

Psychoanalytic Supervision

A Book Discussion with Author Nancy McWilliams, PhD
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Nancy McWilliams, PhD

Anthony Tasso: Why a book on supervision?

Nancy McWilliams: Well, I'm of an age where there was no such thing as training in supervision; we all sort of learned how to supervise by being supervised. But I think, with good reason, a lot of the mental health professions, certainly our APA, and psychiatry's APA, and the ACSW, are asking that people be trained in supervision. I think they've been getting complaints from supervisees about the uneven quality of supervisors and from students wanting to know how to supervise, so there are now pressures on training programs to provide courses in supervision. That was one reason I thought I would write another textbook. I have supervised now for almost 50 years, and all over the world, and in all kinds of different situations: individual and group and for different kinds of patients. The immediate stimulus to my doing the book, though, was that one of my colleagues, Malin Fors of Norway, with whom I've long consulted in a supervisory way, suggested that I do a book on supervision. It's been running around my brain for a while, and it became my COVID project. I couldn't travel anywhere and do the teaching that I often do. So I got into reading the

literature on it. The empirical literature and the theoretical literature and just reflecting on my own experiences, both as a supervisee and as a supervisor. So, that's the origin of it.

Anthony Tasso: You mentioned that you've been supervising for a long time. How has supervision changed over the course of your career?

Nancy McWilliams: It's less informal than it once was. For example, the Board of Psychological Examiners, if you are training somebody on permit, asks for much more detail than they once did. There is more expected of supervisors, by professional organizations and by supervisees. Our supervisees are expected to evaluate us that wasn't true in my early years. Certainly my program at Rutgers asks all of its students to evaluate their supervisory experiences. It's a profoundly important relationship to people, whether done informally or scrupulously, and supervisees are very pleased to feel like they have a supervisor they can go to who can help them with their blind spots and support their good intuitions and their knowledge.

Anthony Tasso: This is your fourth book. How does *Psychoanalytic Supervision* align with your previous three?

Nancy McWilliams: Yeah, I thought I'd kind of covered the psychoanalytic territory with the other three. The first one, *Psychoanalytic Diagnosis*, was a reaction to the changes in the DSM in 1980. I began thinking about how the whole clinical tradition that had been predominantly psychoanalytic up until the 1970s, had formerly emphasized doing individual case formulations, thinking about people in complex ways, and seeing problems as dimensional and contextual rather than simply categorical. And, all of a sudden, we have this list of diseases with a kind of Chinese menu of symptomatic criteria: you either have the illness, or you don't. So I felt that reflective clinical practice was going to slowly be undermined by the DSM. I wanted to get the way that my psychoanalytic predecessors had worked put down

on paper to preserve a certain kind of clinical knowledge. And then that book was more successful than I expected. And then I got a lot of questions about, "But what about conceptualizing the individual person rather than the personality categories?" and I realized there weren't a lot of books out there on case formulation. Both the way psychoanalytic people think diagnostically and the way they formulate cases hadn't been widely systematized, so I wrote a book on that, *Psychoanalytic Case Formulation*. And I said that was gonna be my last one. My editor kept pressing me to write a book on therapy, and I kept saying I didn't want to write a book on therapy, because my whole shtick is that therapy should derive from the particular patient, the particular problem, and the particular match of patient and therapist. But then I thought, gradually, I began thinking of things that hadn't ever been covered in my own training on psychotherapy, and I slowly began putting together something on therapy, *Psychoanalytic Psychotherapy*. And I thought that was the end. But a book on supervision sort of rounds it all out in terms of my own career. That's kind of the order in which I learned things myself.

You know I used to devalue my own work, I thought: "I'm not a brilliant new theorist, I'm not a researcher, I'm an ordinary therapist. I know what it's like to be an ordinary therapist. I'm psychoanalytically oriented, I am a psychoanalyst, but I'm not an advocate for any particular kind of psychoanalytic intervention, and I like integrating what I do with other ways of thinking about people." So I wasn't expecting that my books would make the impact that they have. But I think what I am good at, and I have come not to devalue my thinking so much now, I'm good at integrating, and I'm good at explaining things that are often talked about in very arcane jargon. So I think I found my niche, which is to try to pass on a certain kind of knowledge base.

Anthony Tasso: You're writing is so accessible and makes your work particularly appealing.

Nancy McWilliams: Well, it's a strange thing that's happened to psychoanalytic writing. Freud was very accessible; that's one reason he was so successful. Jung had equally important ideas, and so did a lot of other people, but Freud was really a great

communicator. I don't know where that went in psychoanalysis. I'm lucky. I had two very good high school teachers who taught me how to write really clearly. One had been the English composition teacher of the novelist John Updike. I really lucked out. They taught me clear writing, and it has benefited me all my life.

Anthony Tasso: Your book is called *Psychoanalytic Supervision*. How would the non-psychoanalytic therapist take to the book?

Nancy McWilliams: I hope they would be interested in it. I called it that just to be consistent with my other books and because I think I needed to represent a kind of "truth in advertising." I am a psychoanalyst; that is how I think about things. I'm hoping that other people will find their way to the book and "translate" its ideas into their own clinical language. With the *Psychodynamic Diagnostic Manual* (2nd Edition) that I edited with Vittorio Lingiardi, we've been hearing a lot from non-psychoanalytic people saying, "You know? A lot of this make sense," and "Thank you. We appreciate this." I actually wanted to change the title in the second edition from the *Psychodynamic Diagnostic Manual* to the *Practitioner Diagnostic Manual* or the *Psychological Diagnostic Manual*, but Guilford Publications rejected the idea because, you know, the first edition had established a "brand." We had to stick with the brand.

Anthony Tasso: How do you feel now that they didn't let you change the name?

Nancy McWilliams: I'm still a little bit disappointed, but on the other hand, there's so much crazy antipathy these days and misunderstanding of the psychodynamic tradition that it may not be the worst thing to stand for it unapologetically. There are people who believe that there's no empirical basis for anything psychodynamic. Or, that everything Freud said has been clinically disproven. Or that everybody psychoanalytic thinks that Freud's never wrong about anything, which is bizarre. I am hoping my book will reach people beyond the analytic community. Psychoanalysts had been supervising for decades before other theoretical orientations arose, and we've learned a lot, often by making bad mistakes. It would seem a shame for people who are from newer

theoretical orientations to have to reinvent the wheel of some of the things that we've learned.

Anthony Tasso: Along the lines of theoretical orientations, what do you see as unique to psychoanalytic supervision and what are supervisory concepts you see as relevant to most theoretical modalities?

Nancy McWilliams: So, first, some more unique stuff, I'm not sure anything is totally unique, but psychoanalysts are much more likely to construe supervision not so much as teaching knowledge and technique as facilitating professional and personal development supporting the already assumed intuitive skill of the therapist. It's not so much about teaching methods as it is about expanding knowledge and maturity. But again, I think everybody does that, to some degree. I suppose that one of the more distinctive areas for psychoanalytic supervision is that most psychoanalysts routinely ask their supervisees about their countertransference feelings: how they feel about the patient, what are their fantasies about the patient. The supervisor might report their own feelings and fantasies about the people who are being presented. There's an assumption that a lot of therapeutic communication happens via the relationship and right-brain-to-right-brain kinds of processes, and that you have to sort of open people to those. I was trained in the tradition of Theodor Reik, the guy who wrote *Listening with the Third Ear*, and he was a very intuitive kind of analyst, not one of the strict ego psychologists, you know, the type who tell supervisees you never answer a question, you always do this, you never do that, that kind of formulaic psychoanalysis was nothing that I was ever really exposed to. I have colleagues who got that from their own analyst or their own supervisor, and it's a lousy way to supervise. I don't think it's very common anymore, because the relational movement really opened up people's sensitivity to the complexity of supervision and the emotional basis of supervision. So that's the specific stuff where psychoanalytic supervision probably has its own particular slant.

Now, what we all have in common is that all supervisors feel this terrible sense of responsibility, and it's a strange responsibility to be concerned about the treatment of a patient who's in treatment with

someone else. Especially if you have the legal responsibility, if you're teaching in a program that's training people. That's a huge responsibility, to try to discourage people who either don't have the talent, or who are unethical, from being in the profession. That's a real burden on the supervisor that doesn't exist with being a therapist.

And we all share that it's much easier to consult, which means to supervise somebody who's voluntarily asking for your help, when the therapist asking for supervision is the person with the legal responsibility for the patient. I do a lot of that; people just voluntarily ask me to consult on their work with a patient or a range of patients. That's easier.

When you're a supervisor in a psychoanalytic institute and you're going to credential somebody as an analyst, or when you're in a graduate program and you're going to credential them as a psychologist or psychiatrist or a social worker or pastoral counselor, that's a burden, but you know the people in our field tend to be so conscientious and thoughtful. It's rare that you really are worried that the patient is getting bad treatment. Most therapists are, in my experience, too hard on themselves. We're pretty self-critical people. When therapists' patients get better, they tend to credit the patient, and if a patient gets worse, it's their fault. So it's not frequent that we actually have to give really painful feedback to a supervisee. They're already hard on themselves. But when we do, it's a different skill from even giving painful feedback to a patient. So much depends upon it if, for example, they're in an analytic institute. They want to join a whole community, and they have a certain vision of what their life is going to be like. If you tell them "I just don't think you're cut out to be an analyst," it can really wreck their vision of their own future, so that weighs on people very heavily. But, I think it's also true across theoretical orientations that it's very hard for supervisors to give supervisees bad news.

Anthony Tasso: How does psychoanalytic supervision incorporate multicultural factors?

Nancy McWilliams: If you went to a Division 39, Society for Psychoanalysis and Psychoanalytic Psychology of the American Psychological Association,

meeting these days, that's all you hear people talking about. It's a natural concern for psychodynamic professionals because so many issues related to culture or minority status of any kind, or vulnerable parts of identity, ethnicity, race, or sexual orientation, so many aspects of them, are unconscious. Many people think they have no racism. I don't think you can be a psychoanalyst and feel that it's possible in a culture like this to have absolutely no unconscious racist feelings whether you're Black or White, for that matter. I think it's very unusual for anybody who has grown up with a minority sexual orientation not to have some internalized homophobia or self-doubt. So in a way, I think analysts are well positioned to help people with the implications of immigration or marginality. We are used to looking at internalized and self-directed hostility up close.

Dealing with privilege, on the other hand, I can't say the psychoanalytic community has done very well with those issues. If you go to the American Psychoanalytic Association (APAsA) meetings, it's still, for the most part, older white guys, presumably mostly heterosexual, and there's now a lot of push-back to change that. That's a very, very alive part of contemporary struggles with issues related to privilege and identity.

Anthony Tasso: Much of mental health services have been virtual since the start of the pandemic. Can you comment on your observations of virtual supervision and consultation?

Nancy McWilliams: I guess I feel there is a bigger difference between virtual supervision and in-person supervision than there is between virtual therapy and face-to-face therapy. With my therapy patients, I really feel the difference seeing them on Zoom: I feel a kind of closing down of reverie. I'm staring at them in a way that I don't do when they're in the office. I miss their body language, and I get distracted by technical glitches and by my own image on the screen. For me, the only advantage of doing therapy virtually, aside from convenience, has been that I sometimes get to see people's kids, and sometimes I get to see their pets. It's interesting to see where they live. I've learned a little bit more about them that way. I find that this shift from in-person to virtual was pretty hard with patients, and at first, I felt much more tired, much more artificial. I'm

used to it now, but the shift was harder. With supervisees, not so much, and I'm not sure how to explain that. It may have something to do with the fact that I'm not trying to listen so hard for the transference. I'm basically talking to a colleague, and we're collaborating one-on-one on what's the best way to help the patient. It doesn't feel quite so artificial somehow, and of course it doesn't have the same anxieties. None of my supervisees are suicidal, but some of my patients have been on and off. And not being in person with somebody who's talking about suicidal feelings feels to me like a torture. There's nothing comparable with supervision.

Anthony Tasso: How would a supervisee benefit from this book?

Nancy McWilliams: There's a whole chapter for supervisees. I got a lot of really nice responses to a couple of paragraphs I put in my book on therapy, Psychoanalytic Psychotherapy, about what to do if you have a misfit with your supervisor. So I have a whole chapter on how to increase the probability that you'll get something good out of supervision. Even if you don't like your supervisor, there's something you can learn. If you keep having the same experience with several supervisors, you've got to look at yourself, but sometimes it's just a bad fit. I changed the tone in that chapter, and I just started talking directly to the reader. You know if you're stuck in clinical situations like some of our students at GSAPP are in, internships and highly stressed agencies, where nobody has any time to really help them with their cases and they get all the grunt work and no real supervision (except for "Did you fill in this form?" and that form? and the other form?). And they feel very disillusioned: this is not what they expected from a community of mental health professionals. I talked about the problem that, with the rapid turnover in those places, sometimes they're being supervised by people who know less than they do. They come out of a very thoughtful program, and that won't be the first time they will have to be supervised by somebody who may be throwing their weight around but doesn't appreciate what they know. And what do you do in that situation? How do you help yourself not to act out? And so on.

When many of my colleagues found out I was writing a

book on supervision, they told me some horror story about their life as a supervisee. And the empirical literature is beginning to ask supervisees for data about the supervisory experience. It's been fairly new that supervisees are asked to talk about their experience, and they're reporting that they rarely tell the whole truth to supervisors, especially if they sense that the supervisor is narcissistically invested in a particular approach or understanding or technique. They learn to be very careful. It seems to me that the more you shut down what you can say, the less you're opening yourself up to learning. So, the first priority of supervisors should be to help the supervisee feel safer.

Anthony Tasso: The intimacy of supervision creates so much more vulnerability than in the classroom.

Nancy McWilliams: Yeah. I remember, in my own supervision, feeling skinless, like I had no protective covering it all, and fearing that my very insightful supervisor was going to see through me and see all my flaws. It's a horrible experience to feel that dread.

Anthony Tasso: Your first three books, along with your co-edited *Psychodynamic Diagnostic Manual*, has clinicians as the target audience. Have you ever thought about a self-help book, a book geared towards the non-therapist?

Nancy McWilliams: It's funny that you ask. My editors have been trying to get me to write a popular book for years. And I'm open to it if I can get inspired. The first thing I was really inspired to do was to write a book on overall mental health. If you're a researcher, the way you can investigate how therapy helps is: Did the symptom go down? Did this person score better on the Beck Depression Inventory, for example. That makes perfect sense for researchers, but therapists think in larger terms than whether a symptom is temporarily worse or better. Because we know that when people are trying something new, their symptoms can temporarily get worse, or if they're grieving some loss they dealt with for decades with denial, they're going to look more depressed for a while. So we tend to think in terms of overall issues like helping people increase their attachment security, their sense of agency, their flexibility of coping mechanisms, the maturity of their defenses, their capacity to tolerate a whole range of

affect. We try to help them develop more realistic and reliable self-esteem, to mentalize other people, to reflect on themselves, to have some sense of vitality, to accept what can't be changed. So I wanted to write a book on those overarching goals of therapy. And I got three or four chapters done, and my editor sent it out to some colleagues to evaluate it. They all came back saying that it was too scholarly for a popular book and too popular for a scholarly book. I got kind of dispirited and demoralized and dropped that project, but I rehabilitated it for the supervision book. There's a chapter in it about what analytic supervisors keep their eye on, and it's not the day-to-day ups and downs of symptoms, it's the more overarching vital signs of improvement in therapy. So that's what I did with that.

So now my editor is after me again, and at first, I thought I could write a book on grief, as I know a lot about grief. And I got kind of excited and inspired about that, but then I went out and read a lot of popular books on grief. I found that there are some really good ones out there, and I found myself thinking, "I don't have anything to add to this." So I dropped that. Now she's asking "What about aging? You wrote a good article on aging." And I'm thinking okay, so now I'm collecting popular books on aging and I'm reading them thinking, "Oh, I thought I would be saying that, and that it hadn't been said before, but Mary Pipher's written a good book that says most of what I would say . . ." so I don't know where I am with that.

Anthony Tasso: Sounds like there's a lot of ideas percolating.

Nancy McWilliams: Yeah, there are. I just have to get something that I can really run with without feeling like I'm just rehashing what other people have said. It doesn't have to be brilliant, but it has to be a new synthesis or something interesting. I'm almost 76, and sometimes I feel like maybe I don't want to spend the rest of my years writing books. But I do enjoy it, I really like writing.

Anthony Tasso: Is there anything else you would like to comment on about *Psychoanalytic Supervision*?

Nancy McWilliams: Well, when I put the

announcement out on the NJPA listserv, I was feeling a kind of gratitude to all the people in New Jersey, especially New Jersey psychologists, who have taught me important things for many years, starting in 1973 at what was then Rutgers Mental Health Center. I began doing supervision groups there for local therapists, and continued when I went into private practice. One woman left my Thursday night group about a year and a half ago who'd been in it since 1973. So these groups have a long life. Most participants stay in them for years, they deepen, we get to know each other well. For me, the nicest thing about group supervision is that I always learn as much as I teach. I feel a deep gratitude to my colleagues. One of the things I wanted to encourage in this book was for supervisors and supervisees to get into groups of colleagues, where they can slowly feel safe talking about what they actually said and did, and about what their own dynamics are. I don't try to move into people's dynamics; I feel that's not the place of a supervisor. But, I am pleased when I've set a tone of enough safety that people start disclosing information about themselves. Like, "I was sexually abused when I was nine, so I get triggered by sexual abuse patients." I find it touching when people are able to do that. I don't go for it, but I try to create an atmosphere in which people feel increasingly okay to tell the truth about themselves, their feelings toward their patients, their feelings toward the field, their worries about their own professional skills and development.

Anthony Tasso: Anything else?

Nancy McWilliams: I guess I didn't say anything about the chapter on ethics, which I worked hard on. I'll be curious about people's reactions to it. I talked about how much more complicated ethical issues are than one would think from just mastering the APA code of ethics. I give some examples. In general, I think if I have to give a take-home message to supervisors, it would be: Don't underestimate how frightening and painful it can be for other people to show you their work; don't assume that because you're a nice, thoughtful person that they experience you as a nice, thoughtful person. They come in with a lot of fears about what you'll expose and how they will disappoint you. And don't forget that these are competent adults who are showing you their most vulnerable underside.

About the Interviewer:

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About the Author

Nancy McWilliams, PhD, ABPP, teaches in the Graduate School of Applied and Professional Psychology at Rutgers, The State University of New Jersey, and has a private practice in Lambertville, New Jersey. She is author of *Psychoanalytic Diagnosis*, *Psychoanalytic Case Formulation*, *Psychoanalytic Psychotherapy*, and *Psychoanalytic Supervision*, and is co-editor of both editions of the *Psychodynamic Diagnostic Manual*. She is a past-president of the Society for Psychoanalysis and Psychoanalytic Psychology (Division 39 of the American Psychological Association), and is on the editorial board of *Psychoanalytic Psychology*. A graduate of the National Psychological Association for Psychoanalysis, Dr. McWilliams is also affiliated with the Center for Psychotherapy and Psychoanalysis of New Jersey and serves on the Board of Trustees of the Austen Riggs Center in Stockbridge, Massachusetts. She is the recipient of honors including the Gradiva Award from the National Association for the Advancement of Psychoanalysis; the Goethe Scholarship Award from the Section on Psychoanalytic and Psychodynamic Psychology of the Canadian Psychological Association; the Rosalee Weiss Award from the Division of Independent Practitioners of the APA, the Laughlin Distinguished Teacher Award from the American Society of Psychoanalytic Physicians; the Hans H. Strupp Award from the Appalachian Psychoanalytic Society; and the International, Leadership, and Scholarship Awards from APA Division 39. Dr. McWilliams is an honorary member of the American Psychoanalytic Association, the Moscow Psychoanalytic Society, the Institute for Psychoanalytic Psychotherapy of Turin, Italy, and the Warsaw Scientific Association for Psychodynamic Psychotherapy. Her writings have been translated into 20 languages.

