On the nature of supervision: an interview with Donald Meltzer

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This interview took place in February 1999 during a supervision weekend held at Dr Meltzer's house in Oxford.[1]

MBO: Do you think that supervision is a super vision, or a very special vision of the patient?

DM: Well as you know, in the earlier days of psychoanalysis, the supervision was called "control", which was a terrible term - for the supervisor to be controlling the analyst; even at the beginning students didn't like being controlled. It is *super* in the sense that the supervisor is supposed to have more experience than either the junior or the student; in the supervision almost all the supervisor has to offer is really the proof of his experience, because we are not operating a science in the sense of anything that can be mathematized or quantified. We are working with the quality of things, particularly the quality of emotion, and of course, we all have experiences of life. In many ways, because of their experiences of life, older people are expected to be wiser than young people--which they generally are. Older analysts certainly have had experience of many more clinical situations and therefore are expected to have, and do have, richer powers of discriminating between one analytic situation and another; and this they contribute, or should contribute. It is very much in the spirit of psychoanalysis that this is meant to be a feeding situation - and not force feeding, but a feeding situation in which what you have to offer is laid before the student or the supervisee for him to select what suits him. I think it must be left really to the richness and the power of your ideas about the clinical material to make it palatable to the person who is being supervised, and you must try to avoid any kind of imposition of your ideas.

For this reason, it is very important to stick to the clinical material, and not to wander into theoretical situations. In my view, theoretical considerations are something that can be left to the classroom, the seminar and so on. Now of course, in order to do that, the person who is coming to the

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supervisor has to bring carefully prepared material. And, as you do here, it is always best for it to be in a written form, as well as verbal, so that as a supervisor, you get this interplay of what you read and what you hear. Even in a foreign language, if I'm listening to French or Spanish or Italian, the music of the language and the music of the voice gives, together with the written translation, a very rich impression of the clinical situation. It is also important for me to get a visual sense of what the patient looks like and how the patient behaves, so that I really can imaginatively participate in the analytic situation that is going on. If it is done that way, supervision is very enjoyable and doesn't have the stress of being the actual analyst. It isn't quite like being a general behind the lines, but it is imaginatively there, except that you don't carry the weight of the anxieties of the emotions which go directly to the therapist. You get a second - what would you call it - a second integral or derivative of the clinical situation.

This then leads on to another consideration - that it is largely up to the supervisor to be so non-threatening that patients can easily bring honest material. It is very very easy to doctor the material, to barber it like a haircut, to make the interpretations that you have offered seem correct and adequate. I often tell people that really they should try to present mainly the material and not so much their interpretations. Young people are very shy about their interpretations and feel threatened the moment they tell them to you. So certainly with students, I always encourage them just to present the material and let me think about it and imaginatively enter into the material, but not for me to be sitting in judgment in any sense of their interpretations. Now of course, that is partly because I don't think interpretations are as important as they are traditionally held to be in psychoanalysis. I think the relationship between analyst and patient is contained not just in the words, but in the music as well. It is terribly important and there is nothing you can do about that except, as a supervisor, to try to sweeten the music a bit with your own music and I think it does work that way -- that when you are seeing things in a kindly and humorous way, it gets into your voice and transmits itself to the patient and lightens the atmosphere. The atmosphere is terribly important; you cannot teach atmosphere. You can only demonstrate atmosphere.

So these are my ideas on supervision. You can see is not like a master class in music. It is more of a participation - more like playing in the

orchestra; just contributing. You're playing a different instrument, but it contributes because the orchestra is made up of all sorts of instruments. I think that the music of the human language and human voice is very primal. It is the link between mother and baby while it is still *in utero*: the music of the mother comes through to the baby. I think that the deepening of the analytic transference is very dependent on this music and much less dependent on the intellectual insight that you can communicate by interpretation. I don't mean that interpretations don't have some importance, but the importance they have is mainly that they confirm for the patient that you really are listening and thinking. The patient does not know anything about whether they are right or wrong, any more than you as analyst know whether they are right or wrong. Either they fit the material or they don't fit the material. Things can be utterly wrong and fit the material; but that is just the intellectual content, and relates to our theories of emotional development and so on, which are very flimsy and deal more or less just with the surface of mental phenomena.

But in cases where there is a thought disorder, [as with the patient you just presented], you get into the geology, as it were, of the mind - to things that go back to the very beginning. And in many ways it is much more interesting if you can work at that depth of observation and conceptualization, which has to do with processes of thought. Of course, that is what Bion's work has given us, in particular his Grid – the way in to thinking about thinking. I don't think Freud's approach was much use with his partly commonsensical and partly Hegelian philosophy. It is very hard to know how to describe how to use Bion's Grid; it exists as a format in your mind that somehow promotes thinking about thinking. It gives you a bit of vocabulary for talking about it. Not a wonderful vocabulary – not like musical notation, which is so precise. It is a little bit too mathematical, and the quality quantitative, but still it is organized in such a way that you can think about how thoughts develop and how thinking develops thinking through thoughts and grows them and so on. It's quite a marvellous thing.

MBO: When you work as supervisor, with whom are you in contact? With the patient and how, if you think that you are in contact with the patient. Or perhaps you are in contact with the analyst working.

DM: Well of course it depends. The experienced analysts like to come

and bring me what is troubling them at the moment and therefore they shift from patient to patient and I never get to know those patients. It is all the momentary situation and that touches on theories and so on, but with the supervisee who brings me a particular patient, it makes no difference whether he is seeing him one time a week or 5 times a week. If I can help him, first of all, to present that patient vividly so that I can make contact with the patient, then I feel that we have a real supervision. I feel that I am in contact both with the patient and with the analyst, and can introduce them to one another, and that is very enjoyable. I always feel about psychoanalysis that if it isn't fun it's probably not very good. I like to enjoy myself. So the use of humour and wit seem to me to be very important, not only in supervision but in analysis. I like every session to end with a smile. Yes, with some people I have supervised over years, I really feel I know that patient as well as I know my own patients.

MBO: Do you think that counter-transference exists in the supervisor?

DM: Well it is, of course, your own counter-transference. I mean it enters into the supervision as much as it enters into the analytic work. It's all based on counter-transference: on the emotional response, and the ability to recognize the emotional response, and thirdly, on the ability to find a language with which to express it. Counter-transference is everything in psychoanalysis. The historical idea that you must not communicate the counter-transference is an illusion. You are communicating it in the music of your voice all the time. And you have to be a little bit careful about your music, so that it doesn't become tyrannical, or too pedagogical, and so on. But there is no way of hiding the counter-transference. You can only modulate it to avoid excesses. It is absolutely what the patient hears: he hears the counter-transference. What he hears of the meaning through interpretation is quite secondary to what he hears of the meaning in the music of the analyst's voice, as the voice of the counter-transference.

MBO: How would you handle the counter-transferential problems the analyst has with his own patient within the supervision?

DM: None of my business as supervisor. That is the business of his analyst and I certainly try never to comment on the analyst's counter-transference and its effect on his understanding or on his communication with his patients. My job as supervisor is to participate in the counter- transference and to give voice to it in the music and words of interpretation, but not to

comment on the analyst's counter-transference because that is really none of my business. You have to know somebody very deeply to have any idea of the meaning, the idiosyncratic meaning of his counter-transference, though in supervision I just assume that the analyst's counter-transference is reasonable, and that if he is troubled by it he can take it to his analyst. If he has finished his analysis he can go back to his analyst and discuss it with him. It is not the supervisor's business in my opinion.

RO: Would you tell him so if he doesn't do it himself?

DM: Yes, if he tries to discuss his counter-transference with me. I would explain to him why I think it's none of my business - because I don't know him well enough to have any opinion about the meaning of his counter-transference.

RO: The experience I sometimes have with candidates or young analysts or people who are training for analysis is that they often enact within supervisions what I see is in the material of their patients. For example, I sometimes see that they have patients who, for instance, miss or skip sessions and they start either coming late or missing the supervision, or they have patients who threatened to break up their analysis and then suddenly they say they are not sure whether they will continue the supervision after the vacation. Would you do anything about that or just let it go? Would you make some comment on it?

DM: Well I do make comments about technique, but not about the meaning of technique or about the counter-transference acting in the counter-transference which modifies technique, but just deal with the technique itself. (Oh, there is my little dove, it's been gone for 6 months. It's just back. See the little green neck. The sweetest voice ever. Those are the nasty magpies that steal their food.)[2] I think that if you comment on counter-transference directly it is always a reprimand. But you can comment on technique because you are just offering an opinion and it isn't threatening or punitive or a scolding, as it were. Patients and analytic supervisees want to know about technique and the rationale of technique, and I think a very important part of supervision is to discuss this. The rationale of technique is really just the rationale of human communication with tactfulness and delicacy and things of that sort. That's all there is to technique - tact and delicacy and clarity of communication, but it's amazing to me how gauche

2 At this point in the interview DM looked out of the window at a little bird sitting on a feeder he had on a pole.

and clumsy young analysts can be. These are the magpies. They are little thieves; they come and steal all the food.

MBO: What do you think the supervisee learns during the supervision? Do you think that he can learn anything more than technique?

DM: No, it is not the same as learning. It is enriching his imagination about the clinical experience. It is not the same as learning because it cannot be carried on from one patient to the next. It is very specific to the individual patient he is presenting.

RO: This question came about because we were discussing whether one would think that the supervisee gets a model of working from the supervisor.

DM: Well, I hope not. I hope he just gets an enrichment of his experience with the particular patient that he is in supervision with. Now of course, there is the experienced analyst who wants to have a kind of trouble-shooting supervision in which he brings anything that happens to be hot and troublesome at the moment. Well, he doesn't learn anything. He just gets help like he might with changing the tyre on his car, and it doesn't teach him anything about cars and motors; it just helps him along. I don't much like doing that kind of supervision, but certainly, many experienced workers in the field like that kind of breakdown service – a psychoanalytic AA. Your car breaks down and you just ring them and they come and help you out.

RO: This is connected with your recent answer. What do you think analysts supervise when they supervise? Do they supervise their patients, do they supervise themselves or their own minds or themselves as analysts, or whatever.

DM: What does the supervisee bring to the analysis?

RO: Yes, to the supervision.

DM: Well, what you hope he brings is an honest description of the experience with a particular patient. And the emphasis is on the honest because until an analyst knows his supervisor well enough to begin to enjoy the supervision, it's very difficult for him to be honest. The building up of this kind of trust between supervisor and analyst is essential, because until it reaches a level where it is a pleasure to come to supervision, you won't get honest material; and of course, to work with material that is not honest is like walking in the marsh. You move from one step to the next. It just

doesn't flow. So until supervisions are some months old, they are unlikely to develop this kind of pleasure and trust. And I think that in those early months you need the pleasure of informality. Esther Bick always used to give you apple strudel. I don't entertain my supervisees with pastries any more than I do my patients; but the informality and the feeling of intimacy is something you can cultivate. Of course, you find that you don't always like the people who come for supervision; then it is more difficult. You don't always like your patients; sometimes it takes years before you begin to like a particular patient. And it's the same with supervisees. It can take quite a long time before they start working in a colourful and emotional way that you can take pleasure in hearing about. If they are terribly rigid, restricted and colourless, you just feel sorry for their patients and find that you don't like them. But again, if you persevere, things generally warm up and sweeten up.

RO: So, there would be a sort of a counter-transference between the supervisor and the supervisee, not only with the patient. I mean the liking or the not liking the supervisee.

DM: Well, this is the thing to my mind to be avoided. Most people who come for supervision come with a sincere desire to benefit from the experience. And they probably mostly have an exaggerated idea about the learning process. We deal with very little in the way of psychopaths in this line of work.

RO: I don't understand this.

DM: Well - people who come with the intention of deceiving.

RO: I see, to supervision.

DM: To supervision or to receive analysands in a fraudulent way. It's a rare phenomenon. But to my mind, so long as you can avoid the atmosphere of authority, you are not likely to be troubled with transference and counter-transference between analyst and supervisor, and the whole transference situation is confined to the analyst's relationship to his patient, which you are always seeing and in a privileged way being allowed to listen to and comment on. That seems to me to be the most urgent thing: to avoid any kind of atmosphere of coercion - of punitiveness or authority and so on.

MBO: In your experience what happens when the analyst's own analyst and the supervisor have different theoretical models?

DM: Well, of course, I'm always telling my supervisees that they shouldn't pay much attention to my theoretical ideas because they are just for communication amongst colleagues and for writing papers and so on. But they are not for use in the consulting room. I think it happens relatively rarely that an analyst comes to a supervisor who is clearly at variance with his own personal analyst, whether that is because the analyst won't let him or discourages him from doing so, or simply that he doesn't want to get into a dogfight and get bitten by both of them. It seems to me, in my experience, it seldom arises. But I can see that it might arise in Buenos Aires, where I think there is a tendency for multiple sub-groups to form with fairly strong antagonisms between them. This does not seem to me to be true of other Latin countries so it is not just a question of Latin temperament. It is probably really historical, because Buenos Aires has had an extraordinary number of highly talented and original people that have naturally formed coteries around themselves, which have carried on after they are dead. So I think it is a case of good luck turning into bad luck. It is good luck that they had so many talented people, but it's bad luck that it developed a kind of separatist culture with sub groups and sub-set s and so on.

MBO: Do you think that the work of the supervisor influences the treatment of the patient?

DM: Well I should certainly hope so. I think where a supervisor and the student analyst make a really good team, the patient gets a much richer analysis and you can see the material move along very rapidly as a consequence of the supervision. You see it particularly with people who bring you cases that have been stuck for years and that then suddenly go forward. The companionship of the supervisor adds a leaven to the analyst's work: lightens him and loosens his obsessionality and rigidity, and things start going on. That's the only way you can judge - by what happens with the patient. The analyst's report to you never greatly reveals the nuances of his behavior in his consulting room. You have to judge by how the patient has responded to this newly supervised analysis; and sometimes it is very astonishing.