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An exploration of South African supervisors' experiences of working with diversity in psychotherapy supervision with trainee psychologists

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A research report submitted in partial fulfilment of the requirements for the degree of MA (Clinical Psychology) in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 2000.

Submitted

15 February 2022

DECLARATION

I declare that this research project is my own unaided work. It has not been submitted before for any other degree or examination at this or any other university.

Date: 15 February 2022

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Student number: 753262

Signed: 

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ABSTRACT

This study aimed to explore psychotherapy supervisors' lived experiences of working with racial and cultural diversity within the supervision relationship with trainee psychologists. Specifically, how psychotherapy supervisors think about helping trainees to work with racial and cultural diversity in psychotherapy, as well as how they work with racial and cultural diversity within the supervision relationship itself. Using a qualitative research approach located within an exploratory research design, nine face-to-face interviews were conducted. The interviews were transcribed and analyzed using Braun and Clarke's (2006) thematic analysis. Four dominant themes were identified: a safe space to struggle and think together, thinking about blind spots and personal biases, racial and cultural dynamics as unavoidable, and the experience of being interviewed. The findings of this study correspond to the existing literature on multicultural supervision; however, this study differs in that it problematized the usual power dynamics between a supervisor and trainee, through the positionality of the researcher. Future studies could focus on diversity more broadly, as well as other aspects of diversity such as class, gender, sexual orientation, or religious affiliation. Additionally, it is recommended that future studies include a more heterogeneous sample that may comprise both males and females, all racial categories, and participants from different geographical locations.

Keywords: Multiculturalism, Psychotherapy Supervision, Trainee Psychologist, Supervisor, Multicultural Supervision, Racial Identity, Cultural Diversity.

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Chapter One: Introduction

Aim

Racial and cultural diversity plays a pivotal role in the psychotherapy supervision relationship (Green & Dekkers, 2010; Jones & Branco, 2020; Zhao & Stone-Sabali, 2021). This study aimed to explore supervisors' lived experiences of working with racial and cultural diversity within the supervision relationship with trainee psychologists.

Central to working with racial and cultural diversity in supervision is the idea that trainee psychologists need to develop multicultural competence in their psychotherapeutic work with patients (Tummala-Narra, 2013; Watkins & Hook, 2016). This study aimed to explore how psychotherapy supervisors think about helping trainees to work with racial and cultural diversity in psychotherapy, as well as how they work with racial and cultural diversity within the supervision relationship itself.

This research holds that an understanding of the impact of racial and cultural diversity is a crucial and worthwhile endeavour as it may enable supervisors to better prepare for threats to psychotherapy supervision outcomes while also embracing opportunities presented by racial and cultural diversity (Pendry, 2012; Ramos-Sanchez et al., 2002; Watkins & Hook, 2016).

The initial goal of this study was to explore and investigate psychotherapy supervisors' experiences of working with diversity broadly - for example *racial identity, gender, language, spirituality, disability* etc. - but because of the overwhelming focus on racial and cultural diversity by participants in interviews, it was decided to focus specifically on this aspect of diversity. Racial and cultural diversity seems to profoundly shape conversations in many spaces in South Africa. As a result, this study could not ignore the profound impact of the South African context, particularly in the current historical juncture where issues around racial and cultural differences are particularly visible (Salvendy, 1999; Seekings, 2005; Seekings, 2008; Seekings & Nattrass, 2005).

Furthermore, the premise of this study, building on the work of scholars in the field (e.g. Davis et al., 2018; Jones & Branco, 2020; Tummala-Narra, 2007; Watkins & Hook, 2016; Westefeld, 2009), was that ignoring the critical role racial and cultural diversity plays in the South African context and psychotherapy supervision may prove to be a risk to the supervision relationship itself. Therefore, an understanding of the dynamics introduced by racial and cultural diversity to psychotherapy supervision dyads may contribute to positive supervision

outcomes and skilled trainees, who may be better equipped to deal with racial and cultural elements that may appear in their respective work with patients (Green & Dekkers, 2010; Tummala-Narra, 2013; Watkins, 2012).

Background

South Africa is one of many countries in the world characterized by a diverse population. It is also inhabited by migrants from many other African countries (Falicov, 2014; Green & Dekkers, 2010; Salvendy, 1999). As a result South African psychologists frequently work with a diverse clientele to provide comprehensive mental health care to all their patients. As such, psychologists and trainee psychologists will inevitably in one way or another work with patients from different cultures, value systems, languages, spiritual backgrounds, and socioeconomic status positions amongst many other diversity factors (Tummala-Narra, 2004). Hence, psychotherapists in South Africa are required to develop multicultural competence, to enable them to see their patients holistically and provide effective psychotherapy to their racially and culturally diverse clientele (Bartoli, 2007).

In the South African context, there is an observed increase in racial and cultural diversity within therapy rooms, alongside bigger trends in multiculturalism worldwide. This may largely be due to previously disadvantaged populations groups being more attracted to attend therapy, which has also become somewhat more accessible over time. Therefore, the possibility of racial and cultural differences between therapists, supervisees, and clients is more common now than ever. As a result, there has been an identified need to understand these differences and how they intersect in psychotherapy supervision (Falicov, 2014; Green & Dekkers, 2010; Salvendy, 1999).

In the past several decades the psychotherapy and supervision literature has undertaken a paradigmatic shift towards a greater focus on diversity and multiculturalism. This shift has produced considerable work over the past decades. Notable contributions have been made (see e.g. Green & Dekkers, 2010; Tummala-Narra, 2007; Tummala-Narra, 2013; Watkins, 2012; Watkins & Hook, 2016; Westefeld, 2009) but much work is still needed, particularly in the South African context.

Working within a diverse environment like the South African context remains challenging, while also offering new opportunities for psychotherapists to develop themselves. According to Watkins and Hook (2016), supervision provides an opportunity for supervisors

and trainees to explore racial and cultural diversity in pursuit of multicultural competence. Multicultural competence is a key factor in providing psychotherapy within a racially and culturally diverse country like South Africa. However, there is also a need to understand how multicultural competencies are developed within the supervision relationship and the common challenges that may face trainees in their journeys to becoming independent practitioners.

Rationale

As noted above racial and cultural diversity have been recognized as important contributing factors in both psychotherapy and psychotherapy supervision (Green & Dekkers, 2010; Watkins & Hook, 2016). However, studies rarely focus on how the supervision relationship itself can simultaneously be used as a tool to understand racial and cultural diversity and as an instrument to teach trainees about working with diversity in their respective work with patients. The available literature also rarely outlines how supervisees gain competencies to deal with racial and cultural diversity in psychotherapy. Thus, this leaves a gap in psychotherapy supervision literature (Arthur & Collins, 2009; Falender et al., 2014; Tummala-Narra, 2004). To illustrate this, Bartoli (2007) found that trainees often find themselves having to develop the necessary multicultural competence on their own as they become more experienced clinicians. This trend has also been observed in a book published by Hardy and Bobes (2016), which had 18 chapters focusing on different diversity factors and their impact on the effectiveness of psychotherapy supervision. In this book, only a few chapters attempted to tackle the issues of cultural diversity in supervisees' provision of psychotherapy services. Despite the recognition of racial and cultural diversity as an important factor in psychotherapy, supervision literature insufficiently addresses how to work with diversity in supervision with trainee psychologists. Despite significant efforts made by scholars in psychology, there remains a paucity of literature that investigates how supervisors work with racial and cultural diversity in their work with trainee psychologists.

A number of studies have focused on the impact of diversity factors on psychotherapy. However, there seems to be less research that explores how supervisors and training institutions prepare trainee psychologists to work with racial and cultural diversity, with even less focus on exploring racial and cultural factors within the supervision relationship itself (Bartoli, 2007; Chu et al., 2016; Schen & Greenlee, 2018; Schroeder et al., 2009; Watkins & Hook, 2016; Westefeld, 2009). Therefore, this study has implications for addressing this gap in the available literature. The current study envisioned enabling supervisors to share their different lived

experiences, methods, and knowledge employed in their respective supervision sessions with supervisees.

Furthermore, few studies focus on how a better understanding of racial and cultural diversity in supervision may simultaneously offer a better understanding of racial and cultural diversity in psychotherapy (Watkins & Hook, 2016) or how supervision may be used to train psychologists to work with diversity. Due to the history of racism and oppression of particular segments of the South African population, the South African context is particularly interesting to study. Because of South Africa's racist history, racial identity and cultural dynamics are likely to be experienced in the supervision relationship (Mhlauli et al., 2015). Furthermore, it is interesting to study the South African context due to the presence of many diversity factors, including racial identity, but also disability, language, religion, culture, gender, class, sexual orientation, etc. (Falicov, 2014; Green & Dekkers, 2010; Watkins & Hook, 2016).

Working with racial and cultural diversity may be a daunting exercise. It is therefore important to gather information from people's lived experiences, particularly those working with trainees about the best possible practice used to prepare trainees to work with a diverse clientele (Tummala-Narra, 2004; Watkins, 2012; Watkins & Hook, 2016). It may benefit the field of psychology to understand supervisors' experiences in training psychologists that can provide services that are sensitive to racial and cultural differences, and the current study aimed to build on the available literature (Watkins & Hook, 2016).

This study may also fit into the broader conversation about the de-colonialization of African knowledge and education in South Africa. As part of the de-colonialization of the knowledge and education movement, many scholars in the country argue for reshaping the education of students to fit in with African-generated standards, thereby being able to meet challenges unique to the African context (Hall & Tandon, 2017; Subreenduth, 2010). Furthermore, the study also speaks to larger conversations about access to quality healthcare by all people living in the country. As enshrined in the Bill of Rights in the Constitution of South Africa (1996), it is the right of all people to access quality healthcare in ways that respect their individuality and differences, which also includes access to quality mental health care (Constitution of Republic of South Africa, 1996).

The chief premise of this study was that providing psychotherapy that can better respond to diversity issues can positively influence psychotherapy outcomes. Therefore, training multiculturally competent psychotherapists may in turn lead to quality mental health

services (Watkins, 2014). This study holds that this may be achieved through sharing the knowledge of supervisors and examining their experiences of working with racial and cultural diversity elements in their supervision encounters with trainee psychologists, as well as their understanding of the supervision challenges involved.

Research Questions

What are supervisors' experiences of working with diversity in psychotherapy supervision with trainee psychologists?

- What are supervisors' experiences of helping trainees work with diversity in psychotherapy?
- How do supervisors work with diversity in the supervision relationship and what challenges have they encountered?
- How do supervisors use the psychotherapy supervision relationship to help supervisees work with diversity in their work with patients?

Personal Statement

Central to this study was the positionality of the researcher. First I would like to introduce myself and declare my positionality as a young black male trainee psychologist born in South Africa and raised in a Black community, attending primary and secondary school in schools with a single racial group. It was only at university that I first had cross-racial interactions with lecturers and fellow students. Coming to a university space filled with diverse racial and cultural backgrounds was exciting nevertheless traumatic. From my first day at university, the space presented some adaptation challenges. First, the sitting arrangement of my classmates was often along racial and cultural lines – Black students often sat together and White students often sat together. Although this was an unintended consequence of our racial differences, the impact of racial and cultural differences were difficult to ignore. Secondly, our socioeconomic and cultural backgrounds appeared to have shaped interactions in classes and public spaces and this applied to both classmates and lecturers. Thirdly, in conversations amongst fellow close friends and classmates, we often wondered whether our racial identity rather than our merit may influence how we are evaluated in our studies. In our minds, we perhaps had a fear that our racial group may be disadvantaged to benefit other racial identities as previously done during the apartheid era. Although my anxiety during this period was based on unfounded

assumptions about people who were different from me nevertheless they felt real and shaped my overall experience. These experiences showed me how complex human interactions can be and how issues of diversity have a profound impact on our lives. The socio-political climate during my undergraduate studies also shaped my views of the dynamics of diversity. During this period we experienced student movements like #FEESMUSTFALL, #RHODESMUSTFALL amongst many other student movements that called for free education and decolonization of institutions of higher education. Often these movements triggered racial and socioeconomic debates amongst students and lecturers. Largely my interest in doing more research around issues of racial and cultural diversity developed from these experiences.

My position as a researcher and trainee was crucial for this study. First, my position as a black male trainee means that I am part of the previously disadvantaged population groups in South Africa (Falicov, 2014; Seekings & Nattrass, 2005; Salvendy, 1999). Secondly, my interest in diversity was influenced by my personal experiences of racial and cultural dynamics both in supervision and in academic spaces. As a trainee psychologist I was in a class of 6 Black trainees, 1 Indian, 1 Coloured, and 4 White trainee psychologists. My class was therefore characterized by diversity. Thinking about diversity in this class we often had several experiences of uncomfortable and emotionally charged conversations about racial and cultural dynamics with both each other and our lecturers. These dynamics played out in supervision and psychotherapy spaces as well. These factors largely informed my interest in studying the dynamics of diversity.

I would also like to introduce my research supervisor who is a White Female holding the position of Lecturer, psychotherapy supervisor, and research supervisor. Her positionality as a psychotherapy supervisor who works with different trainee psychologists was crucial to note in the study. Lastly, I would like to introduce my participants and their dynamics. All the participants in the study were Black, White and Indian females this allowed for a diverse sample. In psychology, psychotherapy supervisors are often in positions of power and responsible for guiding trainees' work (Borders, 2014; Pendry, 2012; Schen & Greenlee, 2018). However, in this study, a different position was undertaken, whereby a trainee (a less experienced practitioner) looked into the work of supervisors (a more experienced practitioner). This represented an interesting shift in the study of supervision dynamics as they relate to issues of racial and cultural dynamics.

Structure of the Report

Chapter 1 - Introduction: This chapter introduces the study, and highlights the context, background, rationale for the study, and my statement as a researcher.

Chapter 2 - Literature Review: The literature review is organized into four main sections. The first section focuses on racial and cultural diversity in South Africa and addresses what is meant by racial and cultural diversity in this study. The second section focuses on clinical supervision and multiculturalism. The third section discusses supervision and the multicultural supervision model. The last section of the literature review addresses racial and cultural diversity within the supervision relationship itself and how this concept shapes both trainees' work with patients and the supervision relationship.

Chapter 3 - Method: The method section firstly details the research paradigm as located with a qualitative research approach and exploratory research design. The sampling technique, volunteer convenience sampling, is then introduced. Thirdly, the data collection process involving semi-structured interviews is discussed. The fourth section focuses on Braun and Clarke's (2006) thematic analysis as a method of data analysis. The next section discusses the process of rigor, trustworthiness, and reflexivity. Lastly, the chapter ends by discussing ethical issues considered as part of this study.

Chapter 4 – Results and Discussion: The results and discussion section reports the result of the study and discusses the results in the context of available literature. The section is divided into four main themes. The first section, '*A safe space to struggle and think together*', explores the dominant theme that safety and struggle are key to working with diversity in the supervision relationship. The second section, '*Thinking about blind spots and personal biases*', explores supervisors' emphasis on exploring their blind spots as well as those of supervisees. Third, '*Racial and cultural dynamics as unavoidable*', explores supervisors' emphasis that such dynamics are always present even if avoided. The final section explores '*The experience of being interviewed*' since participants' subjective experiences of the interview encounter shed light on their discoveries about themselves as supervisors.

Chapter 5 - Conclusion: The concluding chapter provide a summary of the research report by highlighting some of the key issues that came out of the entire project and closing the report.

Chapter Two: Literature Review

The literature review is organized into four main sections. The first section focuses on racial and cultural diversity in South Africa and addresses what is meant by racial and cultural diversity in this study. The second section focus on clinical supervision and multiculturalism. The third section discusses supervision and the multicultural supervision model. The last section of the literature review addresses racial and cultural diversity within the supervision relationship itself and how this concept shapes both trainees' work with patients and the supervision relationship.

Racial and Cultural Diversity in South Africa

South Africa is one of many countries in the world with a very diverse population; a country with eleven official languages and with different racial, religious, spiritual, and cultural groups (Brock-Utne & Holmarsdottir, 2004; Seekings, 2008; Seekings & Nattrass, 2005). Additionally, South Africa is also characterized by a history of oppression along racial lines, whereby certain segments of the population were discriminated against during the apartheid era. Many social problems have resulted from this history of oppression, as well as inequalities in terms of socioeconomic status, education, and literacy, and unequal opportunities which are along racial and cultural lines (Seekings & Nattrass, 2005; Seekings, 2008).

In the past South Africa has been a country characterized by large differences between its population groups (Salvendy, 1999; Seekings, 2008; Subreenduth, 2010; Tummala-Narra, 2004). At the heart of South Africa's history, politics, and economy, racial identity has played a large contributing factor to access to basic economic, social, educational, and health services amongst other human needs essential for increasing quality of life (Seekings, 2007; Seekings, 2008). Racial categories used in the apartheid era remain in the post-apartheid era partly due to a large need for political redress (Seekings, 2008).

According to Watkins and Hook (2016) diversity (also commonly referred to as multiculturalism) is the existence of multiple cultures and various identities that are highlighted by differences between people. Differences may be highlighted by race, gender, social class, ethnicity, sexual orientation, language, religion, age, and the interplay between these factors (Watkins & Hook, 2016). In this study, the researcher focused on racial identity and cultural diversity.

Race and culture are often difficult to define and many scholars provide different definitions (Greenfield, 2000; Hofstede, 2003; Whiten et al., 2011). In the context of this study racial diversity refers to the existence of several racial identities in a particular context and the recognition of these different racial categories/groups. Racial identity in this study was understood as both a physical appearance - in terms of biological features such as skin color, the texture of hair, and shared ancestral history – and a social construct that continues to be co-created in society (Desmond & Emirbayer, 2009; Golash-Boza, 2016).

Cultural diversity refers to a phenomenon whereby people from different cultural backgrounds or value systems share a similar environment or geographical location and co-exist in the same environment (Hofstede, 2003; Whiten et al., 2011). In addition, a cultural group is understood as a group of people who choose and ascribe to similar beliefs, customs, value systems, traditions, language, and ways of life. These characteristics are often passed down from generation to generation through socialization (Desmet et al., 2017; Whiten et al., 2011).

During the apartheid era, the definition of racial identity and culture was used to highlight differences between people and oppress certain population groups to benefit others. Racial identity was viewed from a biological point of view to support discriminatory economic and social policies (Hughey, 2010; Versey et al., 2019). Scholars, however, have argued that race is a social construct that is continuously created and negotiated in society rather than a fixed fact of biology (Cornell & Hartmann, 2006; Shinew et al., 2006).

The use of racial identity and culture to support oppressive regimes occurred across different fields of study and the field of psychology was no exception. In psychology psychotherapy and psychological tests supported discriminatory definitions of race and apartheid government political agendas (Laher & Cockcroft, 2014). Psychological services provided during this era lacked a proper integration of racial and cultural materials. The practice of psychology today has shifted significantly towards understanding the impact of the definition of race and culture in psychotherapy and supervision spaces (Ahmed, 2007; Carter & Forsyth, 2007).

In South Africa, racial identity and cultural identities are often interlinked and can be mistakenly used as similar concepts. However, these concepts differ both in definition and in their operationalization. Despite this, it is recognized that often people who belong to or ascribe

to a similar racial identity tend to share a similar cultural background and vice versa, although this is not always the case (Desmet et al., 2017; Hofstede, 2003; Whiten et al., 2011)

In post-apartheid South Africa, racial and cultural factors continue to shape many interactions and conversations in all social spheres. For example, recent years saw significant social movements in the country challenging the status quo of our racial and cultural history, such as #FEESMUSTFALL, RHODESMUSTFALL, the University of Pretoria and Northwest University language policies being challenged, and de-colonialization of education and psychology (Cini, 2019; Hall & Tandon, 2017; Subreenduth, 2010). All these movements attracted much attention from academics and were followed by considerable work in the academic field. However, this body of knowledge was not the primary focus of this study but was worth being mentioned. In Post-apartheid South Africa, racial and cultural issues in South Africa have been and continue to be an explosive topic that requires much interrogation and continued engagement at all societal levels (Cini, 2019; Langa & Graham, 2011; Pillay, 2017). This is also true for psychotherapeutic interventions and supervision encounters (Falender & Shafranske 2007; Hardy & Bobes, 2016).

Within these large social movements, individuals from different racial groups worked together to challenge historical structural issues that continue to plague the South African context. Several debates followed these social movements and racial identity was at the forefront of these debates (Cini, 2019; Pillay, 2017). For example, explosive debates focused on issues such as White privilege and debates around political redress and responsibilities of White individuals in the redistribution of wealth in post-apartheid South Africa (Dull et al., 2021). Issues of White guilt were also among the difficult discussions scholars engaged with. White guilt refers to the experience of discomfort, shame, and sometimes anger by people who identify themselves as White. This experience may be precipitated by recognition of their privilege over other racial identities. Additionally, White guilt may be ascribed to the recognition of the role of White people in the maintenance of oppressive institutions and structures (Cushman, 2000; Grzanka et al., 2020). According to Cushman (2000), White guilt can be counter-productive to an individual's intentions of political redress, as individuals may use their actions to avoid thinking and engaging further with the source of their guilt. Often actions motivated by White guilt may be undertaken in a compensatory nature (Cushman, 2000).

Psychology has also seen a broader movement toward multiculturalism in psychotherapy (see Bernard & Luke, 2015; Chopra, 2013; Chu et al., 2016; Falender & Shafranske 2007; Hardy & Bobes, 2016). However, a shift in focus towards multiculturalism in psychotherapy supervision in South Africa is relatively recent, where issues around racial and cultural diversity have become an area of exploration for psychological research and investigations (Johnston, 2019; Kagee, 2007).

The observed increase of interest in racial and cultural diversity in South Africa, coupled with post-apartheid policies that have eradicated job reservations for certain segments of the population and a rise in new educational opportunities for people in South Africa, has resulted in a more diverse group of students pursuing postgraduate degrees and entering the field of psychology (Ahmed & Pillay, 2004; Pillay & Siyothula, 2008; Seekings, 2007). Trainee psychologists from different racial and cultural backgrounds increasingly find themselves in supervision programmes with supervisors who may be racially and/or culturally different from them. Similarly, psychotherapy patients hold various racial and cultural identities that intersect with their psychotherapist's identities (Falender et al., 2014). As a result, this area has begun to attract attention from scholars both locally and internationally.

Supervision and Multiculturalism

Training institutions and supervisors have a responsibility to ensure that trainee psychologists are multiculturally competent and prepared to facilitate effective psychotherapeutic intervention with a racially and culturally diverse clientele. Multicultural competence (also called multiculturalism) has been variously defined (Tummala-Narra, 2013; Watkins, 2012; Watkins & Hook, 2016; Watts, 2001). The most shared and common definition is the definition by Hansen et al., (2000) who defined multicultural competence as the psychotherapist's ability to be conscious of and to consider all forms of diversity factors like age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status, etc. during psychotherapy and supervision processes and formulations (Hansen et al., 2000). Multicultural competence can also be understood as the supervisor and/or supervisee's capacity to work with patients within and across racial identities, cultures, religions, etc. in a skilful manner that engages human complexities. This definition implies that psychologists should continuously be aware of racial and cultural variables, as well as diversity as a whole, and should understand how diversity can influence supervisory relationships and supervisee's

therapeutic processes, formulations, treatment plans, and interventions (Hansen et al., 2000; Tummala-Narra, 2013; Watkins, 2012).

Diversity may present itself in many forms and scholars have studied many other elements of multiculturalism. For example, Lam and Sue (2001) reviewed literature and evidence regarding the implications of differences between therapists and patients in psychotherapy, in relation to diversity elements like gender, ethnicity, sexual orientation, and social class. Other scholars focus on multilingualism, cultural differences, social class, poverty, and power dynamics in the psychotherapy encounter as areas of study in the field of diversity in supervision (Avdi & Georgaca, 2007; Chopra, 2013; Dewaele, 2013; Gannon, 2008; Greene & Dekkers, 2010; Smith, 2005).

The process of becoming a multiculturally competent psychotherapist is not a linear one and different scholars recommend different ways to ensure that trainee psychotherapists are equipped with the necessary skills. Mcdowell et al. (2007) argue that psychotherapists must be trained in a way that allows them to take a critical multicultural stance in psychotherapy. Mcdowell et al. (2007) further recommend that a multicultural stance must be instilled throughout the training of psychotherapists. This in turn will enable psychotherapists to resolve familiar struggles and dilemmas and to integrate these experiences into their future psychotherapeutic practice. Such processes of competence can be attained in the training of psychotherapists through supervision, which forms an integral part of the development of supervisees (Green & Dekkers, 2010; Watkins & Hook, 2016).

Supervision and the Multicultural Supervision Model

Supervision can be defined as a process whereby two individuals, a supervisor and supervisee (one more well-informed and skilled than the other), enter into a contractual relationship to improve the skills, knowledge, and practices of the supervisee to ensure that the supervisee is equipped with necessary competencies to function effectively in psychotherapeutic techniques, processes/practices and ethical standards (Bradley & Ladany, 2000; Falender & Shafranske, 2010; Watkins & Hook, 2016; Westefeld, 2009). Several factors may impact the supervisor-supervisee relationship, including the theoretical framework used by a supervisor to understand the supervisee and the supervision processes. Like psychotherapeutic work, supervision works with different models and theoretical frameworks and each supervisor elects their model and theory to employ in their supervision encounters (Watkins, 2012; Westefeld, 2009).

Similarly, the multicultural supervision model is defined as a supervisory relationship between two or more individuals from different racial, ethnic, and cultural backgrounds (Dressel et al., 2007; Ober et al., 2009). While the multicultural supervision model offers new modern approaches to clinical supervision, some classical psychotherapy theories and models (for example, psychodynamic, cognitive-behavioural, and developmental models) have been adapted to take multiculturalism into account.

The multicultural supervision model foregrounds that the supervision relationship is characterized by an inherent interplay between different diversity elements such as racial and cultural identities. In this model, racial and cultural similarities and differences are assumed to be present and purposefully explored as part of the supervision process (Gutierrez, 2018; Schen & Greenlee, 2018; Tohidian & Quek, 2017). Supervisors are tasked with the role of meeting the educational, ethical, and practical skills needed by supervisees in their practice of psychotherapy with their patients, including competencies to work with people who are racially and/or culturally distinct from or similar to them (Watkins & Hook, 2016; Whitman & Jacobs, 1998).

Supervisors may also play the role of a mentor and support supervisees emotionally and psychologically. However, supervision must never be confused with psychotherapy (Barnett & Molzon, 2014). According to Falender et al. (2014), supervision is a distinct professional process with unique principles and techniques. Psychotherapy supervision relationships are formed between individuals of diverse backgrounds, who form a relationship to work together to meet a goal (Falender et al., 2014).

According to Watkins (1998), supervision has always been a process in which trainee psychologists and new psychotherapists learn to develop skills to practice effectively with their patients. Therefore, it may be important for studies to explore how trainees can use the supervision encounter to prepare themselves to work with different diversity variables. Thus, the multicultural supervision model becomes a relevant theoretical framework for supervision within a diverse society like South Africa. This model is particularly important because it requires a supervisor to be aware of the intersection of racial and cultural identities in supervision, and how these identities can shape and influence the supervision relationship (Gutierrez, 2018; Schen & Greenlee, 2018). Schen and Greenlee (2018) explore the Black-White supervision dyad based on their personal experiences working with racial and cultural identities in supervision relationships. Their article found that talking about one's own

experience of racial and cultural variables in the supervision relationship is inherently difficult. However, having repeated conversations about racial experiences can produce competent trainees who understand what is appropriate for dialogues about race and culture. The authors also found that dialogues about racial experiences may help trainees, supervisors, and patients process their own experiences of racism/oppression.

Clinical supervision is an important space to foster multicultural awareness amongst training psychologists. Trainees may benefit from engaging in multicultural dialogues with their supervisors and developing a new way to talk about racial and cultural issues that is safe and free of biases (Schen & Greenlee, 2018; Watkins & Hook, 2016; Westefeld, 2009). According to Nelson et al. (2006) avoiding multicultural dialogues in supervision may be a more painful experience for trainees than acknowledging the similarities and differences in the supervisor-supervisee relationship. Schen and Greenlee (2018) argued that avoiding dialogues about racial issues may be more damaging to the supervisor-supervisee relationship and may harm the supervisor-supervisee alliance.

Multicultural supervision strives for a comprehensive exploration of diversity factors that may be relevant to supervisees and the patients they work with (Dressel et al., 2007; Gutierrez, 2018; Tohidian & Quek, 2017). This supervision model requires a supervisor to possess the following qualities: knowledge, collaboration, mutuality, respect, introspection, self-awareness, and reflexivity (Ancis & Marshall, 2010; Dressel et al., 2007; Schen & Greenlee, 2018; Watkins & Hook, 2016).

According to the multicultural supervision model, for multicultural dialogues to occur within the supervisory relationship, the supervisor has a responsibility to create a space that is welcoming, safe, and supportive of such conversations (Dressel et al., 2007; Watkins & Hook, 2016). A study conducted by Dressel et al. (2007) about supervisors' perceptions of behaviours that contribute to successful versus unsuccessful multicultural supervision found that creating a safe space in the supervision relationship encouraged multicultural dialogues both in trainees' work and in supervision itself. In turn, a safe space created higher levels of personal awareness about biases and greater respect for one's own identity and those of others. Lacking self-awareness and being reluctant to discuss racial and cultural issues in supervision, as well as difficulties creating a safe environment in supervision, may yield poor multicultural supervision outcomes (Dressel et al., 2007).

A supervisor's multicultural competence can be measured by their capacity to initiate, maintain and guide multicultural dialogues within the supervisory relationship. Additionally, supervisors should closely monitor supervisees' integration of multicultural materials in supervision encounters and their work with patients. Engaging with these tasks may enable the supervisor to assess the cultural competencies of supervisees and guide them when necessary (Ancis & Marshall, 2010; Dressel et al., 2007; Schen & Greenlee, 2018).

It has been found that effective multicultural supervision is characterized by a supervisor who is capable of self-introspection, a high level of self-awareness, ability to self-disclose and openness to being engaged by their supervisees about racial and cultural issues (Borders, 2014; Gutierrez, 2018; Tohidian & Quek, 2017; Schen & Greenlee, 2018). For example, a supervisor who can open up about their struggles and developmental difficulties may yield much more confident and competent supervisees compared to supervisors who may portray themselves as perfect (Ladany, 2014; Watkins & Hook, 2016). Incorporating multicultural conversations in supervision may encourage self-awareness, growth, and self-reliance in a trainee (Gatmon et al., 2001; Sue & Sue, 2012).

High awareness of personal attitudes and biases about one's own and others' racial identity may yield greater engagement with cross-racial and cross-cultural dialogues, both in supervision and in supervisees' work with patients. For example, a trainee may incorporate multicultural awareness in their interventions with patients and think about multiculturalism in their relationship with the supervisor, which may positively impact the supervisory relationship (Ancis & Ladany, 2010; Ancis & Marshall, 2010; Schen & Greenlee, 2018). A supervisor's multicultural competence has a direct relationship to a supervisee's learning outcomes. Thus, a supervisor's awareness, knowledge, and skills related to their work with trainees and patients can be impactful (Ancis & Marshall, 2010; Crockett & Hays, 2015).

Multicultural supervision is associated with numerous positive supervision outcomes, including a strong supervisory working alliance, satisfaction with supervision, clinical efficacy, and multicultural competence (Ancis & Marshall, 2010; Gatmon et al., 2001; Kissil et al., 2015; Sue & Sue, 2012). According to Constantine (1997), a lack of conversations about multicultural variables is associated with a poor supervisory working alliance and low satisfaction with supervision. In Ancis and Marshall's (2010) study, trainees reported positive supervision outcomes associated with this supervision model and increased multicultural competence and satisfaction with supervision processes.

Racial and Cultures Dynamics in Supervision

The recognition of racial and cultural factors has been commonly understood as important in providing effective supervision. However, more work is needed to understand how racial and cultural factors intersect in psychotherapy supervision (see Tummala-Narra, (2013); Watkins, (2012); Watkins & Hook, (2016); and Westefeld, (2009)). Cultural identity forms an integral part of many people's lives, often helping people cope with difficult life challenges (Jensen, 2014; Barnett & Johnson, 2011). For example, when observed, traditional ceremonies and customs often alleviate the physical and psychological distress of people who ascribe to those value systems and can be used to understand their worldviews (Bojuwoye, 2005). Tseng (1999) argues that a psychotherapist must be aware of culturally relevant coping techniques and allow clients to use these coping mechanisms. In addition, supervisors may also enable racially and culturally acceptable ways for trainees to express themselves in the supervisory space (Tseng, 1999; Tummala-Narra, (2013). Therefore, supervisors cannot simply ignore the crucial role both racial and cultural identities play in the psychological world of their supervisees. To illustrate this Hird et al. (2001) conducted a study with trainee psychologists about their needs and perspectives regarding culturally integrated supervision processes. They found that effective clinical supervision approaches required consideration and application of multicultural knowledge and competencies. The authors argued that supervisors must challenge themselves to consider culture as a determinant of worldviews with profound implications for the supervision relationship and processes.

Many scholars agree that supervision may play a pivotal role in education and competency building in the practice of psychotherapy with racially and culturally diverse patients by supervisees (Falicov, 2014; Seekings, 2008; Seekings & Nattrass, 2005). Despite this movement, research on racial and cultural diversity in supervision rarely outlines how trainees gain the necessary multicultural competence to deal with racial and cultural variables in their therapy rooms. Issues of racial and cultural differences are important to consider in supervision. However, it is equally important to note that such integration should be made in conjunction with a theoretical backing and taking into account contextual relevance (Sorenson & Hales, 2002).

To explore and understand the role and the impact of cross-racial and cross-cultural supervision encounters, Schroeder, Andrews, and Hindes (2009) reviewed 13 studies about cross-racial supervision. They found that the supervision relationship was strong where the

supervisor was open to initiating and sustaining cross-racial and cultural themes and was able to use these as part of the supervision discussion. Responding to themes around racial identity may enhance the working alliance and the supervisory relationship. Cardemil and Battle (2003) believe that to conduct effective psychotherapy with a racially and culturally diverse clientele, psychologists must be able to openly raise issues of racial and cultural identity. Talking openly about racial and cultural diversity issues, both concerning supervisor-supervisee and supervisee-patient, may foster trust and a more positive supervision relationship (Cardemil & Battle, 2003). Tummala-Narra (2004) also argues that incorporating racial and cultural discussions into supervision may enhance supervisees' competence and help them become confident to engage with racial and cultural issues (Tummala-Narra, 2004).

Power dynamics between a supervisor and supervisee are arranged so that a supervisee has relatively less power in contrast to a supervisor (Pendry, 2012). Pendry (2012) posits that conversations about race and racism (just like issues related to cultural factors) must be initiated by the supervisor. The process of engaging in racially and culturally charged dialogues must be continuous. A supervisee's negative racial and cultural experiences may substantially impact the supervisor-supervisee relationship. This experience may also shape a trainee's overall experience and expectations of warmth, fulfillment, and support (Fong; 1994; Pendry, 2012; Ramos-Sanchez et al., 2002).

According to Green and Dekkers (2010), these conversations are often scarcely held despite the well-documented benefits of tackling racial and cultural variables inherent to the supervision relationship. They are also initiated by trainees more often than supervisors initiate them. Due to the power of supervisors over their supervisees and trainees' awareness of this power, trainees may be hesitant to bring up racial and cultural variables in supervision if the supervisor is reluctant to raise them first. This may result from conforming to the supervisor's authority (Borders, 2014; Falender et al., 2014; Lee, 2018). Supervisees inherently have less power within the supervisor-supervisee relationship. Therefore it is the supervisor's responsibility to create a space amenable to conversations about racial and cultural issues. No matter how difficult they may be, initiating such conversations can contribute to the supervisee's multicultural competence (Akkurt et al., 2018; Borders, 2014; Tummala-Narra, 2004). Similarly, Hird et al. (2001) argue that cross-cultural conversations in supervision may be most effective when initiated by the supervisor and continuously undertaken. Tohidian and Quek (2017) also argued that multiculturalism conversations must regularly form part of the supervision process. This may, in turn, enable supervisees to develop a working model of how

they can have similar discussions with their patients, regardless of how threatening those conversations may seem (Schen & Greenlee, 2018; Tohidian & Quek, 2017). Repeated discussions about racial and cultural issues in supervision educate the supervisee about their patient's racial and cultural identities and how their own identities intersect with the identities of the supervisor (Watkins and Hook, 2016).

According to Watkins and Hook (2016), supervision is a modelling space: a supervisor may use the supervision process to show supervisees, by example, how to raise issues of both racial and cultural significance. For example, using the supervision relationship the supervisor may explore cultural traditions/customs that a supervisee engages with that may be useful or problematic. This may be done to model how a supervisee can also begin such conversations with their patients. Continued engagement with multiculturalism in supervision may help supervisees develop confidence and reasoning skills to thoughtfully replicate the modelled behaviour (Watkins & Hook, 2016).

Recent years have seen an increased focus on diversity and multiculturalism awareness in undergraduate studies in psychology, with more trainees attaining multiculturalism training as they enter the profession. Trainees, therefore, enter their clinical work with more knowledge of racial and cultural variables and diversity than ever before (Hird et al., 2001; Ladany, 2014). Additionally, trainees are not blank slates as they are cultured beings. Their knowledge systems can be integrated into the supervisor-supervisee relationship. Supervisors do not have to take sole responsibility to make sense of racial and cultural issues as they arise in supervision and supervisees' work with patients (Watkins and Hook, 2016; Tummala-Narra, 2013). Understanding trainees as cultured beings with cultural knowledge may bring relief for supervisors as this knowledge can be used as part of the supervision processes. Such an approach may alleviate some pressure from the supervisor to be in a position of knowledge. Instead, the responsibility of understanding patients can be shared with the trainee (Hird et al., 2001; Ladany, 2014; Tummala-Narra, 2013; Watkins and Hook, 2016).

To expand on the issues of racial identity and cultural dynamics Langa and Graham (2010) reported on their subjective experiences as supervisors. They found that students often faced challenges in interventions related to language barriers, racial issues in their interactions with clients, and gender issues. Supervision offered an important tool to discuss and engage with supervisees on diversity issues like racial identity, language, and gender. Supervisees can

use supervision to engage with multicultural issues in their interventions with clients (Graham & Langa, 2010; Langa & Graham, 2010).

Wieling and Marshall (1999) surveyed 125 supervisors and 125 supervisees about cross-cultural factors in supervision. They found that supervisees whose supervisors held a different racial identity, ethnicity, and background felt more competent to work with diverse patients than those who were supervised by supervisors of similar identities. In their study, supervisors and supervisees saw a great value in cross-racial supervision relationships. Similarly, some scholars have found that supervision dyads of similar racial and ethnic backgrounds engaged in fewer racial and cultural discussions in supervision. Supervisors have also reported more integration of racial and cultural conversations in supervision dyads characterized by different racial or cultural orientations (Gutierrez, 2018; Woo et al., 2015).

Supervisors, if not careful, can assume that racial and cultural similarities result in understanding, leading to misconceptions about the other and missed opportunities for discussions about racial and cultural issues. Discussing both differences and similarities may allow trainees to self-introspect about their racial and cultural backgrounds and history, as well as how these may shape their views of the world (Dressel et al., 2007; Schen & Greenlee, 2018; Tohidian & Quek, 2017). Chopra (2013) argues that supervisors who are not multiculturally competent risk not being able to enrich their supervision relationship (Chopra, 2013).

Ramos-Sanchez et al. (2002) conducted a study with 126 supervisees to examine the consequences of a negative supervision experience. They found that negative supervision experiences harmed supervision outcomes and the supervisee's overall professional development. Additionally, supervisees who had a satisfying working alliance with their supervisors had positive outlooks toward supervision. These supervisees felt assisted by supervision to practice effectively in their therapy with patients. The supervisees reported having learned more from the supervision encounter than supervisees who had a poor working alliance with their supervisors (Ramos-Sanchez et al., 2002).

Although issues of racial and cultural variables have been observed to be central to the supervisor-supervisee relationship, some practitioners consciously or unconsciously avoid discussions with their supervisees because such discussions are difficult to undertake. Discussions about racial and cultural variables may be particularly difficult in South Africa because of its long history of racial oppression (Haskins & Singh, 2015; Seekings, 2008; Schen & Greenlee, 2018). Additionally, due to their background, some supervisors believe that racial

and cultural dynamics will not significantly impact the supervisor-supervisee relationship. Trainees' supervision outcomes may be shaped by ethnic and racial similarities and differences between a supervisor and their trainee (Seekings, 2008; Schen & Greenlee, 2018).

Despite the well-documented importance that supervisors should open dialogues about racial and cultural material in supervision, some hesitancy still exists, including in South Africa (Tummala-Narra, 2004; Seekings, 2008; Seekings & Nattrass, 2005). According to Burkard et al. (2006), the cultural responsiveness of a supervisor may shape the training outcomes of supervisees. Supervisors who are more welcoming of dialogues about cross-racial and cross-cultural experiences may yield more multicultural competent and confident trainees than supervisors who shy away from such conversations. Similarly, the supervisor's level of knowledge and exposure to cross-racial and cross-cultural issues in his/her work may also impact the trainee's learning outcomes. Supervisors should be open to dialogues about racial and cultural variables and to expanding their multicultural knowledge (Burkard et al., 2006; Green & Dekkers, 2010; Watkins, 2012).

Supervisors who have not self-introspected about their personal racial and cultural biases and stereotypes may find it more difficult to engage in conversations about racial and cultural dynamics. Exploring such topics may reveal painful conscious and unconscious biases, resulting in avoidance (Nelson et al., 2006; Schen & Greenlee, 2018). Because supervisors hold a position of evaluative power, it may be difficult for trainees to challenge their supervisors about racial and cultural biases or stigmas experienced (Borders, 2014; Schen & Greenlee, 2018; Lee, 2017). To ensure effective supervision, scholars have encouraged supervisors to explore and monitor their personal biases. Supervisors may also feel apprehensive about opening dialogues about racial and cultural issues for fear that they may be experienced as oppressors or because they are unsure how supervisees may respond. Nevertheless, such conversations are encouraged (Chopra, 2013; Nelson et al., 2006; Schen & Greenlee, 2018).

The hesitancy to discuss racial and cultural issues may also be understood from the perspective of supervisors' expectations. For example, supervisors may assume that a supervisee has been exposed to diversity training (Arczynski & Morrow, 2017; Borders, 2014). However, such training courses are presented at an abstract level and trainees may struggle to apply this theoretical knowledge to the therapeutic situation. Therefore, a supervisor needs to distinguish between personal cultural development and clinical cultural development which requires more advanced training, experience, and clinical skill (Arczynski & Morrow, 2017;

Borders, 2014). Borders (2014) argues that supervisors must possess flexibility in their supervision processes since different supervisees enter clinical practice with varying multicultural awareness and experience. A blanket approach may not work. Supervisors should remain open-minded about initiating dialogues for trainees of varying levels of experience (Borders, 2014).

Several models are available that may explain the reluctance to engage in dialogues about racial dynamics. For example, the racial identity development model proposes that racial identity progresses through a series of stages, each stage more nuanced than the previous one. As people develop, their understanding of their attitudes, and cognitive and emotional responses towards their own and others' racial identity also mature (Ladany et al., 1997). The least mature stage (Phase I) is characterized by less complex and sophisticated cognitive engagement with racial identity, while phase II represents a positive, nuanced, and mature engagement with racial identity (Helms, 1995; Ladany et al., 1997). For example, Phase II supervision discussions may involve challenging racial representations that discriminate and oppress and holding more liberal and positive racial representations of all racial groups (Helms, 1995; Ladany et al., 1997). Supervisors who deny the influence of racial dynamics may be less mature in their racial identity development (Helms, 1995).

According to Constantine et al. (2005), White supervisors and supervisees must be able to recognize a false sense of racial superiority over other racial groups while also adopting a non-racist identity. Conversely, people who identify as Black must relinquish their internalized oppression and progress towards liberating attitudes towards self and others (Constantine et al., 2005). The intersection of race and culture brings into the supervision dyad issues of power and authority, whether real or imagined, and these must be addressed (Gutierrez, 2018).

Personal experiences of past discrimination and oppression may further complicate cross-racial and cross-cultural interactions in supervision, leading to a complicated cultural mistrust. Racial and cultural dynamics need to be tackled head-on in supervision and not avoided as they may have an unintended consequence of leaving trainees ill-equipped to handle similar situations in their work with patients (Nilsson & Duan, 2007; Schen & Greenlee, 2018).

In conclusion, racial and cultural diversity are important factors to consider in psychotherapy supervision, particularly in the South African context with its abundant diversity, racist history, and a need for supervision work that considers all aspects of diversity including racial and cultural diversity. Although studies have highlighted the importance and

impact of racial and cultural issues on supervision, some practitioners remain resistant to addressing racial and cultural materials in supervision. There is a need for studies that focus specifically on how the supervision relationship is used to help trainees gain multicultural competence from the perspectives of researchers who are trainees themselves. The current study aimed to fill this gap in the available knowledge.

Chapter Three: Methods

Research Approach and Design

This study employed a qualitative research approach as a method of inquiry. A qualitative research approach uses open-ended questions to gather information from participants to gain in-depth data about the subject of inquiry (Blatter & Haverland, 2012; Creswell, 2012). Working from this research approach, one explores and analyses the subjective lived experiences of participants to gain a deeper understanding of the phenomenon of interest. This study focused on participants' categorizations, perceptions, and subjective experiences (Brink & Wood, 1998; Creswell, 2013).

Specifically, this study used an exploratory research design. An exploratory research design seeks to explore and interpret issues to gain rich data and a deeper understanding (Brink & Wood, 1998; Sainsbury & Weston, 2010; Rubin et al., 2010). This design was chosen because it is flexible and allowed the researcher to explore the research questions within the participant's naturalistic setting to elicit rich information while observing and interpreting the responses of participants (Babbie, 2009; Brink & Wood, 1998; Sainsbury & Weston, 2010; Sim & Wright, 2002). This study followed principles of an exploratory method, whereby the research design investigated different styles, ideas, and ways of working employed by psychotherapy supervisors to prepare their trainees to work with racial and cultural diversity. Following the principles of an exploratory research project, the study explored the experiences of psychotherapy supervisors and how they prepared their trainees to work with racial and cultural diversity to help the trainees develop some level of multicultural competency. This method of inquiry focuses on searching for depth from participants' lived experiences working with trainees (Babbie, 2009; Brink & Wood, 1998; Creswell, 2013; Sim & Wright, 2002).

Exploratory research methodology commonly uses interviews with participants to yield information at a deeper level, as it allows for probing and allows participants to explain and elaborate (Brink & Wood, 1998; Soeters et al., 2014). Therefore, in the data analysis section, the research explored and described important themes that arose in the study. An explorative research design was chosen to allow for flexibility in exploring supervisors' experiences (Babbie, 2009; Creswell, 2013; Kumar, 2014).

Sampling

The study employed a non-probability convenience sampling method followed by a snowball sampling technique (Creswell, 2013; Kumar, 2014). A convenience snowball sampling method was used to recruit participants based on their accessibility and availability to be part of the study. Additionally, snowball sampling was utilized whereby participants were asked to recommend or refer others meeting the selection criteria, who would then be contacted via email or telephone and asked to participate in the study (Babbie, 2009; Creswell, 2013; Sainsbury & Weston, 2010;

The target population of this study was registered professional psychologists in Gauteng who were engaging in psychotherapy supervision with trainee psychologists. To participate in the study, participants were required to meet several sampling criteria. Firstly, they were selected to be part of the sample based on their profession: psychologists registered in the category of educational, counselling, and clinical psychology. Secondly, only psychotherapy supervisors who were supervising trainee psychologists at the time of data collection were eligible to participate. Thirdly, the participants should have supervised trainee psychologists for at least two years, enough time for supervisors to have gained some knowledge and supervision experience. Lastly, supervisors from any theoretical modality were invited to participate in the study to allow fluidity and varied ideas.

Initial potential participants were identified with the help of the research supervisor and other trainees who have undergone psychotherapy supervision. These supervisors were approached and invited to participate in the study via email. Those who agreed to participate were contacted and interviewed. They were then asked to refer other supervisors they thought may be interested.

The participants were recruited based on their willingness to be part of the study. As a non-probability convenience snowball sampling technique was used, it is crucial to note the shortfalls and limitations of this sampling technique. Firstly, using this form of recruitment means there might be biases in terms of the researcher interviewing only those willing and accessible to participate and who have been invited to be part of the study. Secondly, it may mean that the study participants may be known to each other and in similar circles, since they are professionals in a relatively small community who may interact with each other on different platforms, like reading and writing groups (Creswell, 2013).

The proposed sample size for the study was 6-8 supervising psychologists based in Gauteng. A total of 9 participants were interviewed and formed part of the overall study. Data saturation was reached and so no further participants were recruited. It is important to note that all the participants in the study were females. This was perhaps due to the feminization of the profession: the majority of psychologists in South Africa are female (Skinner & Louw, 2009). Although efforts were made to recruit male participants, no male supervisors volunteered. The total sample consisted of 4 White participants, 3 Black participants, and 2 Indian participants. Ages ranged from 30 and 64 years. All participants were working in Johannesburg and surrounding areas, with supervision experience ranging between 3-20 years. Below is a table with the participant's demographic information.

Participant's Demographics Information:

PARTICIPANT	RACE	EXPERIENCE (IN YEARS.)	SECTOR
Olivia	White	8	Private
Shona	Indian	3	Private
Emma	White	20	NGO
Sophia	White	7	NGO & Private
Ava	Black	6	Public
Mara	White	3	Private
Lola	Black	15	Public
Rose	Indian	12	University
Zara	Black	5	Public

Data Collection Process

A semi-structured interview schedule was used in this study. This consists largely of open-ended questions and allowed the participants to think about questions and answer without suggestions from the researcher, thereby giving space for the originality of thought and responses. Additionally, this type of interview allows the researcher to ask for details and therefore enabled the exploration of thoughts and ideas shared by participants during interviews (Creswell, 2013; Edwards, 2006).

The interview questions were developed and derived from literature and aligned with the aims of the study. The interview questions were developed to enable the researcher to answer the research questions. Furthermore, the interview schedule offered a degree of standardization of questions as well as a degree of flexibility (Creswell, 2013; Kumar, 2014). To elicit in-depth data, the researcher used follow-up and probing questions to encourage the participants to elaborate and answer questions in a more detailed and comprehensive manner (Creswell, 2013; Creswell, 2014).

The data was collected via individual face-to-face interviews with participants. All the participants were interviewed in English at a time and place convenient for them, for example, in their office or my office at the university (Creswell, 2013; Kumar, 2014).

Participants in the study were also given a Participant Information Sheet (Appendix B), which provided details of the study. Once the participants understood the aims of the research and the procedure, they were given a Consent Form (Appendix C) to sign as their confirmation of agreement to participate in the study (Creswell, 2013; Edwards, 2006; Kumar, 2014).

Once permission was obtained from each participant, the interview was scheduled. Each interview took approximately 40 to 50 minutes. Interviews were then transcribed verbatim. With the participants' permission, some of the interviews were audio-recorded; in cases where no permission was granted, notes were taken during the interview. Only one participant did not consent to an audio recording.

Piloting the Interview Schedule

A pilot interview was undertaken with one participant to establish whether the structure and content of the interview schedule (Appendix A) were understandable and the questions were clear. This interview was transcribed and sent to the research supervisor for review before subsequent interviews were conducted. According to Creswell (2013), a pre-test or pilot interview is the first step in the qualitative research data collection process. A pilot interview is a process whereby the researcher chooses one or more participants to evaluate the appropriateness of the research instrument. This procedure helps identify shortfalls in the research instrument and check for any discrepancies that may need to be addressed. In addition, the participant in the pilot interview was informed about the nature and purpose of the pilot interview (Creswell, 2013; Creswell, 2014).

Data Analysis

This study followed Braun and Clarke's (2006) thematic analysis as a method of data analysis. This method offers a six-step thematic analysis process: familiarisation with the data; generating initial codes; searching for themes; reviewing themes; forming overall themes, and producing the research report.

Following the principles laid down by Braun and Clarke (2006), I began data analysis by transcribing all interviews. Thereafter, the process of generating initial codes began. Once all the interviews were transcribed I read and re-read the transcripts to become familiar with their content. I then observed trends in the data and generated initial themes and wrote them down. The initial themes were developed further into specific themes by combining similar themes and cutting out themes that were not significant or did not contribute to answering the research questions. Thereafter, I further reviewed all the specific themes developed and generated overall themes that captured the overall essence of the study (Braun & Clarke, 2006). After all these processes were completed, I reported the results of the study and produced the current research report.

Rigor and Trustworthiness

To ensure rigor in this study efforts were made to improve the trustworthiness of the data collection process, data analysis, and reporting of results. The following concepts of trustworthiness and rigor were considered: dependability, credibility, transferability, and confirmability. Dependability was ensured by using the same researcher to interview all the psychotherapy supervisors and the same interview schedule for all the interviews. Efforts were made to clearly explain the research process and methodology used to ensure the credibility of the study (Bryman, 2012; Creswell, 2013).

The transferability of the study may be limited to supervisors in this particular context. However, the themes that emerged may be relevant to supervisors in other contexts.

During the project, I worked closely with my research supervisor to monitor the project through correspondence checking. My supervisor evaluated the data collection instruments during the piloting stage. Based on her research and clinical experience, she made comments and suggested adjustments to the interview schedule (Creswell, 2013).

During this project, I read the transcripts and developed themes, and corresponded with my research supervisor. Transcripts were read independently, and the analysis was then

compared to ensure the trustworthiness of the analysis. Quotes from the interviews were included in the write-up to offer readers the opportunity to come to their conclusions about what was said. These efforts were made to ensure the confirmability of the study (Creswell, 2013; Edwards, 2006).

Reflexivity

In this project, I needed to be reflexive and consider my positionality as a researcher. According to Dodgson (2019), reflexivity enables the researcher to ensure rigor and improve the quality of a piece of research. A researcher should self-disclose their positionality and self-introspect about their impact on the research outcomes. This needs to be done in a way that is truthful and honest (Berger, 2015; Finlay, 2002). My positionality has shaped how I currently view the world and ultimately how I go about conducting and following scientific research processes (i.e. design of a study, data collection, analysis, and reporting of results). To remain reflexive in this study I needed to interrogate ways in which my contextual background (i.e. racial identity, history, and socioeconomic status) and how it may differ or be similar to my participants can influence the project (Dodgson, 2019). This increases the quality of the research and deepens an understanding of the participants and the outcomes of the research (Dodgson, 2019; Finlay, 2002).

Conducting this study from my position may have influenced the data collection, data analysis, and reporting of the results and it was my responsibility to ensure that I am aware of the influence my positionality can have on the entire research process (Berger, 2015; Palaganas et al., 2017). First, during the data collection process, participants voiced their awareness of talking to a young black trainee, potentially like one of their supervisees, about supervision. During data collection, I had a strong feeling that I needed to conceal my racial identity and position as a trainee to limit my impact on the study. After the pilot interview and engaging with my supervisor I realized that I was also a research instrument and my racial identity was necessary for the study and also a vehicle for data analysis. Therefore I did not need to conceal my positionality. Participants also mentioned feeling self-aware and exposed, and they shared concerns that they may have been vaguer in their responses due to being interviewed by a trainee about trainees. This was also likely due to my position as a trainee taking a microscopic view of supervisors' work. I am aware that my position may have been an intrusion on supervisors by shifting normal power dynamics between a supervisor and trainee. For this reason, participants' experiences of the interview itself formed a key focus of analysis.

In addition, the dialogue about race and other sensitive diversity factors proved to be challenging to some participants, especially in the current juncture of South Africa's history where racial differences between people and issues of inequality along racial lines form part of the daily lives of many South Africans. During the data collection process at times, I found myself feeling stuck with participants' feelings of hopelessness and helplessness when it came to engaging in dialogues about painful experiences (i.e. lack of resources, experiences of rejection, discrimination, and racism), and often I would find myself emotional and a little sad. Navigating my role as a researcher was difficult because I had to constantly hold onto my role as a researcher and not be a psychotherapist. In the study, I needed to consider that dialogues about racial and cultural dynamics can be difficult and that my background also shapes my level of engagement with the interview questions. Therefore, I needed to engage with participants even when I felt emotional.

According to Palaganas et al. (2017), qualitative research requires an understanding of the interconnectedness of the researcher with his/her subject of inquiry. It also highlights the relationship between a researcher's contextual background and their methodology. Therefore, as a researcher, I needed to consider the impact my racial identity may have played in limiting the participants from expressing their reservations about young black trainees and/or trainee psychologists in general. In the study, one may need to consider and acknowledge that the interview processes and responses may have been shaped by my racial identity, social status, and educational background/level. I have considered and I am aware that the responses may have been different if the interviews were conducted by an individual of a different racial identity or background. To open up possibilities to explore my impact on the research, questions in the interview schedule about the participants' experiences of me as a young black trainee interviewing them about diversity were included. Therefore, a continuous process of reflexivity became particularly important for this study beginning with the design of the study to the collection and analysis of the data (Dodgson, 2019). Correspondence checking was also done during the data analysis with the research supervisor to limit any biases due to the subjectivity of the researcher during the research process. However, the subjectivity of the researcher also shapes the findings to an extent, firstly during the interview process, there is a possibility to be drawn to content that may favor the trainees more than supervisors due to my position as a trainee. Similarly, during data analysis and reporting of results. To mitigate these during data collection piloting of the interview schedule and correspondence checking were done with the research supervisor to assist with the rigor and trustworthiness of the interview

questions and limit discrepancies and any biases observed. This was done throughout the research project.

Ethical Considerations

Ethics clearance was obtained from the Human Research Ethics Committee (Non-medical) of the University of the Witwatersrand (Appendix E). Data collection commenced only once clearance had been granted. The following ethical principles were considered in this study:

a) *Voluntary participation:* Participants were not forced or coerced in any way to participate in the study. Additionally, participants in the study were told that they may withdraw from the study at any time during the interviews without incurring any penalties or may choose not to answer particular questions.
b) *Privacy and confidentiality:* The research raw data was only accessible to the researcher and was stored in a password-protected computer. Only the researcher and the supervisor had access to anonymized transcripts. Confidentiality was ensured by excluding any identifying information in the final report and by using pseudonyms (Creswell, 2013).
c) *Non-maleficence:* Efforts were made by the researcher not to cause any harm to the participants. Participants were as fully informed as possible about the nature of the study and interviews were conducted with respect.
d) *Non-deception:* There was no deception used in this study.
e) *Informed consent:* I obtained informed consent by providing a Participant Information Sheet and Consent Forms (for interview & audio recording consent) to all participants before interviewing them. During data collection, participants could choose not to be audio recorded and I asked to take notes instead.
f) *Sensitivity:* It was anticipated that participants would be highly reflective, due to the nature of their profession, and this was indeed the case. Psychologists are expected to be able to engage in uncomfortable conversations. This limited concerns about the sensitivity of the material explored. Supervisors are in their therapy and/or supervision, so it would not have been appropriate to offer free psychotherapy services if participants found the interviews distressing. While participants identified that the interviews were uncomfortable, no participant experienced visible distress during their interview.

In conclusion, this study employed a qualitative research approach and an exploratory research design as a method of inquiry to gain in-depth data about the subject of inquiry. A non-probability convenience sampling technique was used to recruit participants and data was collected using a semi-structured interview schedule. The collected data was analyzed using Braun and Clarke's (2006) thematic analysis. To ensure rigor in this study the following concepts of trustworthiness and rigor were considered: dependability, credibility, transferability, and confirmability. Reflexivity was considered throughout the study to explore and offer an understanding of how my positionality may have shaped the design, analysis, and reporting of the results. The following principles of ethical standards were considered as part of this study: voluntary participation, privacy, and confidentiality, maleficence, non-deception, informed consent, and sensitivity.

Chapter Four: Results and Discussion

Introduction

Four dominant themes centered on issues of racial and cultural diversity arose from the interviews. Participants valued *a safe space to struggle and think together* in the supervision relationship; foregrounded the importance of examining their *personal biases and blind spots*; and described *racial and cultural dynamics as unavoidable in supervision*. Finally, how participants experienced *being interviewed* shed light on the complexities of addressing racial and cultural diversity in supervision.

Theme 1: A Safe Space to Struggle and Think Together

All supervisors identified the ability to create a space to think and struggle together in the supervision relationship as important. Participants considered struggling together with their supervisees as an opportunity for supervisees to practice, learn and grow a repertoire of skills, thereby enabling them to be able to think about working with diversity in psychotherapy and supervision in flexible ways. Olivia, for example, commented:

> *It's all grist for the mill. So all the things that happen, whether they were easy things or difficult. They're all things that can be talked about and discussed and helpful in terms of moving psychotherapy forward, nothing was a mess up so long as you could talk about it. I suppose I try and help trainees think their way into what that person might be experiencing, help them feel and think what that person might be experiencing. And then between us when I experience certain feelings in the supervision, when I feel angry or I feel anxious or I feel uncomfortable, I try to use those feelings to understand (Olivia – White).*

Sophia commented on how she goes about offering a space to think and struggle with her supervisees by giving a practical example:

> *People who have worked with a Sangoma before or know a Sangoma, I kind of ask them, do you think this is a defensive thing or do you think, this is a traditional - cultural thing? So rather than kind of bringing something to talk about, it's just about being aware in the work when something kind of comes up and then trying to straddle the line between is this something kind of cultural that we need to be kind of educated about? Or is it something kind of defensive? (Sophia - White).*

Participants in the study understand that the supervision relationship is a joint process between a supervisor and their trainees as they work together to understand a patient presented in supervision. While literature focuses on the role of a supervisor in ensuring learning occurs in supervision, participants in this study saw both the supervisor and trainee as mutually responsible for the development of trainees' psychotherapeutic skills (Thomas, 2014; Whitman & Jacobs, 2018).

The notion that a supervisor must be able to create a safe space for a trainee to be able to think and struggle with their supervisor indicates that participants in the study shared the supervision space and engaged in the process of thinking with their trainees as partners (Grossl, 2014; Ilgen, 2021). There is increasing interest in defining psychotherapy competencies and how supervisees gain the necessary competencies through supervision to practice effectively as psychotherapists (Stoltenberg, 2005). For participants in this study, these competencies can be developed within the supervisory relationship through a joint reflective thinking process between a trainee and their supervisor. Gray and Smith (2009) hold that supervision is a space for reflective thinking, where intricate and recursive dialogues take place between the supervisor and trainee. The findings of the current study add an extra layer to Gray and Smith's argument and highlighted that this process may be complicated by issues related to racial and cultural differences that may exist between a supervisor, trainee, and trainees' patients.

The conceptualization of the supervision relationship as a joint space that encourages dialogue and thinking has been widely debated (Crocket, 2002: Killian, 2001). For example, Case (2007) argued that a supervisor should limit the use of a didactic approach to supervision, but rather explore the dynamics of a supervision situation together with their trainees. Although participants in the current study understood the complexities of helping trainees develop their therapeutic muscle by taking a direct approach to teaching certain skills, they also commonly held the idea that such a process remains a mutual collaborative process. For supervisors in the study, such a process may in turn enable the supervisee to begin a process of reflection of their own and think about their patients under the guidance of their supervisor in contrast to reaching a decision about patients on their own. Central to this idea is that offering trainees an opportunity to practice skills necessary to be competent psychotherapists is more effective than foreclosing and enforcing directive methods of supervision (Watkins et al. 2019).

While participants conceptualized supervision as a space to think and struggle together, they also drew from their trainees' knowledge systems:

> *If I supervise three students, one who is Islamic and one who is Christian or any other student, would also present, from their cultural or religious perspective, what would they think or how would they think this individual in the case is experiencing, I'll have to draw from the students' perspective, from an Islamic point of view (Ava - Black).*

This style of clinical supervision adds an extra layer and a nuanced understanding of how supervision is conducted. Drawing on supervisees' knowledge and cultural expertise to enrich supervision discussion reflects supervisors' understanding of their trainees as cultured beings who come from different racial and cultural backgrounds rather than empty vessels (Bacha, 2021; Soheilian, et a., 2014). This understanding encouraged participants in the study to integrate trainees' knowledge systems into the supervision process thereby allowing them to use trainees' knowledge systems first within the supervision relationship and secondly in their work with patients. This was undertaken by participants to enable trainees to develop independent thought. For participants in the study, this style of supervision enabled trainees to practice important skills in a safe and creative supervisory environment. Such a space can allow for discussions that have a positive impact on supervisees' growth as individuals and professionals (Jones et al., 2019). The findings of this study indicate that collaboration in supervision is vital (Patel, 2013). Patel (2013) further points out that it is significant for both the supervisee and supervisor to stay engaged in the process of learning, and equally share the learning responsibilities and accountability.

Participants also felt that it was important for trainees to be able to talk about their mistakes, particularly because of the challenges that come with working with racial and cultural diversity (see Arkin, (1999); Estrada et al., (2004); Peters, (2017)). Participants in the study described mistakes brought to supervision and spoken about as an opportunity to learn and be able to think about patients in different ways. Literature holds that trainees are expected to learn through practical work and gain lessons from their mistakes while at the same time engaging ethically to ensure the safety of clients (Ilgen et al., 2021). However, for participants in the study the strength of a trainee lies in their collective life experience, racial and cultural background, and how these factors are integrated into both the supervision relationship and contact with patients. Therefore, it may be beneficial for trainees to take part in multicultural dialogues with their supervisors as it was believed by participants that this allowed them to

develop a new way of talking about racial and cultural issues that is safe and free of biases (Schen & Greenlee, 2018; Westefeld, 2009). For example, Shona commented:

> *So I think it's really difficult for training psychologists to know where the line is in terms of - Is this a cultural thing? Is this a racial thing? Am I allowed to talk about it? They, they're so self-aware of making mistakes that it holds them back. So I think as a supervisor, the most important thing first is establishing a working relationship with your supervisee. So they feel safe enough to bring stuff to you, the supervisor has to create a space where they are open to hearing about those things (Shona - Indian).*

Authenticity from the supervisors themselves was seen as a crucial element of psychotherapy supervision. For example, Emma commented:

> *And so what I try and do with the interns is to say, look, let's just think of, the kind of, the way this family works and what do we have to try and? It's a very delicate balance. And if I don't know then we take it to the team very often or we can talk to a colleague next door. Like what do you think is going on? What are we missing? Well, we all do, there are things I don't understand and I have to try to understand, there is something that one has to understand that's slightly different from her own world experience (Emma – White).*

Emma described a need for supervisors to understand the limits to their different worldviews. This approach highlights an important insight: there are always things that a supervisor may not understand or know (Starr, 2013). This approach of authenticity and honesty appeared important for learning how to be with an "other" and teaching an "other" how to be authentic in relationships with other people (with both their supervisor and patients). Literature indicates that the ability to be authentic in a relationship is a critical skill for novice psychotherapists (Mangione et al., 2011; Watkins et al., 2019). However, it rarely states how this process may unfold at a practical level with trainees. In the current study, participants pointed directly to how they use the supervision relationship to train their supervisees to be able to relate with them honestly. This process for participants begins with the supervisor sharing their own experience of supervision honestly and being able to self-disclose (Boyle & Kenny, 2020; Farber, 2003; Knox et al., 2008; Knox et al., 2011). In different ways, supervisors felt it was important to keep the supervision space open enough to allow for a struggle, beginning with struggling themselves towards understanding rather than a foreclosure on understanding and asserting themselves as knowing everything (Davies, 1998; Thorpe, 2016).

Participants stressed the importance of having a trusting relationship and a sense of safety in supervision to think about racial and cultural phenomena. Participants' narratives suggested that supervision could be hindered if trainees are not comfortable bringing issues to supervision or perceive their supervisor as unwelcoming and harsh towards mistakes. For example, Shona commented:

> *So you're not worried that your supervisor is not going to hear you out or judge you or not be willing to hear the mistakes that you've made. I think it's really important, just like how we have to establish rapport with our patients. We have to establish rapport with the interns as well because if we don't, they don't feel safe enough to bring these issues, specifically racial issues to the space (Shona – Indian).*

Hernández and McDowell (2010) argue that displaying critical social awareness as well as cultural humility gives the supervisor and trainees an opportunity to develop the trust and safety needed to inspire growth. The development of a trainee's competency to function effectively in psychotherapy also required a supervisor to hold a non-punitive stance towards trainees' work with patients. While participants deemed that it was important for supervisors to create a safe space to think and struggle together with their trainees it was equally important to permit trainees to explore and interpret narratives shared in clinical supervision, without the fear of judgement or punishment (Gray & Smith, 2009).

To build on this, Mara commented:

> *So, yes, a lot of what we deal with in therapy supervision is about the clients, but sometimes it's about you as a student. Sometimes it's about me as a supervisor. Sometimes it's about the difficulties that the clients are dealing with and what that triggers in your students and what that triggers in you as a supervisor (Mara – White).*

For Mara, working with diversity in supervision includes focusing on the patient, the trainee, and the supervisor. Mara's inclusion of the supervisor as an object of reflection actively implicates the supervisor as directly involved in the struggle to think together, thereby undermining some of the power relations that are often found in the supervision relationship (Arczynski & Morrow, 2014; Sparks, 2014). Issues of power dynamics often complicate whether a trainee can be comfortable enough to bring difficult materials into the supervision relationship, particularly those things that may be considered a mistake (Copeland et al., 2011; Singh-Pillay & Cartwright, 2018). While literature places responsibility on the supervisor to be able to minimize the effects of power held by the supervisor, for participants in this study

their evaluative power over trainees had to be mutually spoken about in a way that is containing and safe. This indicates the use of power in productive ways (Ancis & Ladany, 2010). Coren and Farber (2019) found that limiting issues of power dynamics in the supervisory relationship results in supervisory conversations that are more enlightening.

Participants understand that power dynamics and discomfort need to be addressed under supervision so that trainees are not left feeling powerless and unable to share their thinking processes (Hernández, & McDowell, 2010; Heuer & Holbrook, 2015). For example, Zara commented:

> *I'm a different race from some of my students, I'm a different language and I'm a different age from most of them. They would not necessarily feel comfortable up front to go and confront or challenge a person who is older, 20 years older, I think those are some of the things that make it difficult, but then again there is the reminder that when I meet my students I need to be open and upfront about these things but then also the realization that some students will never feel the most comfortable with me. I say to my students I might not be the person that you feel most comfortable with and that is okay because we all kind of click with different kinds of people. I encourage you to speak to people that you feel comfortable with (Zara - Black).*

For Zara, power dynamics need to be spoken about and not avoided. Although this finding has been widely supported (see Coren & Farber, (2019); Copeland et al, (2011); Hernández, & McDowell, (2010); Heuer & Holbrook, (2015); Singh-Pillay & Cartwright, (2018) in the current study several other participants shared the view that this may be complicated by issues of racial and cultural differences, particularly in South Africa a country with a racist history. In this context, power may often be perceived to be held by some racial and cultural groups over others (Graham & Langa, 2014; Pendry, 2011). This finding will be described more in theme 3.

Theme 2: Thinking about Blind Spots and Personal Biases

Another theme that dominated participants' accounts was the idea that both supervisees and supervisors need to work on their blind spots and biases about race and culture. For example, Sophia commented:

> *I feel like I need to be very conscious of those things in my own work, if I'm going to be able to help someone else, kind of be aware of how to work with diversity things in their work so I think a lot of it has been kind of explorations for myself and just being exposed*

to conversations and groups where people can kind of teach me, so that I can pass that learning on as a supervisor. So it's a lot about trying to expose myself as an individual to kind of my own biases or kind of where I have a blind spot, I think, and then use that learning I guess to try to be mindful of it in my own work and in myself, as I'm reading someone's work or thinking with them about a client (Sophia - White).

Similarly, Emma commented:

Look we're all blind to our prejudice. We have to know it is there and that we're blind to it, I think I have to understand this with people, there are things I don't understand and I have to try to understand (Emma - White).

For both Sophia and Emma, a supervisor has to be aware, think about, and acknowledge their blind spots and personal biases. Most participants understand the position that personal biases and prejudices exist in all of us whether conscious or unconscious and that both supervisor and supervisee need to engage in an ongoing process of self-introspection. Moreover, when trainees are allowed to search for their cultural awareness, through the use of self-reflection checklists, for example, it increases awareness of the impact of their personal and cultural biases on their clinical work (Matthews & Van Wyk, 2018). In this regard, thinking about blind spots and personal biases was considered to be an important factor in the supervision relationship and participants further noted that it was not only the responsibility of a supervisor but also that of a trainee as they work with their supervisor. For example:

I think if we are unaware of issues we can't work through them. So I think they do start in the supervision space that we should be open and the supervisor, she should also be willing and open to discuss those issues with the supervisees because it's a two-way process. I mean if the supervisor is not aware as well and bring it in, the supervisee also then doesn't feel comfortable to bring those issues. So yeah, I think it's a relationship issue (Lola - Black).

For Lola and several other participants, a supervisor must be open and willing to discuss their blind spots in supervision, as well as learn about them. It is important to note that how a supervisor engages with their shortcomings (i.e. personal blind spots and biases) is important for the process and supervision outcomes (Hook et al., 2016; White III et al., 2018; Wilson, Davies & Weatherhead, 2015). Hence, a supervisor's ability to be open may contribute to

creating a safe space for supervisees and also teaching a supervisee that it is unnecessary to hide their blind spots and biases. This process normalizes blind spots rather than viewing them as terrible shortcomings that need to be removed from the supervision space (Grimmer & Tribe, 2010; Patallo, 2019). Shona also emphasized the importance of safety in supervision:

> *I think that's why the supervisee-supervisor role is so important, because it's also a modelling to show trainees how to bring up these issues that you're struggling with so that they can actually bring it up with their patient so that it doesn't become a hindrance to the therapy. It's about modelling a relationship. So if you can, as a supervisor, model a relationship for your supervisee in terms of how do you bring up these issues (Shona – Indian).*

For Shona, working with diversity in supervision requires a supervisor to model ways of talking about diversity. The act of teaching psychotherapy becomes about teaching trainees how to be in a relationship with the 'other' while being aware of one's contributions to the relationship. Mara also comments on what it means to model for supervisees:

> *Not letting your own personal circumstances influence your supervision, not to let your blind spots become barriers in supervision. So to be in your own therapy, to be reflective, to sometimes sit with what is uncomfortable, so exactly what we ask our students to do. I think it's our responsibility to do that too… It's very easy for us to think that after so many years of doing this we are actually the experts (Mara - White).*

For Mara and several participants, it is not only important to be aware of blind spots and biases to be a good supervisor, but also to be able to model a reflective process of sitting with what is uncomfortable and potentially unknown. This indicates that participants understand the sophistication of working with their blind spots and biases. Consistent with literature participants understand that it may be uncomfortable and difficult to work on one's blind spots and biases, particularly those that may relate to racial and cultural differences (Hook et al., 2016; Patallo, 2019). Nevertheless, participants emphasized a strong will to remain reflective and able to self-disclose their processes of engaging with personal biases and blind spots despite discomfort.

Fleming and Steen (2012) point out that trainees think of supervisor self-disclosure as beneficial. This includes being in one's psychotherapy and being aware of the danger of

slipping into the role of expert, thereby foreclosing reflection. While self-disclosure is considered vital for multicultural supervision (see Farber, (2003); Ladany & Inman, (2012); Zhao, & Stone-Sabali, (2021)), it is important to note that it is helpful to set and maintain clear boundaries, with regards to structure as well as what one can bring to supervision (Fleming & Steen, 2012).

While participants strongly held the idea that working with personal blind spots and biases in multicultural supervision is crucial, participants also commonly shared that one way of engaging with these blind spots and biases is for trainees and supervisors to be in their psychotherapy. This indicates that participants understand the significance of having an awareness and reflective capacity as it relates to personal blind spots and biases in clinical supervision. For example:

> *It's a difficult position to be in, because we're all trained clinicians and therapists, but you can't be a therapist to your supervisee. You can continue and hold them, but with holding in mind that, that person is in their own individual therapy (Zara - Black).*

Lola and Emma also commented:

> *I think for me, you know supervision parallels you know therapy. Therapy provides that opportunity for them to be able to then take that into their therapeutic spaces (Lola – Black).*

> *I think a lot of it is about learning a lot about yourself and your own blind spots and areas, you know, where you need to grow a lot and be in your own therapy and talk about these things. I will say often when I pick up something in a supervision, I'll say you've got to take that up in your therapy (Emma - White).*

The idea that both trainees and supervisors need to be in their therapy is not a new one. Supervisors need to respect the boundary between therapy and supervision (Adams, & Riggs, 2008; Bennett-Levy & Finlay-Jones, 2018; Grant et al., 2012). Wiseman and Shefler (2001) argue that personal therapy offers a unique foundation whereby development progresses through a complex interplay between the professional and the personal self. The findings of this study added another layer, with participants not only stressing the importance of therapy but also using the supervision space as a supportive space for supervisees and a space to process complex emotional responses and blind spots linked to issues of race and culture, while also acknowledging boundaries between supervision and psychotherapy.

Several participants held the view that trainees need to be able to identify when they struggle with issues of racial identity and difference. In this regard, the development of self-awareness is dependent on one's willingness to introspect as a therapist (Stovel & Steinberg, 2008). These attempts at self-introspection may in turn help trainees to be self-aware and be able to respond to the needs of their patients without being held back by personal blind spots and biases. For example:

> *I think it's just about encouraging them to take things that make them feel uncomfortable, to take the things that moves them out of their comfort zone into their own psychotherapy, because those things don't just need to be dealt with from a resource base or knowledge base, we need to deal with things from an emotional level (Mara - White).*

For Mara, helping trainees to work with diversity is not only about resources and knowledge, but importantly about the emotional capacity to engage in thoughtful ways. This suggested that participants understand that certain stereotypes and blind spots may be painful to work through. Chan (2019) points out that it is critical to address feelings of discomfort that trainees experience with regard to multicultural issues. Participants were of the view that if supervisors and trainees do not work through these issues, their work with patients will be impeded.

Despite the potential of this process being painful, there was also an acknowledgment by participants that it is potentially rewarding and offers a learning opportunity for supervisors and trainees:

> *I guess for me, I just think that working cross racially or culturally, you become a better person I think, because you realize your biases, your stereotypes, they get wiped out (Sophia - White).*

Although it may be wishful thinking that stereotypes may be "wiped out", indicating perhaps the wish for them not to exist, Sophia indicates that she is hopeful about the possibility of transformation and change for both supervisors and supervisees. When a supervisor, supervisee, or patient brings up a stereotype or personal bias they have not dealt with emotionally, this provides an opportunity to learn and think with the "other" about it and this, in turn, may provide both with an opportunity to better understand themselves and others.

While literature tends to focus on the benefits of multicultural supervision for trainees and their patients (Chan, 2019), participants in the study indicated a mutual benefit.

Theme 3: Racial and Cultural Dynamics as Unavoidable

Material about racial and cultural differences and dynamics dominated the interviews of most participants, who felt that it was almost impossible not to experience such dynamics in supervision. Although these were considered to be an unavoidable element in their work, participants felt that opening conversations about racial and cultural dynamics is critical for psychotherapy supervision. This is especially true in the South African context, given its history. Chan (2019) also notes that race has been and is still relevant, not only for clients but also in the supervision relationship between clinicians and their supervisors. Jones et al. (2019), argue that supervisees of color often do not initiate dialogue on racial and cultural differences during supervision, alluding to various barriers, such as not being comfortable, fear of overemphasizing race, or supervisors not being interested. Participants were very aware that their own racial and cultural identity comes with pressure and complexity. For example:

> *Like if you're a black clinician you're expected to speak all languages and understand the background. If you're a white clinician then you'll be expected to be the provider or you represent Apartheid. So, things will be projected to you, all the stereotypes about Black, Indian, White, Chinese whatever projections will be there, with challenges as a personal encounter when working with diverse cases (Zara – Black).*

Zara and several other participants saw racial dynamics as being overarching and experienced as obvious and apparent in psychotherapy and supervision. This indicates that participants had a strong awareness of the significance and consequence of racial and cultural identity in their work with trainees. Shona similarly highlights that racial and cultural diversity are 'obvious':

> *I think being an Indian therapist, I'm not as culturally aware as I should be. I feel like in my experience with working with supervisees if you're working with maybe a white therapist and a black patient or a black patient and a white therapist that diversity is quite obvious and that comes quite obviously into the space (Shona - Indian).*

Shona expresses anxiety that she is "not as culturally aware" as she should be. Together with the dominance of racial dynamics was often a fear that cultural and racial issues are not

given justice. While literature highlights the significance of understanding the interplay between cross-racial and cross-cultural supervision (Burkard et al., 2006; Ladany et al., 1997), *how* such an interplay is dealt with in the supervision relationship and what trainees and supervisors can do to deal with these challenges are rarely outlined (Ayo, 2010; Schen & Greenlee, 2018). Participants described conversations around racial identity as particularly difficult to undertake, due to South Africa's apartheid history. Lola, for example, reflected:

> *Psychology in the past, in the profession, was really largely white people. It is mostly taught by white people. It is taught in English, it's something that is of Western origin. In this country, psychology hasn't always been used to benefit everybody in every race. So we do have a past here where you know Psychology was not used to benefit African people (Lola - Black).*

Like Lola, several participants expressed an awareness of the history of psychology in South Africa and the consequence that working cross racially appeared to put racial issues under a microscope. It was also important for Lola to stress that psychotherapy is not of African origin. For participants in the study racial and cultural issues complicate the supervisory relationship and add nuances to the relationship.

Several participants spoke about the impact of racial differences in the supervision relationship. For example, Rose commented:

> *Students of color seem to build a trust and rapport with me very quickly on a different level. When I am supervising white students particularly, it feels like it takes a bit longer to try and get some of that rapport, so we think that we're not seeing race but I think immediately as we start it's already present. I always feel a little of a difference between the students as they're settling in with me and as we're trusting each other and as we're getting used to the modalities we work in but also how we're going to start thinking about diversity (Rose - Indian).*

For Rose and several participants, racial identity is inescapable and influences the supervisor-supervisee relationship. This suggests that supervisors cannot continue psychotherapy supervision without an understanding of the complex relationship that exists between racial and cultural identities within supervision spaces. For Rose, her own racial identity as a woman of color herself also seems significant to her, shaping her trainees' experiences of her as a supervisor and the level of rapport. Hocoy (2020) points out that racial

constructions have always been a central factor in the ideology of apartheid in South Africa. Therefore, it cannot be avoided as it has a crucial impact on supervisory relationships.

Lola also felt that her own racial identity shapes her conversations:

> *So it's encouraging that these issues are being looked at but I do think that these issues are always been looked at from a black perspective. So I would like more reflections with white supervisors as well, and from white supervisees about these experiences. I suppose you being black is what I'm used to, I'm used to discussing these issues more with black people as opposed to any other race (Lola - Black).*

On the one hand, Lola is optimistic that racial issues are being explored but on the other hand, she notes the difficulty of conversations across racial categories. This could be due to the different beliefs between racial groups. Constantine and Sue (2007) also note that issues of racial and cultural differences are often ignored in supervision. Participants argued that this is due to an emotional component that comes with working cross-racially (Christiansen et al., 2011). The difficulty or reluctance to directly speak about the racial difference was raised by all participants. When asked how they made sense of this, participants reported feeling uncomfortable or unsure how to start conversations with trainees. For example:

> *I suppose I have wanted to see things as being more equal, I suppose I have not wanted to see the difference and how it might impact because it's uncomfortable and I think I haven't had anyone raise it with me directly, I don't think we have come up with good answers, on how to make things comfortable or more easy (Olivia - White).*

Olivia describes the challenges of confronting racial and cultural dynamics and the discomfort that challenges her reflective capacity. Several participants noted that both psychotherapy and supervision are emotionally uncomfortable. Rose notes how this 'emotive component' is difficult to voice:

> *I think that there is a huge emotional content to this, talking about this in a cognitive way hides the emotion. So, as we're ending right now, I feel I'm sitting with a lot of emotions. I feel like I'm sitting with anger, sadness, I feel like some voices get heard; some don't get heard. So, I feel there's a huge emotive component to this as well and I'm hoping it comes out in your interview. There's a lot of fear, there's a lot of a defensive need to kind of just push it a little away (Rose - Indian).*

For Rose and several participants, engaging with issues of diversity requires practitioners to challenge themselves. This indicates that both supervisors and trainees need to challenge themselves beyond the theoretical by engaging with difficult emotions. For participants, the challenge is not only to resist pushing these emotions away but also to make space for multiple voices to be heard. For effective supervision, the supervisor must build the kind of discourse that motivates trainees to co-construct new knowledge as growing practitioners despite the discomfort of having to work with uncomfortable and emotional material that relates to racial dynamics. This will help them in becoming more aware of the new and, when necessary, be able to question prior beliefs and stereotypes in light of new knowledge (Gray & Smith, 2009).

During the interview process, the researcher noted that racial dynamics were uncomfortably difficult for participants and so directly asked participants why racial and cultural differences were both unavoidable and uncomfortable. Shona responded:

> *Look, it's an uncomfortable topic. It's so sad, I think in South African society in general, it's a very sensitive topic. I think sometimes therapists do purposefully turn a blind eye to it because they don't want to address the issue. So I think talking about it, it also opens up your eyes in terms of how little you do address it, when you should be addressing it in your therapy-supervision spaces, we do shy away from talking about it. It's a topic that people do take offense to and sometimes we don't always know-how, how to talk about it, how to bring it into the space (Shona - Indian).*

Shona notes that practitioners avoid speaking about racial dynamics for fear of causing offense or harm. Despite this fear, her experience has been that "talking about it" is illuminating and opens up possibilities for further conversation. Shona's comments indicate an awareness of racial and cultural sensitivity when working with racial and cultural diversity. Qualities like racial and cultural sensitivity and humility are important for supervisors to foster (Constantine & Sue, 2007; Fisher-Borne et al, 2015). However, participants share a sense of stuck-ness not discussed in the literature that relates to striking a balance between sensitivity and being overly cautious.

Emma commented on the hurtfulness of silence:

I think we're still far, long way away from talking about the racial things with one another that are a problem. We are. But I mean. There is just so much that's, even just in an inflection of a voice that might be hurtful to another person and you might not be aware of it. And I've seen sometimes somebody will make a kind of remark, and I would think that remark is going to be hurtful to certain people. I know it, but nobody's calling it out (Emma – White).

Emma notes how difficult it is for racial hurt to be called out for her supervisees, and perhaps also for herself. Thus, a sense of being too careful and a fear of causing damage may in turn result in hurt. Several participants shared that a failure to address racial tensions may have detrimental implications. Lola gave an example:

This year we actually had an intern that left due to feeling mistreated and discriminated against and it was sad that the damage was already done, and that black intern had already made up their minds. And you speaking about this today leaves me feeling quite heavy that we did not see how impactful issues of diversity can be to our interns or trainees, especially when they are enmeshed with power dynamics between a supervisor and supervisee, who feel they are being oppressed and cannot speak about their experiences of being different in an institution that previously was reserved for certain people (Lola - Black).

Lola's example powerfully conveys how important it is for trainees to have space to be able to speak about their experiences of racial differences in supervision. Lola's example suggests that when there is a lack of safety, trust, and cultural sensitivity during supervision, trainees may not be able to open up about their experiences of racial and cultural dynamics (both experiences that oppresses them and/or those that liberate them). Upshaw et al. (2020) argue that supervisors may miss important information if supervisees cannot speak out, which could potentially result in unpleasant interactions.

Participants shared that "White guilt" often limits the engagement of White trainees. For example, Emma commented:

For the white interns sometimes issues around guilt, as a white intern might come into the space and you know we've had to deal with, for example, interns giving patients money and going out of their way, when we reflect a bit deeper about, what that is about

then the interns themselves reflect that you know, perhaps they were more sympathetic with the patients as opposed to having more empathy. For example, if the child doesn't have food. So if they have food they can just give it. This has happened more for white interns than it has for African interns (Emma - White).

Emma and several participants reported that White trainees may feel powerless and stuck, responding practically rather than engaging with the emotional impact because of a feeling of "White guilt". This indicates some level of self-introspection from participants grappling with their own racial identities. Swim and Miller (1999), point out that White people feel "White guilt" when they start becoming conscious of the widespread seriousness of racism in society.

Working in the uncomfortable realm of racial and cultural identity may also raise racial tensions, as noted by Zara:

People will have their own childhood unresolved issues about a person of another race; then that also really impacts on that relationship, if you don't work through that, as a supervisor then it does impact on the compatibility with your supervisee then they're not gonna learn much because then you'll be stuck with that, and it doesn't shift until you engage with it (Zara - Black).

Zara highlights not only that complex emotions are involved, but also that historical experiences may result in strong negative emotions, and consequently a failure to learn if not addressed under supervision. Supervision becomes an important space to work through resistance to learn about one's own and others' racial and cultural identities, in addition to working with them in personal therapy. Supervisors may consciously or unconsciously create a crack in the supervisory relationship by essentially silencing trainees (Upshaw et al., 2020). Emma gives an example of interns from a predominantly White university who have had little exposure to Black supervisors:

So I think it's been a challenge for them to adjust a little bit and sometimes they obviously come with certain perceptions about being supervised by black supervisors, but I think we work through that. It does take a while. It does impact our supervision in the beginning I guess because firstly you might sense that there's a lack of trust in your abilities as a supervisor due to me being black and some negative attitude in the

beginning and might not take supervision as seamlessly, as they would if it was a white supervisor, other supervisors within the space who are white don't experience the same issues. So that's why then I would think it's about race (Mara - White).

Mara describes the difficult situation where supervisees question the abilities of supervisors because they are Black. Racial dynamics undeniably come with power relations, which can shape the supervision relationship, and if not addressed may impact the ability to work in supervision. This could be because racial issues have not been widely addressed within the teaching and supervision processes (Chang et al., 2004).

Perhaps unsurprisingly, given stereotypes and prejudices, it was only Black supervisors whose skills were doubted by trainees. However, all Black participants commented that their ability to be robust, call it out and talk about it led to doubts subsiding, indicating again the significance of being able to create a safe space to talk about racial tensions that may exist in the supervision relationship. Zara commented:

When I say race it's like some Black people maybe like too fearful to ask you questions because they feel it's not their place. White students, where some of them will question your abilities unconsciously like thinking they can question you because you're a black clinician, we had a lot of that and over the years one has learned to just contain it as it happens because it would impact on the supervision (Zara – Black).

In Zara's experience, Black trainees can be too fearful to challenge their supervisors, while White trainees may question the supervisor's ability. This suggests that participants understand that they need to be robust enough to hold a relationship even during difficult and emotional situations. If not, they risk negatively impacting supervision outcomes. Upshaw et al. (2020) point out that Black trainees may experience a double bind and may decide not to address the lack of cultural knowledge and awareness of their White supervisors. This further causes the trainee to experience feelings of fear, resentment, or hopelessness.

When asked what might be done to improve racial and cultural dynamics, several participants noted the need for greater racial diversity in the population of practitioners. For example:

For example for myself, it does not represent diversity of our country, the department I'm in, we have got eight positions of which six of them are filled by white people, and only two, which to me does not represent diversity at all. So we start there and then in

this department as well, every time there is no openness and accountability around issues of diversity and there is no openness to talk about them. Within this department and there is no commitment that is spelled out there to say that we are committed to diversity, so I feel there is sort of a face value, you know like HPCSA requires us to talk about diversity or ethics so we're going to do it, but there is no open reflection on it (Lola - Black).

Lola highlights the challenges of change in a profession that has been historically dominated by White practitioners and continues to struggle to address issues head-on. Despite focusing on the difficulties of engagement, supervisors also stressed the importance of continuing to "try": to keep thinking and to keep opening conversations. While supervisors are often said to be hesitant to address issues of racial and cultural dynamics in supervision (Bartoli, 2007; Chu et al., 2016; Schen & Greenlee, 2018; Schroeder et al., 2009; Watkins & Hook, 2016; Westefeld, 2009), participants felt that continuing to try and engage with a supervisee and keeping doors to conversations open is important.

Theme 4: The Experience of being Interviewed

Participants actively reflected on their experience of being interviewed for this study, both spontaneously and in answer to questions about this experience. The majority of participants felt that participation was personally meaningful to them but also experienced feeling uncomfortable and guilty about paying less attention to diversity than they should.

A strong theme to emerge was a sense that participants were not doing enough about addressing racial diversity in supervision. This indicates a struggle with their supervisory roles. It has been recommended that supervisors should initiate dialogues about racial and cultural issues in supervision (Jernigan et al., 2010; Barnett & Molzon, 2014; Taylor et al., 2007). Shona, for example, reflects:

I think often I fall short in that perspective. I don't think I bring it in enough, as enough as I should until it becomes quite obvious. Also, if the supervisees has it in their therapy space where they're really struggling with the diversity, where they're really struggling with the cultural diversity or racial diversity between them and their patient until that happens, I feel like I don't bring it in enough, so I'm not very pre-emptive in it. I'm more trying to look after the effect. After it does come up in the therapy (Shona - Indian).

Shona's concern is that she has "fallen short" by being reactive rather than proactive. Like several other participants, Olivia also felt she should be doing more:

> *You know when you told me you wanted to interview me about this question, I thought it was a really good question, because. I have thought about it less and I should have thought about it more. I'm so focused on children, I don't think I have paid much attention to this thing about diversity in supervision issue, at all really, but I guess my bottom line is I'm not sure that I've been sensitive enough to racial, to issues of power and racial diversity with my work with students, I didn't pick up conflict, but there might have been more than I was aware of. So, I'm worried maybe now that we're thinking about it, I was a bit superficial or unwilling to see the difficulties. The race issue for me has been more prominent in my therapy clients. That's because there is such a clear power issue. Also, they're so vulnerable (Olivia - White).*

Olivia worries that she has been "superficial or unwilling", which underscores the potential guilt supervisors may feel in this domain, where great sensitivity is required. This indicates an awareness of conflict that may arise in multicultural supervision and a strong need to approach racial and cultural dynamics with sensitivity (Hird et al., 2001; Nelson et al., 2001; Norton & Coleman, 2003). Participants commonly shared that working with conflict may be difficult, but remains a worthwhile endeavor that can enrich supervision. Supervisors who are willing to acknowledge the potential for conflict in supervision and to open a platform to engage with conflict produce robust supervisees who can also manage conflict in their work with patients (Hird et al., 2001; Norton & Coleman, 2003).

Several participants shared that they experienced the interview as a learning curve and a reminder about the importance of attending to diversity in psychotherapy supervision. Engaging actively and purposefully with racial and cultural dynamics remains important for participants. For example, Mara commented:

> *We talk about diversity. It's almost become a buzzword. We celebrated it, we got Heritage Day in our country. We constantly hear things, that diversity has an impact on the work that we do. We challenge people about it when we do interviews and selecting new candidates, but an interview like today reminds me that talk is great. But you need to be able to really sit with all the things that we spoke about, you need to be able to reflect on it. And a reminder almost, that when next year's group come in. These*

are the things that I need to be able to live and practice again. To never become complacent. So I think that's the nice thing about it (Mara - White).

Mara reflects that opening conversations in supervision may have a profound impact on both trainees' and supervisors' personal and professional development (Killian, 2001; Jain & Aggarwal, 2020). Mara experienced the interview process as an opportunity to re-learn and remind herself of the importance of diversity, and to not only talk about diversity but also to be able to sit reflectively with all the emotional reactions to the interview. Her experience was also shared by Ava who commented "I really think, you know, [this interview] was something that stimulated my thinking, you know, beyond what I think I know, and understand" (Ava - Black).

While the interview space was appreciated, it was also reported as being uncomfortable. This motivated some participants to want to engage more deeply. Zara, for example, reflected:

The realization that well it doesn't matter whether it's an interview or whatever. Each time you talk about it you need to [pause] you start thinking about solutions, about what can be done to the point about what exactly do we do here to help us reflect more and what more can we do to give support, things get clouded with personal politics and general politics, instead of focusing on making amends when it comes to things like diversity, it can empower you or it can disable you, so that's the difficulty about it. It does remind you of those. The downside of lack of resources, dynamics, personal dynamics that come into place, especially when it comes to this topic, the diversity topic and I think it needs to be spoken about a lot (Zara - Black).

Both Zara and Mara described wanting to engage more fully, despite how uncomfortable the topic can be. Hall and Spencer (2017) and Lawless et al. (2001) stress the discomfort of engaging with the topic. Participants also, however, responded to the discomfort by voicing uncertainty, self-consciousness, and a feeling of being exposed. Rose described her self-consciousness during the interview:

I almost feel guilty even talking about this because it feels like, there's such a conflict in bringing this in, it's such a battle, a part of me knows what happened, we have to talk and we have to do this. And a part of me still sits a little bit like, is this confidential? How is this voice going to be heard? And yet I should be confident enough to put the voice out there, so I have this apprehensiveness around how is it going to be heard? (Rose – Indian).

Rose felt a sense of apprehensiveness in terms of how she may be heard, and a worry about being judged. Most participants shared a similar sense of needing to be careful about what they say. Conversations about diversity may leave people disarmed and inauthentic due to the fear of engaging in difficult conversations, and participants' responses highlight the fear of being misunderstood or seen as insensitive. Rose, like others, is also concerned about confidentiality: in a profession where supervisors are senior members of a community, engaging in conversations about racial diversity feels risky and unsafe. Sophia shared a similar concern:

> *I guess identifiable. I guess maybe sometimes I've been more vague than I would be if I knew that I wasn't identifiable, I think it's hard talking about, I guess I'm conscious of talking about these things in an insensitive way even now and about being perceived in a certain way. Even now, because it is very important to me to be woke, to be sensitive. And I guess that's the effect that it often has. It can make communication difficult if you feel like you going to say something wrong that can be perceived as racist or sexist, classist, or homophobic (Sophia - White).*

Sophia is concerned about being seen as not "woke" enough. For White participants, in particular, an awareness of their historical position framed their engagement in the interviews. Of note, my positionality as a researcher who was a Black trainee may have complicated the dynamics between me and my respondents. As a researcher being Black may have represented a previously oppressed racial group in South Africa. This may have exacerbated racial dynamics between me and the respondents. This may also have been the case in discussions about "White guilt" in the previous theme. Being a trainee may also have shaped participants' sense of guilt about not doing enough.

Responding to a question about what she had found difficult in her interview, Sophia commented:

> *Well, it's history. In colonialism, history in the apartheid. I think that's always, very much on my mind that it feels very. There's something really. You know, I guess I do kind of, the work that I do both with the kind of spirit of wanting to address the problem of the lack of diversity in the profession, but also that the pain of that, there is that, that lack of diversity and I represent it in some way. So I think that's the difficulties, I guess I do this interview and I. And I do the kind of work in places that I work because it*

upsets me that that is the history. But yet I'm a beneficiary of that history and that's why I'm in a position to be able to do that. So it's that discomfort with being the thing I'm trying to change (Sophia - White).

Mara similarly reflects on her awareness of her historical location and the complexities of engagement:

I think I'm always aware. That you and I come from different backgrounds, or possibly come from different backgrounds, and that I'm always aware what I say and how I phrase things if that makes sense. I'm constantly aware of those kinds of things. And I think that comes from years of realizing the way in which I grew up in the time that I grew up as a white person. I was in varsity in the years 1994 where change began to happen in South Africa. I literally grew up in apartheid and I grew up in the Free State, and I wouldn't say I grew up in a quite liberal places, it was conservative. I'm very aware that the way I grew up is very different and that I need to be conscious of that, that I don't let my background influence my current relationships and people's interactions with me (Mara-White).

Both Mara and Sophia reflect on the difficulty of engaging with racial diversity in the context of the history of colonialism and apartheid. Again, this may have been particularly heightened by the dynamic of the interview: as White supervisors, they were being interviewed by a Black trainee who potentially embodied the supervisees with whom they worked.

All participants were aware of the interpersonal dynamic of being interviewed by a Black trainee. This dynamic inverted the usual power relationship between supervisor and supervisee, where the supervisor is the expert. This indicated that my race, cultural background, and positionality as a trainee were unavoidable in the interviews. Participants were interested, for example, in my thoughts, wondering if they could learn something from the perspective of the supervisee. Sophia commented:

Maybe it feels like [pause] Yeah, I guess it'd be nice to hear your thoughts, it would help me share mine, I guess, if I knew some of what was in your mind, I guess I think I'm very aware that I represent that psychologist's training, that dynamic of, that we have a lot of white female heterosexual psychologists and we don't need many more (Sophia - White).

Sophia's pause indicates her reticence, but also her curiosity and her awareness that supervisees have thoughts that supervisors may not always fully understand. Consistent with literature participants understand that they do not know everything and this may have led to a sense of feeling inadequate in front of a trainee (Mordecai, 1991; Reichelt et al., 2009). Similarly, one of the Indian participants commented:

> *I don't think I had any challenges with that. I think it is interesting because a lot of the time I'm wondering what's your thoughts on it? I'm wondering what you're thinking about, what kind of supervisor I am and how do I bring diversity. So I think. I don't find it difficult, but I am curious (Shona - Indian).*

Both Sophia and Shona presented with a sense of curiosity about my opinion and perhaps felt limited as they did not know what I had in my mind. This resulted in Sophia feeling stuck in sharing her opinion, as though she felt a need to be careful around the interviewer who was Black and different from her. However, Shona did not report a similar experience, despite both narrating a need to know the researcher's thoughts while responding to questions. Generally, it was observed in the interviews that White participants experienced more apprehensiveness when they were interviewed by a Black trainee, as compared to Indian or Black participants. According to Brown and Grothaus (2019), cross-racial interactions are often undertaken with some level of mistrust.

In the face of racial similarity, all Black participants reported a sense of hopefulness and positivity about being interviewed by a Black trainee. When asked what it was like to be interviewed by a Black trainee, Lola said:

> *I mean I just took it like I would be discussing it with anybody else, I think it then encourages me that you know, trainees are looking into those issues because obviously, they are our future supervisors. So it's encouraging that these issues are being looked at, but I do think that these issues are always being looked at from a Black perspective. So I would like more reflections of white supervisors as well, and from white supervisees about these experiences. Yeah, and I suppose you being black is what I'm used to, I'm used to discussing these issues more with black people as opposed to any other race. So that doesn't really surprise me (Lola - Black).*

Lola expresses feeling comfortable talking to a Black trainee and encouraged that a Black trainee is undertaking this kind of research, but also curious about the reflections of

White supervisors and supervisees. This indicated a sense of alliance with a familiar racial and cultural grouping. Zara also responded optimistically to the same question:

> *It gives me hope I think, because seeing more and more black trainees coming through selections, particular black male trainees, we don't have a lot of that, it's hopeful, I hope I haven't bombarded and turned you off the work. Especially with the challenges and I hope this helps you as well, as a young black clinician as to what to anticipate, it's not rosy, but it can be realistic. You need to be realistic (Zara - Black).*

Alongside Zara's feeling of hopefulness is a worry that reality can be a bombardment, and this indicates the thorniness of the terrain of working with racial diversity in supervision. While Zara feels positive about beginning conversations about diversity, she recognizes that such an endeavor may not be an easy one.

Participants' experiences of being interviewed as supervisors by a Black supervisee thus reflect a complex mix of willingness to engage, hope about the possibility of engagement, and deep discomfort about what is experienced as a daunting task. Responses to the interview experience thus powerfully reflect the complexities of working with racial diversity in supervision.

Chapter Five: Conclusion

This research explored supervisors' experiences of working with racial and cultural diversity in supervision encounters with trainee psychologists. The study aimed to understand how supervisors think about how trainees may develop multicultural competency through the supervision relationship and supervision encounters.

Using an explorative qualitative approach, 9 female psychotherapy supervisors were interviewed. The study found that the ability to create a space to think and struggle together in the supervision relationship was considered important by participants as it provided trainees an opportunity to learn and grow a repertoire of skills, thereby enabling them to be able to think about working with diversity in psychotherapy and supervision in flexible ways.
For participants in the study, the ability to think and speak about racial and cultural differences and similarities in supervision was considered to shape the trajectory of supervision relationships and supervision outcomes. The ability to think reflective and talk about racial similarities and differences was considered a powerful tool that could empower trainees and shape their work with patients.

Participants understood that the supervision relationship is a collaborative process between a supervisor and their trainees. Participants, therefore, drew on their trainees' knowledge systems during supervision encounters. Because of the challenges that come with working with racial and cultural diversity, participants felt that it was important for trainees to be able to talk about their mistakes and authentically relate with both their supervisor and patients in a safe and containing environment. A trusting relationship was deemed to be central to multicultural supervision encounters. However, participants pointed out that this process can be complicated by power dynamics inherent to cross-racial and cross-cultural supervisory relationships. To alleviate this, participants emphasized inviting honest conversations about racial and cultural tensions that may be experienced in supervision.

Participants believed that both supervisees and supervisors need to work on their blind spots and biases concerning race and culture and engage in self-introspection and personal psychotherapy. Themes that arose from the current study powerfully highlighted how issues of racial identity and cultural diversity continuously shape supervision encounters. The supervision relationship was conceptualized as an important tool to help trainees develop multicultural skills. Participants in the current research expressed difficult emotional experiences and surviving being in difficult spaces while being held in a safe supervisory space

were considered to positively influence supervision outcomes and yield multiculturally competent supervisees. Findings also indicated that it is important to be aware of blind spots and biases and be able to sit reflectively with personal blind spots and biases as well as with what is uncomfortable and potentially unknown.

The findings further suggested that it was almost impossible not to experience racial and cultural dynamics in supervision. Material about racial and cultural differences and dynamics dominated the narratives of most participants. Although these were considered unavoidable, participants felt that opening up difficult and uncomfortable conversations about racial and cultural dynamics were critical for psychotherapy supervision. This is especially true in the South African context, given its history.

Finally, participants' experience of being interviewed for this study reflected a sense of apprehension, anxiety, and discomfort. Nevertheless, most participants felt that participation was personally meaningful to them. Although the profound impact of racial and cultural diversity has been commonly recognized, supervisors have not been afforded much space to share their experiences of how trainees use the supervisory relationship to gain the necessary competencies to function as multicultural practitioners. The findings of this study fill that gap.

Significance of the Study

While an extensive body of literature addressing multicultural supervision and multicultural competence exists, these studies rarely outline how trainees use supervision specifically to engage with racial and cultural diversity. Additionally, few studies investigate this phenomenon in South Africa. A more nuanced understanding of the sophistication of racial and cultural dynamics in supervision spaces potentially influences psychotherapeutic outcomes as they relate to the ethical practice of trainee psychologists. Ensuring ethical practice when working with people from diverse backgrounds further adds value to patients' rights to access quality mental healthcare from trainees.

An understanding of effective supervisory styles may influence policy development and training of future psychotherapists. This study contributes to an understanding that the supervision relationship is a vehicle that drives supervision and is a collaborative process between a trainee and a supervisor. Additionally, the current study further contributes by problematizing the usual power dynamics between trainees and supervisors: I was both the

researcher and a trainee, whereas most studies have been often conducted by senior researchers and psychotherapists.

Limitations of the study

The study used a homogenous sample: all the participants shared similar characteristics in terms of gender and locality. The final sample comprised only females who practiced in the Johannesburg area. A homogenous sample may not be representative of all psychotherapy supervisors who work with trainee psychologists in South Africa. This limits the transferability and generalisability of the results to the wider population of psychotherapy supervisors.

Suggestions for future research

This study focused only on cultural and racial diversity despite its initial focus on diversity in all possible senses. This decision was made because participants focused overwhelmingly on racial and cultural diversity. Future studies could focus on diversity more broadly, as well as other aspects of diversity such as class, gender, sexual orientation, and/or religious affiliation. Additionally, it is recommended that future studies include a more heterogeneous sample that may comprise both males and females, all racial categories, and participants from different geographical locations.

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APPENDICES

Appendix A: Interview Schedule

1. Can you tell me about your experience working with diversity as a supervisor?
2. What are some of the threats of working in a diverse community for supervisees?
3. What are some of opportunities of working in a diverse community for supervisees?
4. What are some of the challenges presented by supervisees in connection to diversity?
5. How do you help supervisees negotiate or resolve these challenges in their psychotherapy with patients in supervision?
6. What theoretical framework do you used to supervise?
7. How do you assist supervisees work effectively with diversity in their psychotherapy with patients?
8. How do you as a psychotherapy supervisor actively include material about diversity in supervision dialogue?
9. Does diversity pause as a threat or opportunity in psychotherapy in the SA context?

- If yes, what does this mean for psychotherapy for supervisees?
- What do psychotherapy supervisors have to be aware of to help supervisees work effectively with diverse populations?

10. What is your role as a supervisor when working with a trainee facing challenges in relation to diversity?
11. How do you support, guide and educate your trainees to work with diversity?
12. Is there anything else you feel it is important, and was left out of the interview?
13. What was interesting and difficult for you in this interview?
14. What was it like to talk to me as a young black trainee?
15. Is there anything that you spoke about in the interview that surprised you?

THANK YOU FOR YOUR PARTICIPATION

Appendix B: Participants Information Sheet

Department of Psychology

School of Human & Community Development

FACULTY OF HUMANITIES

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011) 717 4500

Fax: (011) 717 4559

Dear Sir / Madam

My name is Elvis Mendu and I am a Masters student in Clinical Psychology at the University of the Witwatersrand in Johannesburg. As part of my studies, I am undertaking a research project investigating the impact of diversity on psychotherapy supervision and psychotherapy practices of trainee psychologists. The aim of this research project is to find out what are psychotherapy supervisors' experiences of working with diversity in psychotherapy supervision with trainee psychologists.

As part of this project, I would like to invite you to take part in an interview. The interview will involve answering several questions and will take around 45-60 minutes. With your permission, I would also like to record the interview using a digital device.

You will not receive any direct benefits from participating in this research, and there are no disadvantages or penalties for not participating. You may withdraw at any time or not answer any question if you do not want to. The interview will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone, my supervisor will only access disguised transcript with no identifying information. I will be using a pseudonym to represent your participation in my final research report and in all transcript sent to my supervisor. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report which will be available online through the university library website. If you wish to receive a summary of this report, I will be happy to send it to you. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrec-medical.researchoffice@wits.ac.za

Yours sincerely,

Mr. Elvis Mendu (Researcher)

Email: 753262@studemts.wits.ac.za

Cell: 074 209 8729

Supervisor: Professor Carol Long

Email: Crol.Long@wits.ac.za

Tel: 011 717 4510

Appendix C: Consent Form

TITLE OF PROJECT: An exploration of supervisors' experiences of working with diversity in psychotherapy supervision with trainee psychologists.

NAME OF RESEARCHER: Mr. Elvis Mendu

I, ……..., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

I agree that my participation will remain anonymous

I agree that the researcher may use anonymous quotes

in his research report

I agree that the information I provide may be used

anonymously by other researchers following this project

…… (signature)

…… (name of participant)

…… (date)

Appendix D: Consent Form- Audio Recording

TITLE OF PROJECT: An exploration of supervisors' experiences of working with diversity in psychotherapy supervision with trainee psychologists.

NAME OF RESEARCHER: Mr. Elvis Mendu

I, ……..., agree to be audio recorded in this research project. The research has been explained to me and I understand what my participation will involve.

…… (signature)

…… (name of participant)

…… (date)

Appendix E: Ethics Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MCLIN/19/004 IH**
PROJECT TITLE:	An exploration of supervisors' experiences of working with diversity in psychotherapy supervision with trainee psychologists
INVESTIGATORS	Mendu Elvis
DEPARTMENT	Psychology
DATE CONSIDERED	05 July 2019
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 05 July 2019

CHAIRPERSON
(Dr Esther Price)

cc Supervisor:

Prof. Carol Long
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2021

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix F: Turn-It-In Report

turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

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Assignment title:	Research report submission
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File size:	340.37K
Page count:	86
Word count:	28,247
Character count:	164,326
Submission date:	15-Feb-2022 01:54PM (UTC+0200)
Submission ID:	1762902324



An exploration of supervisors' experiences of working with diversity in psychotherapy supervision with trainee psychologists.

Elvis Mendu

753363

University of the Witwatersrand

Supervisor: Professor Carol Long

A research report submitted in partial fulfilment of the requirements for the degree of MA (Clinical Psychology) in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 2000.

Submitted

10 February 2022

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