

*In most, abated or suppressed;
in some, Through every change of growth and of decay,*

Pre-eminent till death. - William Wordsworth

I remember the day, fairly early on in my analysis when my analyst first recited poetry to me. I had a dream with five zombies in it, which I associated to my siblings and myself. I shared, "I feel so overwhelmed by the deadness I experience in my family, so many of us struggling along in life without considering the possibility of another way. No one has sought any therapy except me," I exclaimed, as if this pronouncement might move someone into action. He responded, deadpan, saying he believes there are two paths in life: growth and development or death and stagnation, then went on to quote William Wordsworth from *The Prelude*. He nearly got up out of his chair to retrieve the book in a nearby closet just to make sure he got the lines right. The lines describe the given nature of growth at the beginning of life, but points out how growth does not, necessarily, continue psychically throughout our lives. *In most abated or suppressed, in some, growth and development present 'til death*. Think Erik Erikson's last stage of life, Generativity v.s. Stagnation. I remember feeling both surprised and touched by his intervention. Not sure what I was more touched by, his words about the two paths in life or that he quoted poetry, but both have had a lasting impact.

When put starkly, he made it sound easy. Choose life, not death! Of course! But much like anything in life, it's easier said than done and involves a whole lot of gray. Simplicity can miss the nuance and complexity that real living involves. As many of us have come to know, choosing a path of growth is hard won. Life lessons include failures, and development is not a given. It's the hard work of looking in the mirror and

willingness to discover parts of the self in need of growth. A willingness to learn what we have come to believe about ourselves that keeps us from fully living. The difference between life and death is found in striving for a conscious life while remaining heartshaken and awe-struck by our unconscious life and all the ways it defines who we are and how we live.

I suspect I view my job as a bit of a calling. Not that I am so talented and gifted that the profession needed me to become a Psychoanalyst. I'm quite aware I'm not that self-important. But I do think the job of psychotherapy requires particular someones. By that I mean, the profession requires people devoted to their own growth and integrity. We can only take our patients as far as we have gone, as the old adage goes, so we must do the hard work of internal excavation and self-honesty in order to be effective analysts, therapists, and supervisors. The internal plunge involved in facing one's fears, griefs, and self-protective ways that keep one from fully living. Becoming a therapist requires choosing a path committed to learning about ourselves and all our parts that call us into whole-hearted living.

This paper is a bit of a credo, a personal credo about growthful supervision. After 11 years and thousands of hours of supervision, I have come to believe in these necessary components involved in a growthful supervisory relationship. These ideas are not new per se, they are engendered in what it means to be a growthful human being, but have a specific role in the supervisory process. These meanderings are the outgrowth of this experiment we have called the supervisory matrix, and more specifically, my time spent in individual supervision with Taz. I am purporting that overseeing and facilitating the birth of a clinician involves critical components that, given

their presence do not guarantee growth, but certainly set up the possibility for optimal growth. To say it another way, these faculties must be present in a supervisory dyad in order to help a clinician grow but their mere presence don't *make it happen*. And there are way too many uncontrollable variables that are also present in a supervisory dyad that fall outside my list that directly contribute to ones' growth and development. Not exhaustive but to name a few – group supervision, one's maturity level, one's temperament and biological nature, one's personal therapy – are all critical components involved in this process but they are not what I am addressing in this paper. Nor am I attempting to define what growth looks like; that is a more complex and abstract conversation than any one paper or book could hold. In what I am highlighting as conditions for growth, I am positing are faculties necessary for growth. And, as it is implied and I will explicitly state, my presupposition is that these qualities are born out of an intimate relational encounter with a safe, attentive other, like a parent might nurture her child. My list, in no particular order, is as follows: Capacity to love, Capacity to feel and think, Capacity to need, Capacity to believe, Capacity to recognize dimensions of time, and Capacity to stay present.

Deep calls to Deep

When I first met Taz, I knew I was sitting in front of someone with a rich interior life. Someone who actively nurtured her internal world in a way that allowed her to enjoy fine company with herself. Someone who had developed the capacity to be alone and pursue her own curiosities. I can't explain why I knew this, but somehow, I knew that her inner life was born out of the pain of going it alone. Author Elizabeth Gilbert's comment about curiosity comes to mind here – "Your life itself becomes the work of art — not so

much contingent upon what you produce, but about a certain spirit of being that is a lot more interesting and also a lot more sustainable.” Taz had developed a quiet resilience that clearly had sustained her journey, while pursuing her own vitality. And that vitality was palpable when we first met. She was admittedly excited to begin individual supervision with me. And her excitement to plunge the depths and excavate all things unconscious delighted me.

At MHT, we have taken the time to name each room, apropos to something unique about that particular space. Taz and I met weekly in what had been named the meditation room. I’m not sure why it got this label but it is the smallest room in the office suite located between two larger offices, so it seems to invite a softer voice mindful of others in the surrounding offices. Stepping into the office to meet Taz felt like stepping onto holy ground, a sacred space where I was invited to quiet down and pay close attention to the interior. Taz contributed to this scene, the way she conveyed her work with her patient demanded trust and respect - the time and space was venerable, quiet and full of potential. I felt as though we were about to engage in a dialogue exploring new frontiers, neither of us knowing where we were headed but open to a going that seemed pregnant with transformational possibility, full of all things necessary for one to be restored to wholeness.

Capacity to love

“You think you are alive because you breathe air? Shame on you, that you are alive in such a limited way. Don’t be without Love, so you won’t feel dead. Die in Love and stay alive forever.” – Rumi

As therapists and analysts, love is our beginning, our ontology. Warmth, empathy, and unconditional positive regard, the Rogerian Triad, is the foundation of any

training program in clinical work. We first learn to sit and listen to our clients without judgement, with unconditional compassion. Ten years after my introduction to these basic ideas, I was in one of my seminars for analytic training and one of my instructors asked our class what were we looking for in deciding to work with someone. We all stumbled on the question...what was he asking? Is he asking about analyzability? Goodness of fit? We all offered some answers but they fell on fallow ground. Then one of my classmates boldly said, "I have to like 'em." Our instructor smiled knowingly, as he said, "I don't work with anyone I can't love. And, I would advise you, to only work with patients you love." The wisdom of his advice immediately sank in as I reflected on his implicit advice – *this is really hard work and you will need to love your patient in order to get through the difficult times*. Loving my patients took on a new meaning in that moment.

Our supervisees need our good old wholesome love. There was a period of time in supervision with Taz when she was particularly vulnerable and in need of loving support. My sense was that Taz was crumbling under pressure, feeling exposed and overwhelmed with the task set before her – to share in intimate detail, her work with her client, her process in the group supervision, with myself, write about it, and share it with a larger audience at a conference in Lisbon, all the while she was helping her client in her weekly sessions. She was feeling it from all sides. During this period, it felt so important to me to step in and offer her loving support, to help her hold together and remind her of the good work she was doing with her patient. To remind her of where she had come from and how much she knew. I found myself moving in and out of offering her gentleness when I sensed her fragility, overwhelm or confusion, and firmness when

I sensed her need to remember her own strength. I wanted to let her know I was a loving other who wouldn't let her fall apart, and if she did, that I would hold her in it all. I believe Taz needed to discover my capacity to love her unconditionally and be on her side through it all.

Other times, I would hear or read what she had been learning in group supervision and it was during those times that I would feel so glad for the kind of learning that was going on with the group, and also intimidated by it. Is she getting what she needs from me to gain insight into her client and into herself? I worried that a better fit for individual supervision was Michelle, not me. I would talk myself back to center when they showed up, and remind myself that all had been set up as it should be. I wanted to do what I was asking of Taz, to know and not know at the same time, to be loving and understanding when she didn't know. I needed to be loving toward myself to hold true to my task as supervisor. We can't do this work without love. We wouldn't survive it.

Capacity to Feel and the Capacity to Think

The Glory of God is the human being fully alive – St. Irenaeus

Early on in my training, my first supervisor corrected me when I said, I was trying to help my patient feel. "You are helping your patient think," she said with a slight scowl on her face. This left me feeling perplexed and shamed. Wasn't I trying to help people feel their feelings? I didn't see anything wrong with helping someone think, but was this really what we were *primarily* after? Weren't so many patients coming in because they had childhood experiences that negated their vulnerability? Dismissed their emotional worlds? Weren't they looking for a safe, trustworthy other to share their deepest pains

and wounds that hadn't yet been shared with another human being? Wasn't their avoidance of painful feelings the cause of their symptomatology impairing them in their life?

Psychiatry is a study of the mind. We want to know how the mind works...to gain an understanding of how we think about things, or can't think about things. Our mental life houses so much of our angst and impairment, potency and grandeur – the location of our mental health. The capacity to think is central to our work and our lives.

And, there is a danger in the field that we don't talk about enough. It's a very simple oversight and yet has massive implications for our impact on our clients, and I believe our world. We over-emphasize the head over the heart. We spend hours and hours on end talking about theory, theory that requires heavy duty thinking, which is indispensable in our work, and yet, overlooks how important it is to help our patients develop a robust emotional life. To be able to feel the full range of one's emotional life is emotional health. It allows one to feel the fullness of our human experience, without having to cutoff or deny what we have gone through. We have learned that developing the capacity to bear what it means to be human and name what it is we feel, somehow allows us to feel freedom within ourselves and our lives.

The way I have come to think about these two capacities is through theory of mind – the question of how a mind comes into being. My approach to this question is at its core, developmental. We begin our lives as an infant, all feeling, all body. We feel first, and then a couple of years into things, we start the process of symbolization, naming things. We begin learning to think with our feelings informing our thinking. This idea is central to our understanding of anxiety. Anxiety is a data point telling us

something is wrong. It tells us what to do if we encounter a bear in the forest – our anxiety informs us that we ought to do something to protect ourselves. Pain is immediate and automatic when we touch a hot stove. Our feelings are information about our experience. If we can feel, we can then think about what to do.

I believe my work as a supervisor is to help my supervisee make room for all her patient's feelings, which requires her to grow her capacity to *have all her feelings*. I know no way to do this but to welcome them when they come. To provide the space to allow her to work her emotional muscle by feeling what she feels in relationship with her patient. This was crucial in my weekly work with Taz, so she could do the same for her patient. Helping Taz listen to how she felt in the countertransference, helped her learn more about what was going on.

In the past couple of years, I learned the definition of living a contemplative life is someone who allows her head to sink down into her heart, so she can think from within her heart. I love this image and think it is very helpful in what we are trying to do as analysts/therapists, and what we are trying to help our supervisees and patients do – integrate their emotional experience so they can know what they think.

Capacity to need

To live in this world, you must be able to do three things: to love what is mortal; to hold it against your bones knowing your own life depends on it; and, when the time comes to let it go, to let it go.
- Mary Oliver

Admitting we have needs, that we need to know something or learn something, means we have to admit we don't know what we are doing. It requires we "go public" with our lack of knowledge and experience, confessing we need help navigating new frontiers. Admitting we have needs, which allows us to be on a path of growth and

development, immediately threatens our sense of competency. Pits our sense of accomplishment against all that we have not yet done. This is the problem of being human and this is the problem a young clinician faces. The pressure to demonstrate what you know is automatic and unmistakable as you begin seeing clients. You are expected to carry yourself in and out of the consulting room with a stance and clinical attitude that convinces your supervisors and superiors that are you capable enough, competent enough to see patients and do good work with them. This is the paradox of competency and growth.

Emmanuel Ghent's concept of surrender helps to elucidate what I mean by the capacity to need. In his formidable 1990 paper he defines Surrender, distinguishing it from Masochism and Submission, as "the expansion and liberation of the self, the letting down of defensive barriers, and the dismantling of the false self." He says surrender is "a listening for the longing for the new self – the birth of the true self, the true therapist." This process, he says, requires finding another whose presence is so total and affirming that we will take a chance on this, *being in need of another*. In this vein, the supervisor is an excuse for the supervisee, "an ally for true self to come forth." It was clear to me in Taz's developmental process, she needed an ally, allies, for her true clinical self to be born. Taz needed a supervisor to become real with, someone to be open-hearted and transparent in all of her weakness, blind spots, and competencies, for her growth, and her client's growth. She needed to unabashedly depend on me and believe I would be there, holding her growth and development in my mind and heart.

Capacity for faith

How do we account for the fact that a patient remains in a relationship with another person for the express purpose of dismantling his own self-image for a presumably “better” version that he cannot even imagine until after it has arrived?
– Phillip Bromberg (268)

As Taz and I began our work together about a year ago, I found how important it was to listen deeply and attentively to her. When she spoke, she seemed to choose her words carefully, economically, not saying anything just to say it. She wasn't about to say something just to fill in the silence for my sake or hers, to relieve any anxiety that might be floating around between us. I knew she was trying to put something into words vital and central to what she was experiencing with her client. At times, I felt intimidated by her careful and thoughtful way of naming what she was experiencing. Also, it didn't help that I knew of Taz's writing skills. I had been told by Michelle what a good writer Taz was, and I had also read some of her essays on the MHT blog. I was deeply impressed with her mind and obvious craft in weaving words together in a way that made deep important ideas accessible to all. My desire to be helpful to Taz propelled me into uncharted territory where it felt like faith that we would find our way was my only companion.

Michael Eigen wrote a formative paper about the centrality of faith in the psychoanalytic process that defines the kind of faith I am talking about. He cites Winnicott's Transitional Experiencing and Object Usage, Bion's "O" and Lacan's Real, Imaginary, and Symbolic to show evidence at how central this idea is to growth and development. He defines faith as "a way of experiencing which is undertaken with one's whole being, all out, with all one's heart, with all one's soul and with all one's might,"

elucidating his way of explaining a necessary developmental step in the infant's move toward authentic relating.

His definition of faith is so hyperbole. All of one's heart, soul and might, really?? Sounds a little extreme. Eigen states outright he didn't want to quibble over whether or not that kind of experiencing was possible, he wants to use this area of faith as a way of capturing what is required of oneself to truly grow with another. Maybe the fullness of the experience is more obvious when we are an infant in all our dependency and need, but we also need this kind of faith as an adult. Relating with another, in a whole-hearted manner, where all the parts of us are welcomed, requires this kind of faith if we want to fully become. Not a blind, stupid, (I use that word in the scientific sense rather than a moralistic sense), faith, but an informed, mindful faith, entrusting one's authentic becoming to a safe other. When we find another that has our growth in mind, who recognizes our vulnerability and need to become real, I believe we have a chance at participating in this grand experience of being human.

When young clinicians come to me seeking advice as to where they ought to continue their training, I always say, seek a place based on who you want to be supervised and trained by. These people will directly impact your growth and development. In supervision with Taz, I recognized her profound vulnerability and faith in my capacity and integrity, to lead her into growth. I felt the humility and self-responsibility to be someone along her journey who believed and assisted in her becoming in a whole-hearted manner. As supervisors, we must be this all-in-midwife to our supervisees.

Capacity to recognize the timeless nature of growth

*“You were born with potential. You were born with goodness and trust. You were born with ideals and dreams. You were born with greatness. You were born with wings. You are not meant for crawling, so don’t. You have wings. Learn to use them and fly.”
~ Rumi*

Phillip Bromberg describes the work of every session as “Two people each trying to keep one foot in the here-and-now and the other in the linear reality of past, present, and future.” (chp 17, 268) The phenomenon of timelessness is further addressed by Bollas (1989) and Ogden (1989) who have each developed the idea of historical consciousness as a mental capacity that must be achieved. Ogden writes that, “it is by no means to be assumed that the patient has a history (that is, a sense of historicity) at the beginning of an analysis. In other words, we cannot take for granted the idea that the patient has achieved a sense of continuity of self over time, such that his past feels as if it is connected to his experience of himself in the present.” (191)

The dimensions of time are present in every session. In my experience as a supervisor, when a clinician is greener, it’s harder to identify these dimensions of time, to see the way the past and future infiltrate, and hijack the patient’s present. This is the work of learning to listen to the unconscious, the storehouse for these time zones. As a supervisor, I saw my role with Taz as one of seer and listener, one who is able to listen to the ways the past, (or future), show up in the present, conflating the present experience with unprocessed trauma, compounding our feelings to a level of intensity that doesn’t quite line up with the circumstance of the present moment.

Capacity to stay with what is

*We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.*

-T.S. Eliot

The psychotherapeutic relationship is ancient, ordinary, and mysterious. Human beings have been sitting and listening to one another in growthful relationships since the beginning of time. I think it's of critical importance to remind ourselves of this, as to not elevate psychotherapy or psychoanalysis to some novel or gnostic status. The kind of relationship we are cultivating in analysis are at their best, human and, at their worst, human. And what we have come to learn about human relationships is that they are both are greatest source of pain and our greatest source of healing. At times, in my work with Taz, it was critical to remind Taz of the basic nature of what she was doing – sitting, listening compassionately and mindfully to another human being who longed for growth and wholeness. There was sanity in recognizing her own limits, her patient's limits, and the limits of what could happen between them in any given hour. This was both a tremendous relief and notably empowering to Taz. When she could allow this to be her starting place and docking place, there was a substantial competency she could reside in with the rest of humanity.

Conclusion

*Go all the way with it.
Do not back off.
For once, go all the goddamn way
With what matters.
-Ernest Hemingway*

Once we start down the path of growth, it's hard to turn back. I'm sure we've all heard it said to us by our patients – *I wish I could turn back. My old defenses don't work anymore. Everything hurts. Nothing helps.* It's usually at this point when there is no going back to one's old coping mechanisms. The only thing provides any sort of balm at this point is leaning into and using the therapeutic relationship to help bear what we are

feeling. As painful as it is, this is a point when we know true growth is happening. We are traversing new terrain beginning to bear what we feel with another's help. We are learning to depend on another in the way we were originally meant to, sharing what we are experiencing inside and being received in a loving mindful way in what we need. We are experiencing something much like when therapist Sylvia Boorstein says, "Sweetheart, you are pain. Relax, take a breath, Let's pay attention to what's happening, then we'll figure out what to do." We are experiencing our humanity at its best.

Growth is a relational affair. A communal experience. We need one another to learn and grow and become. We need to depend on and learn from others who have developed the capacity to love, think, feel, need, believe, recognize all that the present holds, and stay with what is in order to become who we are meant to be. These faculties are critical in helping a young clinician become equipped to sit with another human being in their deepest pains and help them find their way on a path of growth. A path of whole living. The path toward being fully alive.