THE SUPERVISOR AS AN INTERNAL OBJECT

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Abstract: This paper relates the concept of the internal object to the supervisory object relationship within the context of psychoanalytic supervision. First, the history of the theory of the internal object is discussed, then the theory of the supervisor as an internal object. Three case examples of the supervisee's use of the supervisor as an internal object are reported. The cases illustrate the supervisee's working through of internal object constellations so that a good-enough object view of the supervisor is formed, following object splitting in which a bad part-object view of the supervisor is dominant.

The concept of the internal object began with Melanie Klein and Ronald Fairbairn, although Sigmund Freud's theory of the superego led in that direction. For Freud, however, the superego could be merely a repository of depersonified and rather rational moral and societal injunctions and guidelines. In "Mourning and Melancholia" (1917), Freud began to deal with the more hostile, dynamic, and personified aspects of superego internalizations, which would later be seen in terms of Melanie Klein's (1940) "primitive superego" forms, such as her persecutory part-objects, and as Ronald Fairbairn's (1952) "internal saboteurs," "bad objects," and "anti-libidinal egos."

For Melanie Klein (1940), internal objects were good as well as bad. With good-enough mothering and a healthy dose of a constitutional capacity to love, benign ambivalent forms could develop, even when persecutory, retaliatory, and omnipotent bad forms were active in the primary stages of life.

This was at variance with Fairbairn, who believed that good experiences only created good interpersonal memories and did not become personified dynamic forms within the psyche. Fairbairn believed that bad internal objects were dynamic in enacting intrapsychic dramas due to the primary identification with frustrating parents that the infant and small child attempted to defend themselves with. The defense becomes the disease, and the self becomes fused with the malevolence of the other through primitive modes of identification and incorporation, in which one attempts to control a bad parent part-object by internalizing it. The malevolent parents thus become infused with dynamic energy through the fusion with the split-off parts of the self. Also, due to the sealing off of the self after trauma, the dynamic energy of these now internal parents, as well as the psychological dramas contained in their energetic enactments, were destined to be endlessly repeated in a close system. A reparative experience with an external other was needed for this closed system to be opened up, so that the internal objects, and their incorporated early relations, could be transformed. The Fairbairn transformation involves the objects being assimilated into the larger self as they are neutralized through integration.

For both Klein (1940) and Fairbairn (1952), internal objects that are unconsciously felt to be aversive can be transformed through a reparative experience with those same primary external others from whom they were derived, or with a reparative experience with those who come to represent these original parental objects. Klein led the way for Winnicott's (1965) reparative holding environment and Bion's concepts of containing and the contained (see Ogden, 1986; Segal, 1987). For Klein, as well as for her foremost follower, Hanna Segal (1952, 1973, 1981), the primary good object of infancy can be restored with reparation (which always involves mourning as well as the receptive welcome of reparative gestures towards the object). The more one can retain or reconstruct good object experience, the more one can tolerate ambivalence, with its mixtures of feelings of guilt, hate, and love toward the object.

It is my intention here to apply these theories of internal object construction and restitution to the subject of the internalization of the psychoanalytic supervisor, which presumably occurs within the supervisee's psyche during the course of any supervisory object relationship. I will stress the Kleinian course of development from split part-object relations to that of whole object relations. This course of development is based on the creation of a more good than bad internal object, to whom gratitude and reparative strivings can be expressed, so that they can come to predominate over critical, envious, or fear-dominated reactions.

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I propose that the supervisor always becomes an internal object for the supervisee, and that the degree to which the internal object can be created into the form of a whole object persona, which is more good than bad in overall affective coloration, will determine to what degree the supervisory relationship will facilitate the supervisory process. The supervisee's ability to "use" the supervisor, in Winnicott's (1971) sense of object usage, will become manifest in the supervisee's work with his/her patients. However, the nature of this "usage" will be determined by the supervisee's own developmental level and character structure. The nature of the psychic splitting of the supervisor will vary. The form of the psychic representations of the supervisor will also vary.

Some supervisees will have conceptual internalizations that are largely cognitive in nature. Some supervisees will have internalizations that are like Melanie Klein's internal objects, sitting inside the psyche, or Klein's and Fairbairn's persecutory objects, which dynamically enact their roles and dramas inside the psyche and which are imagined as occupying psychic space. Other supervisees will have internalizations that have visceral as well as representational components. The symbolism supervisees use to articulate supervisor internalizations will frequently be conceived of as differing from parental transference forms. Such understanding on the supervisee's part may not necessarily be due to defensive factors, although sometimes discoveries are made by the supervisee in his/her own psychoanalytic treatment that reveal such defensive factors to be primary. Other times, it appears that the supervisor internalizations are influenced by projections of split-off self components that resemble either primary object archetypes or superego-like phenomena. The nature of the internalizations will be effected not only by preexisting identifications, but also by archetypical features, which are sometimes conceptualized as specific developmental stage drive components. The interaction of a priori fantasies and experienced interpersonal constellations is always given.

SUPERVISORY CASE #1

Recently, Dr. H, a woman whom I supervised for 3½ years on a private basis, told me of an experience she had while with a patient who had been the subject of much supervisory attention. Dr. H. said that as the patient poured out her heart to her, sobbing with gratitude for her "allowing" the patient to express all her despair and neediness, she had the fantasy that I was sitting by her side, holding one of her hands, while my other hands was placed up against her mouth, tenderly silencing her. This was following a period in Dr. H's supervision when we had discussed her tendencies to intrude on the patient by "helping" or "protecting," just when the patient was either defiantly expressing her independence or was expressing a more primitive wish for merger.

Earlier in treatment, Dr. H's patient had had a fantasy wish of flying up into her mother's vagina to find refuge. This wish seemed to express the patient's desire for a therapeutic holding environment, and for

its mode of primitive mothering. At the time when Dr. H had the feeling that I was sitting beside her, with my hand "protectively" on her mouth, the patient reiterated her maternal fantasy within the transference. Looking at her therapist, as if seeing her for the first time, the patient saw her world with her therapist as the fantasized vagina, into which she, as the little bird, was able to fly, finding refuge. She said that Dr. H had helped her find that early vestige of herself that existed before she had been "messed up." It appeared that Dr. H's use of me as an internal good object, providing my own holding environment within her, had allowed her patient to experience this very critical early state.

This episode was striking in terms of its indications as to how I, as the supervisor, as well as the supervisory object relationship itself, had been internalized by the supervisee. I had become a good internal object, and in parallel to the therapeutic relationship, the fantasy of the mother's safe and warm vagina also described the supervisory holding environment, a place of safety and refuge where the supervisee's impulses could be contained.

Three years earlier, in the same supervisory situation, Dr. H had had a much more persecutory internal object fantasy. At that time, Dr. H had created me into an internal object who had huge volumes of psychoanalytic knowledge piled up behind me. She imagined me to be sitting in critical scrutiny of what she somewhat shamefully called her nonanalytic therapeutic approach. Once she expressed this fantasy to me, the initial tension in our atmosphere was considerably reduced, and it was the beginning of a supervisory alliance. A few weeks later, Dr. H told me she enjoyed my light, humorous teaching style, and was no longer feeling that she was being microscopically perused every time there was a silence. The negative supervisory internal object had been resolved, or neutralized, through contact and communication in the supervisory object relationship.

SUPERVISORY CASE #2

Another experience with a supervisee, in which there was an obvious working through process in relation to a negative supervisory internal object, took place with Dr. B. Dr. B had adopted a Kohutian approach with a patient, which turned out to be a pseudo-Kohutian approach, based in part on a reaction formation defense against the supervisee's aggression. She spoke with me about working in an "empathic model" fashion, and from there deduced that I wanted her to work in that way. Then she became entrapped by the "method," with "madness" as a result, because she was using her conception of the empathic model as a defense against her retaliatory countertransference reactions to the patient's aggression. She tried to empathize with the patient when he was attacking her and ended up emotionally strangling herself, which mad her impulses to retaliate even stronger. Dr. B then expressed her rage toward me for having inflicted this Kohutian approach on her, which implied to me that I had become a persecutory internal object for her. I was experienced by Dr. B as a reaction formation Kohutian, who was aggressively inflicting my impotence upon her, and thus imprisoning her. I was thus, in part, a bad part-object for Dr. B at that time.

In contrast to this bad internal object view of me, which eventually resulted in an explosion of rage toward me, was an alternate split part-object view of me, as a lusty Kleinian. It so happened that simultaneous to supervision, Dr. B was in a seminar with me, in which I was teaching the theories of various object relations theorists, among whom was Melanie Klein. When I spoke of Klein's theories on envy and the negative therapeutic reaction, Dr. B got immensely excited, and immediately related these theories to work with a particular patient, a patient whom she often experienced as biting and devouring toward her. She said the patient was always trying to get inside of her and eat up her insides. She

reported back to the seminar group that the concept of "envy," and of the negative therapeutic reaction due to oral aggression, had helped her immensely with this particular patient. She expressed gratitude toward me as the "seminar me."

Meanwhile, back in supervision, Dr. B's rage toward me was building up. When it exploded, she accused me of paralyzing her with Kohut's empathy. After she expressed her feelings, we took a look at what was going on with her and her patient. I indicated various possibilities for how she might be appropriately confrontational with the patient, indicating that she could be more aggressive in dealing with the patient's hostile and aggressive acting out. She felt liberated, and immediately rectified a tenuous relationship with the patient, reestablishing the treatment. Now free to use her aggression, she was truly able to be empathic with the patient and to feel some compassion for his narcissistic vulnerability.

At this point, Dr. B's aggressive attacks on me ceased, as well as her reaction formation compliments to me.* She began to express genuine gratitude to me. She told me that she really appreciated that I had never told her what to do, a revised view from that related to her earlier creation of me as a coercive object, who had forced the Kohutian theory down her throat. Now, she said that I both highlighted the dynamic of her problem and modeled alternate ways of responding to the patient's needs. She said that my nondirectiveness, combined with questions and interpretive guidelines, helped her to be less directive and controlling with her patients. Also, she expressed gratitude for the freedom to experiment with her own therapeutic style. With this display of gratitude toward me as her supervisor, Dr. B was repairing the damage to her internal object, and thus healing it and making it whole. I was no longer split into two parts, as teacher and supervisor, and more importantly, as an aggression happy Kleinian and a reaction formation Kohutian. I became a whole person to her.

The supervisee's reparations to me were only part of the object relations working through of supervision. Her reparatory gratitude to me did modify her envy and aggression toward me, but it was also accompanied by realistic criticism as well as by a disclosure of negative thoughts about me that she had formerly concealed. She told me that formerly, she had experienced my nondirectiveness as distance, and it had made her feel alienated from me. She said that now she could appreciate the learning process that had come about through my nondirectiveness, particularly as I could model possible approaches without telling her what to do. She also said that she liked it when I became more confrontational with her, and she articulated her desire for more of that. She, thus, revealed her dislike of my earlier listening style.

In her expressing her grateful, yet critical evaluation of me, Dr. B seemed to be mourning and working through her split internal object representations of me. The integration process allowed her to separate herself more from me, and to integrate her own self-representations of aggression and empathy, forming her own therapeutic style. Being that some of her problems with her patients had related to a blocked mourning process, her expression of rage to me had also broken through the barrier to her mourning for past lost objects, and the affect of sadness had emerged. Her affective experience of grief-filled loss seemed related as well to the integrative sadness of mourning that enabled the working through process to unfold. My supervisee's mourning and introjective working through combined to integrate the split internal object images of the supervisor.

* This aggression could be seen partly in terms of envy. Dr. B. was able to express her envy toward me directly to me at a later time in the supervision. Her own feelings of inadequacy as a psychotherapist were related to this envy.

Unlike with Dr. H and Dr. B, with many supervisees, the internal world is not as apparent. With many of my supervisees, my ideas seem to be internalized without any manifest fantasies about me, or images of me. Nevertheless, within the supervisory relationship of these supervisees, there were definite moves toward increasing contact, increasing openness, increasing sharing, and increasing depth of thinking. One particular supervisee began bringing in articles to show me, and related them to theoretical issues we had discussed in response to the clinical work. She also began asking me questions related to issues that had come up in her psychopathology class, and then said, "I wish you were teaching the class!" All this seemed to be indicative of an internal process in which an inner object image of me was forming. Perhaps my ideas were becoming part of a more advanced superego, which is a latency age superego, where abstractions are integrated into the cognitive self from parental figures, as opposed to creating internal dynamic and personified objects.

I have observed that sometimes, earlier superego states are more prominent in supervision, and sometimes, later ones are more prominent. Fantasies of the supervisor as an internal object may be forthcoming with some supervisees, while discussions of the supervisor's ideas will be exclusively expressed by other supervisees.

Often supervisees refer to a sense of safety in the supervisory relationship, some talking about the growth of a holding environment atmosphere, and others ultimately revealing that they have held back due to negative images of the supervisor that they have been reluctant to discuss openly. Positive and negative transferences are revealed. However, a sense of holding the supervisor consciously inside as an internal object is less often discussed. Sometimes, supervisees have alluded in a more general way to having me inside them when they are working with patients, and feeling a sense of protection from this. Of course, the counterpart fantasy of me hovering over them to evaluate their every move is also frequent. The latter group of supervisees may be generally using their own observations of whether they are doing things "right or wrong" as a defensive warding off of being with their patients and of experiencing their countertransference anxieties. The fantasy of me as a protector or ally is generally conveyed by supervisees who have some awareness that they are feeling anxious about the experience of being with the patient and what it brings up in them.

SUPERVISORY CASE #3

At a point when I had supervised Ms. L for just over a year in her work as a psychotherapist, she told me that she had just thought that I was going to tell her that I didn't want to continue working with her. She revealed that she had fantasies of me being annoyed and frustrated with her behavior, as she had recently canceled a sessions, and she thought that I would see her as irresponsible and uncommitted. Ms. L thought I was serious about my work, and that I would not want to indulge her lax manner of commitment. I was quite surprised by Ms. L's view of me at that time, since I was actually feeling quite warm and friendly toward her, and I was enjoying working with her. As we explored her fantasies about me, Ms. L revealed that she associated her view of me as stern, demanding, and highly critical of her to an image that she had in a dream during a period of psychoanalytic treatment earlier in her life. Her dream was of the Statue of Liberty. She related the figure of the statue both to her former female psychoanalyst and to an earlier image that she had always been subliminally aware of carrying in her mind—an image of a stern parent figure who took her to task for her lighthearted and careless ways. She volunteered that this image of a parental taskmaster had absolutely no resemblance to either of her parents (Obviously, this conscious impression could easily be contradicted by unconscious imprints of a toilet-training mother or a stern mother of the separation era.). Ms. L said that her mother was as sloppy

and haphazard about her commitment to professional obligations as she herself was, and that she could not recall her mother ever acting like a disciplinarian with her.

She believed this image of me as the Statue of Liberty taskmaster was merely related to an internal parent, which she had created, perhaps out of her anxiety about not following through on things. She began to discuss her own fears that she could not commit herself to the work that she was supposedly choosing as a psychotherapist. She revealed that she had thoughts of doing many other things.

Gradually, through the process she reported to me of doing her clinical work, we were able to see how her reluctance to commit herself to being a therapist related to fears of her patients' perceptions of her. Some of her fears related to being seen by her patients in the same manner that she had been perceiving me. She felt uncomfortable with the thought that her patients might perceive her as a Statue of Liberty taskmaster mother. She confided other fears as well as we discussed her clinical work with a patient who was just beginning to open up to her feelings of depression. She was anxious about the depth of her patient's vulnerability in her sadness, and initially interfered with the patient's beginning surrender to her feelings and needs. At that time of anxiety, it was as if she wanted to become a Statue of Liberty to avoid being overwhelmed by her patient's dependence on her and to avoid feelings of depression that she feared her patient's anguish might provoke. There were hints that there might be a deeper fear as well that she and her patient could dissolve together into endless grief-laden sadness.

Over the course of Ms. L's next year and a half of supervision, the projection of her internal object image onto me, as the supervisor, became a landmark for investigation of Ms. L's countertransference anxieties with her own patients. The view of me as a demanding, rule oriented figure cropped up again just after a period in which Ms. L was reacting very positively to our sessions, and as she was integrating the clinical discussions we had had with theory and applying her understanding to her work with her patients.

Ms. L had decided to enroll in a course I was about to teach at her institute. In an initial class session, I had to inform the class about a 15-minute late commencement time, which I had believed had already been discussed with the students. I had only volunteered to teach the class if this time arrangement could be instituted, so when the students in the class seemed reluctant to have the 15-minute change, I went around the room, asking each student if they still wished to take the class. Apparently, this was experienced as being "tough" by at least one member of the class, and when Ms. L came into supervision in the next session, she spoke of me being rule-oriented, unlike herself, and she implied that I was being depriving as well as demanding. We started to discuss her prominent need at that point to differentiate herself from me, and from all that I was standing for. The next week she recalled the Statue of Liberty image, and she could relate the material she was learning in my class about separation-individuation to her own and her classmates' symbiotic wishes in relation to me.

Later she commented, indicating her changing view of me, that I seemed to be asserting my needs to the class that first session by implying that if I could work so late, so could they. She was very receptive both in class and in supervision at this point, and became extremely enthusiastic about what she was learning from me. She began to accept her patients' guilt-provoking accusations toward her as part of her patients' therapy process. She also began identifying herself more and more as a psychotherapist and psychoanalyst, and she felt increasingly committed to the field and to the institute, which she had formerly felt like pulling away from. As she could accept the anger from one patient, she could also allow her patient to experience a guilt-laden depression, which had been hidden behind the patient's

accusations toward her. She was able then to accept her patient's pain more as she became less afraid of being blamed for it, and the patient, who had formerly resisted increasing her session time, agreed then that she needed to come more often. During this period, Ms. L made a decision to go back into psychotherapy as well, having been out of it temporarily.

In this way, Ms. L's work as a therapist deepened, and her own commitment to the work grew. She became more independent of me, and trusted her own personal style and her own judgment more in relation to her work. She also showed sustained enthusiasm for all she had learned from me. In expressing her gratitude, she further shared with me her thoughts about the reading we had done in class and about how she had applied her reading to understand people in her life. Ms. L became ready to say good-bye and move on to another supervisor, as well as on to a new therapist. She left with some comments about having become free of her mother as she became more free to be herself and to work out her own personal guilt. Upon parting, I told Ms. L that I thought she could feel that I had really enjoyed working with her, even though she used to think I wanted to get rid of her. She laughed and said, "Yeah! The Statue of Liberty!" as she headed for the door.

REFERENCES

Fairbairn, W.R.D. (1952). *Psychoanalytic studies of the personality.* Routledge & Kegan Paul.

Freud, S. (1917). Mourning and melancholia. *Collected papers* (Vol. 5). Basic Books.

Klein, M. (1940). Mourning and its relation to manic-depressive states. *Love, guilt and reparation and other works 1921-1945*. Hogarth Press, 1980.

Ogden, T.H. (1986). *The matrix of the mind.* Jason Aronson.

Segal, H. (1952). A psychoanalytic approach to aesthetics. *International Journal of Psychoanalysis, 33,* 196-207.

Segal, H. (1973). *Introduction to the work of Melanie Klein.* Hogarth Press.

Segal, H. (1981). *The work of Hanna Segal.* Jason Aronson.

Segal, H. (1987). The Klein-Bion model. *Models of the mind.* International Universities Press.

Winnicott, D.W. (1965). *The maturational processes and the facilitating environment.* International Universities Press.

Winnicott, D.W. (1971). *Playing and reality.* Penguin Books.