the patient what was going on with her. So, it seemed things had been ripening slowly, imperceptibly even. But then it was as if everything had clicked, had gotten integrated in the intervening weeks, and the quality of the session was transformed. Initially the students couldn’t quite put their finger on what the difference was, but they immediately got it when we noted that it was the first session without intellectualizing, without psychoanalytic terminology, without the patient making a single theoretical formulation, and even without the therapist making one. Well, maybe one or two, but simple ones, experience-near, phrased as questions (e.g., “Are you afraid of having

nothing to say?"; "Does this (internet addiction) seem to have any function?") Not only that, but the session went from the patient talking at the start about terminating, to talking at the end of the session about how the bright color of the therapist's jacket made him seem to her to both youthful and mature. The patient had been obsessing about how she turns to older men to replace her hapless father but turns to younger men for vitality, and now her therapist embodied both: a true transference reaction, not one they had to dig deeply into theory to infer. They were delighted to grasp that: an unmistakable transference reaction, and even in living color!

In the class, we were then able to begin to switch from a focus on establishing basic conditions for psychoanalytic treatment, to a focus on the patient, and even more important,

on the interaction and engagement between therapist and patient. It was very near the end of the class, but it was such a promising moment that we started talking about whether we could arrange to have another class together. We decided we'd all like that.

Afterword

We tried, but as it turned out, for administrative reasons the class and I were not able to be paired together. But we'd had a real supervision experience, the kind that bears fruit as the trainees continue on, and we learned that technology enables us to leap over otherwise insuperable obstacles. Radical it may seem at first to be, but technology is like a first language to our therapists in training, and it behooves us all to welcome it.

This report is, then, an entry into a relatively new genre of writings on the use of contemporary technology in an activity that is not new. But in the short time since the supervision described here and our current day, the use of such technologies in our analytic work has become quite common, almost in some quarters ubiquitous. It seems that the pandemic, with its quarantines and enforced social isolation, has rendered questionable the relatively guarded approach that existed in some quarters. In the face of the need to continue whatever we could of the intensely personal face-to-face quality of so much therapeutic work, we grabbed the opportunities provided by platforms like FaceTime and Zoom. In the process, their strangeness seems to have given way to a an ease born of familiarity, and my

colleagues and I have experienced some considerable pleasure at being able to harness such marvels of communication to our practice of our venerable art.

Recently, for example, I participated in a seminar series for candidates. The venue was a pleasant room in which we all sat around an oval table and channeled the traditional experience of scholars learning and thinking together. But it turned out that several of those registered for the series were not able to attend in person, because of health concerns, or pre-existing obligations of one sort or another, or perhaps even simple inconvenience. The presenter was undaunted; he simply set up his laptop computer at the far end of the table and arranged for all the registrants not present in the room to be present on the screen, able to hear us in the room and

participate in the discussion. The presenter called this a “hybrid” arrangement, and indeed it was. The noteworthy thing, to my mind, was how effective it was, and how matter-of-fact it seemed to the participants; as the eldest person in the room, I believe I was alone in being impressed and even charmed by what we were able to do. The feeling was similar to one my colleagues and I have been having, of watching as more and more faces appear on the screen as we convene a Zoom meeting, and enjoying the sense of community that emerges. We have begun to speak about how we are now able to provide services to people for one reason or another cannot physically come to our offices. Our lonelier patients have often told us how they are gratified to find that their search for like-minded people no longer needs to be local.

These and a myriad other doors have been opened, to endless possibilities.

It seems that the new technologies, no longer simply the thief of intimacy, have earned their place in our work. Like the iconic analytic couch, they do not need to be used, but when needed they are our silent partners.

Reference

Botticelli, S. (2016), Technology and the Problem of Desire. Participant in panel Technology in the Consulting Room at the fall colloquium of the Interpersonal track of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, Nov. 4.

Notes

[←1] The other part of the apprenticeship is provided by the student's personal analysis, which brings the analytic process even more vividly to life.

[←2] Botticelli, S. (2016), Technology and the Problem of Desire. Participant in panel Technology in the Consulting Room at the fall colloquium of the Interpersonal track of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, Nov. 4.

[←3] A relatively short time later, when pandemic struck on a world-wide basis, it quickly became an indispensable necessity.

[←4] Skolnick, Neil J. PhD. (2015) Rethinking the Use of the Couch: A Relational Perspective. *Contemporary Psychoanalysis*, 51:4, 624-628, DOI:10.1080/00107530.2016.1089428