



RESEARCH ARTICLE

The Inevitability of Countertransferential and Other Personal Responses in Psychoanalytic Education

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ABSTRACT

Establishing and maintaining an open dialogue with candidates about their progress, which is crucial to providing feedback that optimally enhances candidates' growth as analysts, may be compromised by multiple factors. The role played by faculty members' countertransferential and other types of personal responses will be emphasized. Such responses are inevitable – at one time or another, and to a lesser or greater extent. Becoming aware of and comfortable with the ubiquity of these phenomena and being familiar with common signs of their interference in the educational enterprise are key to effectively reducing their sustained impact. Two recommendations are made to assist in this process. One is ensuring that faculty members are familiar with these issues, including their inevitability. The second is building in forms of consultation to bring these phenomena to awareness.

Introduction

Evaluation of psychoanalytic candidates in the service of assisting their development is an essential component of the educational process. Optimally this includes regular, thoughtful, clearly articulated and frank dialogue with them to convey their degree of progress in developing psychoanalytic competencies and clinical immersion. This approach is in dramatic contrast to making judgments that are not grounded in educational objectives -- ones defined and agreed upon in a particular institute community -- and that are not openly shared with candidates.

Although establishing and maintaining an open dialogue with candidates sounds straightforward, in reality there are factors that may significantly compromise this aspect of a candidate's educational experience.¹⁻⁴ Here I will focus on one of them: the role played by faculty members' counter-transferential and other types of personal responses to candidates. Although such responses are inevitable -- at one time or another, and to a lesser or greater extent -- their sustained impact can be mitigated by two practices. One is ensuring that faculty members are familiar with the inevitability of these reactions, their multiple sources, and signals of their presence. Despite being robustly explored in the literature for decades, many psychoanalytic educators remain unaware of at least some of them. Perhaps this is because we don't like to think of ourselves as having potentially deleterious personal reactions to those with whom we have significant and highly valued relationships. We are quicker to observe these phenomena in others than in ourselves. The second is building in forms of consultation to bring these phenomena to awareness. Both are crucial to providing the kind of feedback that optimally enhances candidates' growth as analysts.

Professional Experiences That Provide Context

A variety of experiences in psychoanalytic education have highlighted this subject. Foremost among them is as a faculty member at the Psychoanalytic Association of New York (PANY) since 1990, more specifically as a seminar teacher and analytic supervisor; administrator of the Psychoanalytic Case Development supervision component of our program since its introduction in 2005; as collaborator with seven other faculty members from 2011-2013 in a task force to create explicit criteria for graduation; and as participant in progression discussions as Student Progression Committee Chair in the course of nearly eight academic years. In this context I personally reviewed -- or heard other advisors' reviews of -- supervisors' and instructors' written evaluations of candidates, and supervisors' participatory comments.

Outside of PANY I have been a member of two pertinent study groups -- one for progression chairs of APsA institutes led by Colleen Carney and sponsored by the Board of Professional Standards from 2013-2015 and the other sponsored by the IPA for Training and Supervising analysts. Since 2020 I have also chaired the Progressions Committee of the American Psychoanalytic Association's Department of Psychoanalytic Education,

composed of Chairs of Progression of many institutes in the USA.

I will begin by describing personal experiences in some of these contexts that catalyzed my attention to this issue.

CHAIR OF STUDENT PROGRESSION COMMITTEE

When I began to chair the Student Progression Committee in the fall of 2011, I requested of the Education Committee that we embark upon a process of reconsidering the institute's existing graduation criteria. They were confusing in some respects and not clearly reflective of well-elaborated educational objectives. A multi-generational task force was created for this purpose. We began this project by reflecting upon and articulating what we expected of candidates considered ready to work independently. This led to the elaboration of a framework of psychoanalytic competencies that facilitate the emergence and deepening of an analytic process. Some years later we reconvened with the very challenging goal of describing characteristics of deepening analytic work in an effort to define what is meant by the development of analytic process. The immersion criteria that existed prior to the task force's work included quantitative indicators (e.g., number of supervisory hours or number of months of analytic work) that did not speak to analytic competencies or immersion, but had nonetheless become the focus of many candidates' attention because they provided concrete markers of what "counted." Furthermore, although the importance of developing an "analytic process" was referenced in the former graduation criteria, the meaning of this phrase had not been defined.

One natural outgrowth of the Task Force's formulation of a competency framework was the creation of an outline for written supervisory reports, intended to elicit comments about a candidate's progress along the newly-defined trajectories of psychoanalytic competencies; later immersion criteria were added. For candidates to be clear about and benefit from their supervisors' views of their progress, written evaluations needed to be shared with them in full. Hearing weekly oral feedback is quite different from reading a supervisor's written commentary addressing progress, or the lack thereof, over a larger swath of clinical work. Because some supervisors had not done this routinely, we introduced a mandate reflecting the belief that sharing written reports enhances an atmosphere of respectful transparency with the mature professionals we train and also serves as a platform for supervisor and candidate to formulate mutually agreed upon areas to address in the next period of their collaboration.

Only in retrospect did I realize that it was remarkably naïve not to anticipate the wide variety of responses to this mandate. Some supervisors were extremely reluctant to embrace even the policy of *writing* reports of this sort, much less of *sharing* them in full. Previously a portion of supervisors had focused instead on the patient being treated, with minimal attention to the

candidate's work, while another cohort had written quite critical comments about the candidate's work and left it to the advisor to convey this unwelcome news. The latter group claimed that doing so directly would seriously compromise the supervisory relationship. Still another group embraced the newly-defined process with enthusiasm, reporting that the guidelines were very helpful in catalyzing them to more incisively reflect upon and write about candidates' progress and convey these reflections to their supervisees. Others had always shared their feedback in the manner that was newly mandated. I was among the latter group, having had the far less than educationally optimal experience as a candidate of hearing -- only from a third party and with great delay -- what I would have welcomed as constructively critical supervisory comments, had they been shared with me directly. One particularly dramatic (and in retrospect absurd) example was a highly respected senior supervisor, with whom I thought I had an honest relationship. He apparently thought I had not sufficiently addressed particular reactions of my patient to my pregnancy. It was more than six months after the birth of my child that I finally learned about this from my advisor (not my supervisor), well beyond the point that would have enabled me to make use of it to help my patient.

To better understand what I initially found to be very surprising objections by some supervisors -- among them some of the most esteemed and senior -- I turned to the literature. There I discovered a wealth of pertinent contributions to the subject of supervisory conflicts about effectively formulating and communicating feedback, most of which had been published in our major journals long before. One dated as far back as 1981, and several were published in the 1990s. I reflected on how unfortunate it was that I had no exposure to these papers as a candidate, or as a faculty member preparing to become a Training and Supervising analyst. In hindsight I was also surprised that I did not independently pay attention to these contributions when reading contemporary journals.

IPA WORKING PARTIES AND A PAPER THAT GREW OUT OF THEM

The impact of supervisors' personal responses on their evaluation of and communication with candidates was further underscored as I participated in 2013 in an IPA Working party entitled "End of Training: The Mind of the Supervisor" (ETE for short). This annual working party originated in 2004 and takes place to this day. It was catalyzed by Tuckett's observation that training and supervising analysts who attended an international meeting in which they were asked to convey the criteria they use to make decisions about graduation were rarely able to articulate these criteria. Tuckett, in his paper provocatively entitled "Does Anything Go?"⁵ proposed an evaluative framework and called for others to implement and revise it according to the needs of their educational settings.

It may be helpful to know that the standard format of all ETE working parties is as follows: A group of psychoanalytic educators -- all of whom are also

analytic supervisors, and many of whom are present or former chairs of their institutes' progression committees -- meets for two consecutive days. On each day, one analytic supervisor presents detailed process notes of two supervisory hours with a particular candidate, as well as his or her reflections on that hour. Since most of the candidates whose supervisory hours are presented are well along in training, the subject of readiness for graduation is likely to be on the minds of both candidate and supervisor, even if not addressed explicitly. Group discussion focuses on the criteria supervisors invoke, implicitly, to form impressions of readiness for graduation. Despite this stated agenda, discussion in the group I attended repeatedly touched upon the many factors that reflected and contributed to transference/countertransference elements in the complexity of each supervisory situation.

In 2013 five of us who had participated in one or more ETE working party meetings -- Lena Ehrlich, Nancy Kulish, Margaret Ann Hanly, Margaret Robinson and myself -- met for a weekend retreat in which we reviewed multiple years' transcripts of meetings of this working party. As we did so, we clearly discerned the presence of a variety of transference/countertransference responses to the candidate and/or patient, as well as other personal reactions involving institutional pressures. These were especially powerful in two contexts. One was when the supervisee was an advanced candidate in whose mind the issue of graduation was active, and the second was when a candidate, generally highly regarded by others, was believed by the presenting supervisor to have considerable difficulty in some aspects of analytic work. I brought to my colleagues's attention my experience of difficulty in engaging some supervisors in communicating honestly with candidates, as well as the literature review pertinent to this subject in which I was then immersed.

Our retreat culminated in a paper⁶ in which we highlighted the universality of these countertransference issues and their multiple sources. These included external institutional demands and personal strivings of the supervisor, the supervisory triad, parallel processes, and a variety of countertransference responses to the candidate and/or patient (e.g., idealizing transferences to the supervisee, and identification with the patient). We also delineated signals of the intrusion of countertransference issues, and suggested "remedies" to diminish their undetected influence.

CREATING NEW APPROACHES TO INSTITUTE PROGRESSION AND THE LITERATURE

At that time I had already completed a first draft of a paper of my own about the educational value of candidate evaluation and the practices we had developed at PANY to undergird this process. It was eventually published in the International Journal of Psycho-Analysis (IJP) in the same year.⁷ This was based on my experiences at our institute, as well as comparative practices employed in other institutes about which I learned in the already mentioned thought-provoking meetings of progression chairs at APsA.

Excited by the edifying nature of the literature, combined with my experiences at PANY, the IPA Working Party and APsA, I tried to organize supervisors' meetings at PANY to share and promote awareness of these issues. It was discouraging to find that my efforts met with little enthusiasm. In retrospect I believe this reflected a reluctance to consider uncomfortable issues, ones that may be exceedingly problematic if unrecognized.

Countertransference And Other Personal Reactions Among Supervisors, Progression Advisors, And Course Instructors

I will now familiarize you with manifestations of countertransference and other personal responses within the supervisory relationship – a critical area and the one studied most thoroughly. I will then consider possible manifestations of such responses in other faculty roles, namely progression advisors and instructors.

SUPERVISORS

Manifestations of Countertransference and Other Personal Reactions in Supervision. Here I am expanding upon the review of the literature on manifestations of countertransference and other personal reactions in the Ehrlich et al paper ⁶ (of which I am a co-author), as well as drawing upon my experiences in psychoanalytic education. Broadly speaking the supervisory encounter may be compromised by three overlapping sources: (1) the inherent tension of the supervisor's role as teacher and evaluator; (2) the supervisor's relationships to the institute; and (3) other personal needs of the supervisor.

In her dual role as teacher and evaluator, on the one hand the supervisor stands beside the supervisee in exploring the patient's conflicts and appreciating manifestations of countertransference, transference and unconscious processes, encouraging creative reflection and open expression of uncertainty and errors. In this role, as Driver ⁸ so aptly puts it, there is a potential for "maternal preoccupation and a collusive pairing in which there is no critical position through which the dynamic of the relationship is considered and assessed" (p330). On the other hand, the supervisor must maintain, ...an objective attitude to the supervisee, and their work, in order to diagnose and evaluate the skills, competencies and abilities, or lack of, in the supervisee and to discuss this with them in order to enable the supervisee to identify the areas that they need to develop...[Such] assessment disturbs yet informs the supervisory process and can take us into the area of the shadow, i.e., "the thing a person has no wish to be" (p331).

In a 1981 paper Frijling-Schreuder et al ⁹ noted that such conflicts within the supervisor may emerge in even bolder relief in the context of reporting their assessments in writing. Another possible source of transference/countertransference elements is the supervisor's relationship to the institute. Several

manifestations are a proclivity for conscious or unconscious urges to compete with a candidate's analyst ¹⁰⁻¹³ or other supervisors or mentors of the supervisee, for example, those who espouse alternative theoretical points of view.¹³⁻¹⁴ Also important is a supervisor's wish to be well regarded by colleagues; this may manifest itself in difficulty disagreeing with the prevailing opinion about a particular candidate, especially that of a highly esteemed senior colleague.

A host of supervisors' personal needs that may compromise their ability to assess a candidate's competence have been elaborated in the literature.^{8,11,13} While these are usually discussed in the context of evaluating readiness for graduation, they equally pertain to formulating and sharing feedback with candidates throughout the course of training and/or sharing these assessments with other colleagues involved in the educational enterprise. A number of authors emphasize the supervisor's narcissistic, eroticized investment in supervising and/or in a particular candidate.^{10,15} D. Jacobs ¹⁰ noted, "Some supervisors with a persistent need for an idealizing and mirroring selfobject actively invite their supervisees to play this role" (p. 819). He cites one specific variation on these themes which is also described by Schlesinger:¹⁶

...[A]n unexamined need to present oneself as the good or new object in the candidate's life may lead the supervisor to overlook the erotic or aggressive, or even domineering, component in [encouraging] such helplessness (pp827-828).

In this regard it is not unheard of for supervisors to have favorites or least favorites¹⁷ and to attempt to "convoy" the progression of such candidates.¹⁰ Such motivations may be expressed in modifying the frame of supervision to engage with the candidate outside of supervisory hours, e.g., in the form of socializing.¹⁰ Other authors have highlighted competitive, envious motivations,^{10,14,18} e.g., the supervisor who derives exhibitionistic pleasure from overwhelming a supervisee with all the clever ideas that s/he can think of. Buechler ¹⁵ has described the supervisor who "wishes to be popular, and chosen by many candidates, [and] could forfeit a chance at a winning reputation by writing critical reports to the training committee" (p371). As Wiener ¹⁹ stated, when older supervisors nearing the end of their careers are averse to adopting clear criteria for assessing an applicant's readiness to work independently, "subjective and intuitive assessments alone give too much power to the elders, however experienced they are" (p172).

Another manifestation of concern with mortality is the supervisor who unconsciously wishes to secure his legacy via a particular candidate.¹⁰ Such a supervisor may experience recognition of a supervisee's excellent development as proof of his own skill or, conversely, problems in development or in work with a particular patient in terms of a sense of failure as supervisor.⁹ This can evoke feelings of helplessness, anger or disappointment, and a reluctance to indicate there is little progress.^{9,14} As Buechler ¹⁵ noted,

The supervisor may, then, feel that he has to get the candidate to 'do well' with the patient, so he

can write a glowing supervisory report and still maintain his own integrity. This can foster excessive needs on the part of the supervisor to control the treatment. In other words, the supervisor's capacity to be obsessively controlling will be evoked if he intensely needs the candidate's work to 'succeed' (p 371).

Signals of Supervisory Countertransference. The fundamental point is that we *all* have the potential to experience personal motivations, and cannot be expected or expect ourselves to fully extinguish them. However, being alert to these potentials is what we *can* and *should* ask of ourselves.

In our paper ⁶ we identified the following signals -- in the context of supervisory hours -- of the presence of supervisory countertransference or other personal responses:

1. Difficulty using one's customary criteria or those specified by the institute for evaluating a particular candidate;
2. Being more active/didactic or more passive/quieter than usual in supervisory hours;
3. Feeling anxious, stupid, bored or helpless;
4. Feeling angry at the candidate, e.g., more negative about his/her progress or more positive (as a reaction formation against strongly negative feelings);
5. Being excessively concerned about how other supervisors or faculty members view the candidate; and
6. Being reluctant to talk to the candidate frankly about areas of difficulty.

In the course of attending nearly eight years of Student Progression Committee reviews, I found ample evidence of this host of supervisors' transference/countertransference and other personal responses. Additional signs became recognizable in the context of supervisory reports and progression discussions:

1. Focusing on the dynamics of the patient rather than the candidate's work;
2. Writing brief or vague evaluations and/or only covering areas of strength;
3. Failing to write evaluations at all or to share them with the candidate;
4. Reluctance to respond -- whether positively or negatively -- to a candidate requesting feedback regarding progression or readiness for graduation;
5. Engaging in laudatory comments that depart from demonstrated psychoanalytic competencies and clinical immersion, e.g., asserting that a candidate has unrealized potential, has promised to stay in supervision post-graduation, or justifying limited immersion on questionable grounds, e.g., the candidate's actual or expectant parenthood; and
6. Demonstrating a proprietary attitude toward the supervisory relationship, seen in resistance

to being asked questions by progression advisors who are preparing for candidates' in-depth annual reviews. For example, when the most recent annual supervisory report has been written considerably before the review, the conscientious advisor requests an update of the supervisor's impressions of the candidate's development. However, as one advisor noted, "Some supervisors tend to be irritable and ill-tempered. They don't like that I ask them about the candidate's progress, as if it's private business."

Suggestions for Diminishing the Impact of Supervisors' Inevitable Countertransference and Other Personal Responses.

In our paper on supervisory countertransference, ⁶ we advised that a major corrective to impingement upon supervisors' evaluative functions is one or another type of 'third' that, in essence, provides consultation on the supervision. This recommendation was adumbrated by Gediman ²⁰ who cautioned about the absence of "scrutiny" of supervisory work, and Szecsody ¹⁴ who commented, "[S]upervision can become confidential without being secretive" (p379). Power, ²¹ in acknowledgment of the frequency or even ubiquity of distortion by supervisors' personal responses, advised, "The presence of the third (the institute) can and should be made transparent" (p380).

An institute's progression committee, if functioning effectively, contributes an important consultative, checks-and-balances function. Even though supervisory feedback is of the utmost importance in weighing decisions about progression and graduation, no single supervisor is legitimately in a position to decide when graduation is indicated. He or she does, of course, have a great deal to offer about whether the candidate is prepared to work independently with the patient about whom they consult.

The approach we developed at PANY beginning in 2011 enhances the consultative effect of the progression committee. The candidate's advisor summarizes the most pertinent issues regarding that candidate at his or her last review, and the status of the candidate's immersion and development of clinical competencies since that time. Then s/he defines the most important issues to be considered by progression committee members and the supervisors who attend the current review. Most supervisors benefit from hearing the experience of the candidate's other supervisors, as well as the advisor's integrative presentation of that candidate's progress and the issues most crucial for discussion. Oftentimes this process helps the supervisor clarify a concern that had not been fully conscious, but nevertheless one with which he had been struggling; at times this catalyzes him or her to take a fresh look at features of the supervisory experience and/or the candidate's work.

Supervisors' study groups can play an important role as well in bringing countertransference and other personal responses to awareness. Promoting familiarity with the many potential sources of intrusion -- and signals of such

intrusion -- in evaluating supervisees and communicating that evaluation to them is crucial. As Kernberg ⁴ wrote, [I]n addition to what we expect from a supervisor's honest exploration of his own general motivation and attitude, consistent concern about the potentially paranoiac aspects of all supervisory relations should be part of a genuine knowledge base and educational expertise of the supervisor (p192).

Discussion of challenging supervisory situations with fellow supervisors offers a great opportunity for consultative exploration. When groups meet over extended periods of time a sense of safety about airing one's struggles is likely to develop. Normalizing the existence -- in fact the inevitability -- of countertransference and other personal responses to candidates can help to promote reflection on these phenomena.

Countertransference and Other Personal Responses of Progression Advisors and the Committee Itself

With the exception of my paper, ²³ as far as I know published studies do not exist of the intrusion by countertransference and other personal responses on progression committee members' deliberations about candidates' development, or their impact upon the committee as a whole. Nonetheless it seems inevitable that advisors, like supervisors, have a potential for their personal responses to shape views of a candidate's progress in general, or readiness for graduation in particular. One can apply to advisors Junkers et al.'s ²² observation of the remarkable penchant for distortion evident when supervising analysts were asked to assess readiness for graduation using Tuckett's ⁵ competency framework:

That task, and so the frame, touches off quite deep and unwelcome anxieties that are necessarily encountered when we have to deal with issues of inclusion and exclusion from a group, [that is, graduation]. ²² (p300)
The following are common signals of countertransference on the part of progression advisors, including some that I have personally experienced when serving as advisor to a candidate:

1. Not thinking independently. One common manifestation of impingement upon advisors' evaluative functions is the impact of institutional transferences to esteemed, sometimes idealized, supervisors, especially ones who were valent during the advisor's own candidacy;
2. Being a champion of the candidate's readiness for graduation despite the fact that s/he has not met qualifications. Aspects of the advisor's personal history in striving for graduation and becoming a member of the faculty may be re-evoked. Typical manifestations of personalized responses are: emphasis upon extra-graduation criteria, e.g., a candidate's important contributions to the institute community in committee work, her leadership role in the classroom, her scientific contributions to the literature, or her motivation to participate in study groups. While understandably of interest,

such appealing and impressive characteristics are not direct indicators of sufficient clinical immersion and psychoanalytic competency to practice independently;

3. The advisor may experience wishes to be viewed as an exclusively kindly supporter and feel this is in conflict with her role as provider of balanced feedback. This conflict is especially pronounced when significant difficulties exist in the candidate's development of particular competencies and/or sufficient immersion. An advisor may wish to avoid being the object of angry feelings in general, or the overseer of educational standards in particular. In such a countertransference climate it is common to refer to this responsibility pejoratively as "being a policeman." This is especially true when the advisee's areas of difficulty were sources of distress and resentment during the advisor's own candidacy. A common example is chronic delay in completing annual process summaries;
4. Explaining away limited immersion by attributing a candidate's reluctance to engage in the necessary clinical work over extended periods of time to events in the candidate's life, e.g., actual (or expectant) parenthood. If the progression committee's consultative function to supervisors is to be realized, the advisor must be able to establish and maintain an independent perspective, rather than experiencing herself as a passive recipient of supervisors' evaluations. Especially when there are discrepancies among supervisors' perspectives, s/he must actively attempt to conceptualize why this might be. The possibility should be considered that comments may be exaggeratedly positive or negative due to a supervisor's countertransference or other personal responses. Alternatively, the progression advisor may study these ostensible discrepancies and detect and bring to awareness subtly converging trends of which individual supervisors may be unaware.

Ideally, when personal needs of the progression advisor unwittingly shape his or her perspectives on a candidate's progress, other committee members can serve a checks-and-balances role. Ultimately it is the progression committee as a whole, after discussing the advisor's report and supervisory comments, which provides the fullest integration of all material and, in so doing, serves a consultative function.

At the same time, the committee is not immune to personal responses, and members must attempt to remain alert to their presence and to monitor their distorting impact. A common distorting influence on graduation decisions is the wish to keep candidates happy, evident in urges subtly to waive educational policies. Examples are considering progressing candidates to later class years who do not meet stated expectations for clinical immersion, and/or overestimating the depth of the candidate's clinical

work. When such urges are enacted, the candidate is ultimately shortchanged. An important aspect of preparation for developing and sustaining an analytic practice is having experience – with the benefit of supervision – of being in the thick of stormy transference-countertransference encounters and/or the sense of confusion, stagnation, or pessimism that may arise in the context of the formidable resistances emerging in more advanced periods of analytic work.

COUNTERTRANSFERENTIAL AND OTHER PERSONAL RESPONSES AMONG COURSE INSTRUCTORS

I will now briefly comment on potential manifestations of countertransference and other personal responses to candidates among faculty who teach didactic courses. A common one in continuous case conferences is an instructor's competition with the presenting candidate's supervisor or even his or her analyst. This can take the form of comments about the incorrectness of interpretations without making clear that the instructor is espousing a particular theoretical perspective that differs from the one emphasized in the candidate's supervision. Alternatively, an instructor may convey subtle or not so subtle deference to the supervisor who is an esteemed older colleague. Untextured written reports about the candidate's class performance that are entirely negative or positive also suggest the presence of such personal responses.

Case Example

I will now offer an example of how the above-described, unrecognized personal responses of a supervisor compromised the educational experience of one candidate until their impact was recognized and addressed. This case illustrates the potentially problematic impact of a supervisor's "halo effect" (exaggeratedly positive view of a candidate's abilities deriving from the supervisor's personal needs) and the checks-and-balances function the progression committee can serve.

Dr. C's rocky start in training, during which she was viewed as a somewhat idiosyncratic thinker, gave way over several years to a consensus that she was a highly motivated, dedicated, and conceptually strong candidate. She was willing to try to engage – and in two of four attempts succeeded in engaging -- very difficult patients described as "schizoid," "paranoid," "action prone," and having at the outset "poorly differentiated self and object representations." Her patients had intense, entrenched defenses against affective contact with her, since they unconsciously experienced her as deeply threatening to their psychological survival. One supervisor commented that these characteristics of Dr. C's patients sometimes "made it difficult for her to demonstrate her ability to work as an analyst." For this reason, the progression committee had asked Dr. C to develop another case that afforded her supervised experience with a less disturbed patient with whom she could work in ways not possible with these very challenging individuals.

In other important respects, Dr. C's four supervisors' views of her varied considerably. In a review during her

fifth year of training two supervisors commented on her tendency to be too abstract or formulaic in her interpretations, while the other two felt Dr. C was as direct as possible, given the serious disturbances of the patients whose material they heard; they also commented on her laudable awareness of countertransference responses. The same two supervisors reported that Dr. C was prepared for supervision with process notes that permitted them a vivid grasp of what was going on between her and her patient, while the other two reported she often presented impressionistically and without process notes, despite their repeated requests for her to bring this material. There was also a split in their views of Dr. C's annual process reports; two supervisors regarded her most recent reports as rough drafts that were neither well organized nor communicative of central features of the analytic work, while the other two felt she did an excellent job in conveying the process and her reflections on why these two patients interrupted their treatments.

It was evident that one of Dr. C's supervisors, Dr. T, had an overwhelmingly positive view of her from the outset of their work on Dr. C's third attempted case; this was despite the fact that the patient interrupted the treatment after only 12 months. Strongly invested in Dr. C's rapid progression through training Dr. T, a very senior person nearing the end of his career, reported outstanding abilities in every respect. While this was understandably gratifying to Dr. C, not only was this feedback unrealistic (after all, none of us, even the most seasoned analyst, excels in every psychoanalytic competency), but it could be employed to discount educationally valuable constructive criticism by other supervisors. At the annual review of Dr. C's progress, Dr. T adamantly asserted that the above-described differences in supervisory comments broke down along gender lines; male supervisors had far more positive impressions of Dr. C's clinical work than female supervisors. Thus he asserted that transference-countertransference elements of two of Dr. C's supervisors, both of whom were women, accounted for their less than wholly positive supervisory evaluations. Implicitly this supported Dr. C's inclination to take them less seriously.

The next year, Dr. C's sixth year of training, she contacted her advisor to request consideration for graduation. In addition, after reading and discussing the annual supervisory report by Dr. O, one of her female supervisors, Dr. C felt she could no longer work with her. She insisted that it was neither feasible nor advisable to implement Dr. O's interpretive suggestions regarding the patient about whom they consulted. This was despite the fact that her other long-term supervisor saw and reported the same limitation in Dr. C's interventional approaches.

At the ensuing annual review Dr. C's development was discussed in general, as was her request to graduate. In attendance were supervisors of her then two ongoing cases, both women, as well as Dr. T with whom Dr. C was again consulting to develop another case. Dr. C's

advisor, who carefully analyzed all supervisory reports and Dr. C's own annual clinical reports from the perspective of developing psychoanalytic competencies and depth of clinical immersion, arrived at a different understanding of conflicting supervisory impressions. In considerable contrast to Dr. T's previous formulation of gender differences among supervisors based in transference-countertransference responses, her advisor observed that the two female supervisors followed Dr. C's work over the course of four and five years, while male supervisors had seen merely 7-12 months of work with patients who interrupted their treatments. The advisor suggested that differences in supervisors' impressions were attributable to the fact that some aspects of Dr. C's clinical work that needed attention became apparent in the context of years, not months, of analytic work and that supervisors of more advanced periods of analytic work are likely to have different expectations and impressions.

These supervisors viewed the analytic process as early mid-phase, with the potential to deepen if Dr. C developed a greater ability to make more specific transference interpretations that were ultimately also linked with the patient's central unconscious fantasies. One supervisor of an analysis interrupted by the patient after a brief period of analytic work thought the process was characteristic of the opening phase. The other, Dr. T, stated that the 12-month interrupted treatment he had supervised was in the early mid-phase. Dr. C's advisor, having read Dr. T's supervisory report and Dr. C's annual clinical report on this case, regarded the period of work supervised by Dr. T as opening phase process. This patient, while clearly attached to Dr. C from the outset, was extremely action-prone, including repeated lateness and missed hours, with no evidence of viewing these actions as expressions of conflict with meaning. The advisor agreed with the other three supervisors regarding the phase of analysis of the cases on which they consulted with Dr. C.

There was agreement that Dr. C demonstrated psychoanalytic competency in many areas: a firm analytic stance, a capacity for self-reflection and self-assessment, and excellent conceptual skills. However, further development was needed in three areas: (1) her interventional skills, namely in formulating interpretations that were less general and would help her patients appreciate more specific aspects of their unconscious fantasies in the service of deepening the work; (2) her openness in supervision in the form of sharing process notes – rather than impressionistic accounts of her work -- that would allow some of her supervisors a better grasp of her interventions; and (3) the organization and macro-analytic perspective of her clinical reports about ongoing treatments of greater duration; while eloquent, these reports tended to be free-associative pieces that did not provide an overview of central issues of that period of analysis, or really allow the reader into the consultation room. The importance of Dr. C's engaging in supervised analytic work with a less disturbed patient was reiterated. In addition, she would need to more deeply engage one

of her patients in advanced mid-phase process to qualify for graduation.

One member of the progression committee suggested that Dr. T, who routinely wrote glowing reports based on his experience limited to Dr. C's very early analytic work, consult with Dr. C on the more advanced process of the case that had been supervised by Dr. O. In this way he might form his own impressions of the nature of Dr. C's interpretations and defensive distance underscored by Dr. O. A third analyst would supervise the early work with the additional case Dr. C was about to begin.

Following this meeting Dr. C met with her advisor to review her progress. Although clearly unhappy that more work would be needed to graduate, Dr. C felt clear about what remained to be learned and demonstrated, and could proceed purposefully in collaboration with her supervisors and advisor. After absorbing her disappointment, she addressed these areas over the course of several years, and subsequently graduated. Dr. T, exposed to Dr. C's work with a patient at a more advanced period of analysis, ultimately came to see the interventional issues previously raised by Dr. O and Dr. C's other supervisor on a longer standing ongoing case. Better able to hear this constructive criticism from Dr. T, Dr. C's work with her patient ultimately progressed to advanced mid-phase process.

Among other things this "case" illustrates the potentially divisive impact of pre-conceived idealization of Dr. C by one of her supervisors. Once this personal response was recognized, there was the challenge of engaging the supervisor in providing textured and credible feedback and exposing him to the corrective influence of other supervisors' perspectives to foster the candidate's educational experience of evaluation. Dr. C's advisor's vigorous and incisive study of reports by Dr. C and her supervisors enabled the advisor to arrive at a conclusion about the sources of conflicting impressions. She could engage the candidate and supervisors in effectively addressing and mitigating the impact of some personal responses, all of which was to Dr. C's benefit.

Conclusion

In closing, I hope to catalyze interest in building this subject into institutes' offerings. It would be of great benefit to familiarize all faculty engaged in the educational enterprise -- as well as candidates -- with the universality of countertransference and other personal responses to candidates, their sources and manifestations, and their potential impact. This will assist them in recognizing these phenomena, and then developing strategies to address them and diminish their effect.

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References

1. Brodbeck H. Anxiety in psychoanalytic training from the candidate's point of view. *Psychoanal Inq.* 2008;28:329-343. doi:10.1080/07351690801962331
2. Kernberg OF. Thirty methods to destroy the creativity of psychoanalytic candidates. *Int J Psychoanal.* 1996;77:1031-1040.
3. Kernberg OF. A concerned critique of psychoanalytic education. *Int J Psychoanal.* 2000;8:97-120. doi:10.1516/0020757001599555
4. Kernberg OF. *Psychoanalytic Education at the Crossroads: Reformation, Change and the Future of Psychoanalytic Training.* Routledge; 2016.
5. Tuckett D. Does anything go? Towards a framework for the more transparent assessment of psychoanalytic competence. *Int J Psychoanal.* 2005;86(1):31-49. doi:10.1516/R2U5-XJ37-7DFJ-DD18
6. Ehrlich LT, Kulish NM, Hanly MAF, Robinson M, Rothstein A. Supervisory countertransferences and impingements in evaluating readiness for graduation: always present, routinely under-recognized. *Int J Psychoanal.* 2017;98(2):491-516. doi:10.1111/1745-8315.12512
7. Rothstein A. Fostering the educational value of candidate evaluation. *Int J Psychoanal.* 2017;98(6):1641-1668. doi:10.1111/1745-8315.12613
8. Driver C. Assessment in supervision: an analytic perspective. *Br J Psychother.* 2008;24(3):328-342. doi:10.1111/j.1752-0118.2008.00089.x
9. Frijling-Schreuder EC, Isaac-Edersheim E, van der Leeuw PJ. The supervisor's evaluation of the candidate. *Int Rev Psychoanal.* 1981;8:393-400.
10. Jacobs D. Narcissism, erotism, and envy in the supervisory relationship. *J Am Psychoanal Assoc.* 2001;49(3):813-830. doi:10.1177/00030651010490031001
11. Lebovici S. Technical remarks in the supervision of psychoanalytic treatment. *Int J Psychoanal.* 1970;51:385-392.
12. Lester EP, Robinson M. Multiple interactive processes in psychoanalytic supervision. *Psychoanal Inq.* 1995;15(2):211-225.
13. Skolnikoff AZ. The supervisory situation: intrinsic and extrinsic factors influencing transference and countertransference themes. *Psychoanal Inq.* 1997;17(1):90-107. doi:10.1080/07351699709534111
14. Szecsydy I. Does anything go in psychoanalytic supervision? *Psychoanal Inq.* 2008;28(3):373-386. doi:10.1080/07351690801962455
15. Buechler S. Shaming psychoanalytic candidates. *Psychoanal Inq.* 2008;28(3):361-372. doi:10.1080/07351690801962430
16. Schlesinger HJ. Supervision for fun and profit: or how to tell if the fun is profitable. *Psychoanal Inq.* 1995;15(2):190-210. doi:10.1080/07351699509534028
17. Stimmel B. Resistance to awareness of the supervisor's transferences with special reference to the parallel process. *Int J Psychoanal.* 1995;76:609-618.
18. Kernberg OF. Discussion. *Psychoanal Inq.* 2008;28:387-394. doi:10.1080/07351690801962521
19. Wiener J. Evaluating progress in training: character or competence? *J Anal Psychol.* 2007;52(2):171-183. doi:10.1111/j.1468-5922.2007.00651.x
20. Gediman HK. The supervisory process: triadic system and beyond. *J Am Psychoanal Assoc.* 2001;49(3):733-737. doi:10.1177/00030651010490030801
21. Power A. Supervision of supervision: how many mirrors do we need? *Br J Psychother.* 2013;29(3):389-404. doi:10.1111/bjpp.12038
22. Junkers G, Tuckett D, Zachrisson A. To be or not to be a psychoanalyst—how do we know a candidate is ready to qualify? Difficulties and controversies in evaluating psychoanalytic competence. *Psychoanal Inq.* 2008;28(3):288-308. doi:10.1080/07351690801960871
23. Rothstein A. The ubiquity of countertransferential and other personal responses in progression deliberations. *Int J Psychoanal.* 2024;105(6):1062-1077. doi:10.1080/00207578.2024.2356227