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Gower, Lauren Ruth

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THE FUNCTIONAL ASPECTS OF CLINICAL SUPERVISION

Lauren Ruth Gower

A research report submitted to the Faculty of Arts, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirement for the Degree of Master of Arts (Clinical Psychology).

ABSTRACT

The aim of this study was to identify and develop an understanding of those aspects of clinical supervision which particularly contribute to its effectiveness.

In using supervisees as subjects, this study moved away from the prevailing approach to supervision which is frequently discussed from the point of view of supervisors.

Issues in the literature concerned the nature and importance of the relationship between supervisors and supervisees. A debate about whether supervision should be didactic or experiential was also explored. A third approach, which takes the complexity of the supervisory situation into account without being reductionistic, was put forward. Transference, countertransference, the reflection and parallel processes, which are central to the practice of supervision within psychoanalytic and psychodynamic perspectives, were discussed.

Eight subjects, all beginner supervisees in an M.A. Clin. Psych. course, were interviewed about their experience of supervision. The data from the interviews were then organised into categories of experience. Two clinical psychologists, who acted as assessors, listened to a random sample of the audiotaped interviews and confirmed the validity of the identified categories.

The data showed that supervisees feel very inadequate and dependent at the beginning of their training. They require structure and containment which can be provided not only through emotional reassurance but also through clear and consistent didactic input. This finding clearly did not accord with the didactic/experiential dichotomy in the literature.

Recommendations were made, including the fact that supervisees might benefit from their own psychotherapy; that the transference and countertransference processes should be pointed out from the start, and that the impact of continuity and consistency of supervisors and their theoretical approaches should be carefully explored. Providing more feedback to supervisees was also recommended.

DECLARATION

I declare that this research report is my own, unaided work. It is being submitted for the Degree of Master of Arts (Clinical Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination to any other university.

Lauren Ruth Gower

May 1989

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It makes the most material difference whether a thinker stands personally related to his problems, having his fate, his need and even his highest happiness therein; or merely impersonally, that is to say, if he can only feel and grasp them with the tentacles of cold, prying thought.

(Friedrich Nietzsche)

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CHAPTER ONE

AIMS

The main aim of the present study is to identify and describe those aspects of the clinical supervision experience which, from the point of view of supervisees, most account for its effectiveness.

In the present study clinical supervision refers to the exploratory and advisory sessions that take place between experienced psychotherapists and trainee psychotherapists who meet regularly to discuss the trainees'/supervisees' experiences with their patients. During supervision, supervisors use various methods and techniques to guide and instruct supervisees in the processes and practices of psychotherapy. Clinical supervision is thus intended to help supervisees with their immediate short-term problems as well as providing a more long-term set of skills and understandings that can be employed in future therapeutic practice.

In this study the terms 'supervisee', 'trainee', 'subject' and 'student' are often used interchangeably. Likewise with the terms 'therapist' and 'supervisor', 'client' and 'patient'. The term 'clinical supervision' has, for the sake of convenience, been shortened to 'supervision'.

Within the literature there is general agreement about the importance of supervision in the training of psychotherapists and psychoanalysts. Thereafter, however, there is debate as to what exactly it is within the complex supervisory situation that makes supervision an effective means of transmitting therapeutic know-how to trainees.

Some contributors (Butler & Hansen 1973, Clark 1965) place their emphasis on the educative/didactic aspects of the supervisory process. Here the relationship with the supervisor is seen as secondary to the skills and techniques that s/he is able to impart to the therapeutic novice. This is generally a very directive, patient-centred approach.

Others (e.g., Anderson & McLaughlin 1963, Frijling-Schreuder 1970, Gaoni & Neumann 1974, Gross Doehrman 1976, Jackel 1982) stress the interpersonal relationship between supervisor and supervisee which in turn has a direct effect on the supervisee's relationship with his/her patients. These authors and others (for example, Kaslow & Friedman 1984, Kraft & Kline 1976, Lower 1972, Mattinson 1977, Norman 1987, Solnit 1970) who also emphasise the importance of pointing out the countertransference in supervision, adopt a therapist-centred approach.

The therapist-centred approach is not always different and sometimes overlaps with that

adopted by Benedek and & (1966), Cohen and DeBetz (1977), Ekstein and Wallerstein (1972), and Windholz (1970), who have pointed out the dangers of making a distinction between didactic and experiential supervision. They regard this distinction as artificial and warn that it can be misleading. Instead, they believe that the situation is extremely complex and that it is reductionistic to attribute the effectiveness of supervision to one or other of these approaches. Stressing that this reductionism inevitably leads to a paucity in the conceptualisation and understanding of the dynamic nature of the supervisory experience, they promote a process-centred approach.

Gross Doehman (1976, p. 17) suggests that the most effective supervision depends on "the active insight into the interplay of forces in the parallel processes of therapy and supervision."

The present study, in recognising the complexity of the supervisory experience, and the fact that so little has been documented from the point of view of supervisees, has attempted to act in accordance with the third (process-centred) approach by employing a qualitative, descriptive method to gather data that is as rich as possible. Thus the method has been chosen with the aim of arriving at an in-depth description of the experience of supervision, while avoiding a facile and reductionistic approach.

Secondly, this study will attempt to identify key features of the supervisory experience which account for or contribute to its effectiveness as a method of imparting skills, understanding and confidence to trainees.

Thirdly, the findings of this research will be compared and contrasted with the literature in the field. An attempt will be made to understand and account for any differences or similarities which may arise between the different studies and their relevant findings.

A separate aim, based explicitly on the findings of the present study, will be to make broad recommendations for the practice of supervision in general, and specific recommendations with regard to supervisory practices employed in the training programme for clinical psychologists at the University of the Witwatersrand.

CHAPTER TWO

LITERATURE REVIEW

1. INTRODUCTION

There is no dearth of literature on clinical supervision, whether it be in psychology, psychiatry, or social work. However, most of this research has been conducted from the point of view of the supervisor, therapist or social worker and there is little that tells us what it is like to be on the receiving end of the various services and treatments being carried out and practiced. Cox (in France 1988, p. 3) mentions the "disturbing fact that social work researchers as well as psychiatrists and psychologists have rarely explored the treatment situation from the point of view of the client."

This might begin to account for why supervision, as a field of study, is filled with myths, unclear definitions, and traditional beliefs. Also, as it has so many parallels with the practice of psychotherapy, it has not been easy to apply experimental methods to supervision research. Despite this, the practice of supervision is generally acknowledged by mental health workers of all persuasions to be a vital aspect of their professional training and on-going development.

Most authors are in agreement that supervision is central to the training of psychotherapists (e.g., DeBell 1963, Ekstein & Wallerstein 1972, Fleming & Benedek 1966, Friburg-Schreuder 1970, Grinberg 1970, Lebovici 1970, Sol[illegible]adholz 1970). Hart (1982, p. 5) points out that the overriding assump[illegible]st authors and practitioners is that supervision is effective. "Apparently, supervisors are doing something right and even quite powerful despite their inability to describe clearly their goals, theoretical models, or outcomes."

The literature on supervision abounds with articles devoted to issues which have been, and continue to be, vigorously contended and debated within a number of mental health settings. The present study will start from setting out some of those issues, will also attempt to examine the assumptions which lie in them and to assess the validity of the arguments and practices predicated on [illegible] assumptions.

2. AIMS OF SUPERVISION

Typically, supervision has been defined by lists of functions and tasks which are to be implemented. Supervision, being the major method of imparting practical clinical skills to student psychologists, social workers and psychiatrists, is most often defined in terms of its aims.

Watson (1973), writing within the social work context, states that the main goal of supervision is to improve service to the client through better functioning of the social worker. This view has been echoed by Kadushin (1974) and Levy (1973), who added that the intention is also to equip the student to take on greater and more diverse responsibilities. Levy (1973) also emphasises the importance of the opportunity which supervision provides for students, not only to develop their own practice, but to simultaneously develop a greater understanding of the practice of psychotherapy in general.

Kaslow (1972, p. 132) describes supervision as "a helping process applied to the worker instead of the client." She sees supervision as being designed to help the therapist remove mental or emotional blocks which detract from professional effectiveness. A similar concern - that of removing blocks to learning - is examined by Lkstein and Wallerstein (1972) who look at 'learning problems' and 'problems of learning' in supervision. How these issues are dealt with forms the subject of another debate which will be elaborated later.

In the meantime it is useful to look at some of the different concepts of supervision which have emerged, each with its own emphasis on diverse elements in this complex process.

Kurpius and Baker (1977, in Hart 1982, p. 11) state: "Supervision is the conceptualization, implementation, control, and management of training in applied circumstances and conditions". Hart is in accord with Brammer and Wassmer (1977, in Hart 1982, p. 12) who have incorporated a focus on the relationship between supervisor and supervisee in their definition of supervision as "the assignment of an experienced person to help a beginning student to learn counseling through the use of the student's own case material." Kutzik (1977, in Hart 1982, p. 12), whose definition has a somewhat authoritarian flavour, stresses the power relations implicit in supervision which he describes as "... a continuous relationship of an organizational superior and subordinate - supervisor and supervisee, respectively - in which the latter is required to report regularly to the former on the state of his or her work and the supervisor provides direction that the supervisee is bound to follow."

The present study will focus mainly on individual supervision and will comment to some *extent on group supervision. There will be little attention paid to the more egalitarian* form of supervision engaged in by experienced therapists - consultative supervision - described by Kutzik (1977, in Hart 1982, p. 12) as "a time-limited relationship of professional peers in which the consultee voluntarily seeks the advice of the consultant regarding a specific case or problem and decides whether or not to take this advice."

Likewise, administrative supervision, more explicitly the domain of social workers, where help is offered to students in following the procedures of an institution or agency, will not be dealt with here. Rather, clinical supervision which emphasises work with the patient and includes areas such as assessment, diagnosis, counseling, therapy, and referral, will be the main focus of this study.

Gaoni and Neumann (1974, p. 108) emphasise the personal qualities of the trainee therapist in their definition of supervision: "The aim of any supervision is to better the psychotherapeutic technique of the therapist. It is a learning process through which the *psychotherapist* should acquire the ability to use himself as an instrument with which to treat the patient." Anderson and McLaughlin (1963), on the other hand, have highlighted a different facet of supervision which they regard as being essentially a learning experience. In their understanding of supervision, supervisees share the fruits of their clinical knowledge as well as clarify their thinking and techniques together with their colleagues.

Thus part of the supervisor's function (which will be described in greater detail later on) is to help trainees see how, where and what they are blocking in the learning process. In pointing this out, supervisors hope to help supervisees maintain an openness to what is happening both in the clinical and supervisory situations. In this way trainees become acquainted with their own ambivalence about learning and receiving help and can get in touch emotionally with the dynamics of the learning process. Through their own struggles to confront their difficulties in supervision, supervisees learn to understand and appreciate the struggles their patients experience in therapy.

Psychoanalysts have for a number of decades concerned themselves with numerous aspects of the supervisory process. Within this approach, Arlow (1963, p. 577) states: "Supervision is a special type of learning process based upon the joint examination of the record of a therapeutic interaction between a patient and his therapist." Here the aim is definitely not to turn out technicians but to make sense of the therapeutic interaction. Ekstein and Wallerstein (1972) regard supervision as a means for supervisees to discover their countertransference problems and learning blocks. They also see supervision as providing supervisees with the opportunity to understand their reactions to their patients. Solnit's (1970, p. 360) statement - "In psychoanalytic education, supervision requires us to examine the borderlands of empathy, theory, technique and how the analyst and his patient establish and elaborate an ongoing psychoanalytic process" - is perhaps one of the most comprehensive definitions in that it takes into account a number of processes involved in the transmission which occurs between supervisor and supervisee.

Finally, Norman (1987) adds a very important dimension when she points out that an

essential part of the professional training for the supervisee is learning how to deal with the by-products of treating patients. Supervisors need to teach not only theory, diagnosis, *and treatment*, but they also need to help supervisees cope with the intrapsychic aspects of being therapists, i.e. the emotional dilemmas, and feelings of inadequacy and helplessness which it can engender in them. Judging by the absence of any other reference to this in the literature, it is possible to assume that for most authors this aspect is implicit. Although there is a great deal written on transference and countertransference feelings (which will be addressed later in this chapter), the issue of supervisees' emotional 'preservation' is not dealt with specifically.

3. APPROACHES TO THE PRACTICE OF SUPERVISION

The purposes and methods of supervision in psychotherapy are so inextricably intertwined that it is debatable whether it is possible, or in fact useful, to arbitrarily and artificially separate them. The supervisory constellation comprises so many diverse and *complex factors that it seems unlikely that they can be teased out*, and simultaneously studied in their interrelationship.

Perhaps what is more useful is to set out the debates and to elaborate on the issues that have arisen with regard to their implications for the training of psychotherapists. Major questions have been asked about what should be imparted to supervisees and how this should be done.

A. The Didactic-Experiential Debate.

Various researchers and supervisors have over time taken up particular positions on the subject of whether supervision should be designed to teach (didactic) or treat (experiential) the supervisee. The terms 'experiential' and 'didactic' refer, in a strict sense to the behaviour of the supervisor only and do not *describe the desired outcome of supervision* in terms of the behaviour of supervisees. In fact, these are descriptive terms used to group different types of approaches to supervision. In this sense, they are not really models.

Those who opt for the didactic, or skills-development emphasis (Butler & Hansen 1973, Clark 1965) believe that there is little room for therapeutic-type exploration in the supervisory hour and that it should be devoted to imparting skills and techniques to supervisees in order that they may serve their patients or clients more effectively. In the teaching model, a more cognitive, didactic strategy is adopted toward supervisees who can expect to get advice, direction, structure and information from to supervisors. The focus of the supervision is patient-centred. Didactic supervisors also stress the trainees' need for feedback regarding their performance and technique (Payne & Gralinski 1968). While a pure skills-development approach is adopted by behavioural supervisors, psy-

chodynamic and psychoanalytic practitioners have combined aspects of it with their introspective emphasis.

In the experiential, or personal growth model, the emphasis falls on the experience of trainees who are expected to work with themselves as the instruments of change within the therapeutic setting. Thus a supervisory hour along experiential lines will focus more on supervisees' feelings and relationships, both with their patients and supervisors, than it will on cognitive, informational issues. The proponents of the experiential approach to supervision (Altucher 1967, Ekstein & Wallerstein 1972, Lister 1966, Sanderson 1954, amongst others) consider the intellectual aspect of it to be secondary to a more personal, exploratory approach. Instead the emphasis is on increasing the trainee's awareness and sensitivity. For this to occur there is a need for security so that they can explore their own feelings and learn from their own experiences (Payne & Gralinski 1968). Experiential supervisors, with their personal growth approaches, are averse to what they regard as mechanistic technical approaches.

Hart (1982) notes the confusion which can arise out of the similarities between the personal growth model and psychotherapy. The personal growth model emphasises the development of the supervisee as a person without having to probe, uncover and remediate in a therapeutic manner. However, supervision does share with psychotherapy the goal of increasing insight and affective sensitivity. Here insight refers to the knowledge of personal patterns, while affective sensitivity refers to an awareness of emotions that occur within supervisees during their interpersonal interactions.

In their 'pure' forms, those who want to teach imply that the provision of information and technique will make for a good therapist, while those who want to 'treat' imply that the elimination of character problems and psychoneurotic conflicts together with a heightening of awareness will permit the unimpeded psyche to conduct therapy "instinctively" as it were (DeBell 1963). Obviously, neither position is tenable because practising psychotherapy is both an intellectually and emotionally demanding task.

Cohen and DeBeitz (1977) point out that the problem of whether to 'teach or treat' is syncretic, while Lewin and Ross (1960, in Windholz 1970, p. 396) term it "a syncretic dilemma" which revolves around the conflict between "the pedagogic and therapeutic roles of the supervisor." Bibring's solution (in Windholz 1970) to this dilemma when it was being debated as early as 1937 was to favour teaching over therapy. This meant *supervisors could not analyse students, and training analysts (or therapists) could not* supervise trainees. Overemphasis on the pedagogic aim was based on the assumption that supervision could not help students with their personal conflicts. The opposite conviction - the urge to cure within supervision - was seen as a reflection of a failure to teach.

Solnit (1970) suggested that supervision was more than education yet less than therapy. In this sense it is more than teaching yet less than treatment for supervisees. Frijling-Schreuder (1970) proposed that the paradox might be clarified if supervision was conceptualised as an educational experience and a relationship. This relationship, unlike the therapeutic one, while permitting some degree of emotional exploration, should not encourage regression in the supervisee.

Burgum (1959, in Cohen & DeBetz, 1977, p. 359) stated that "the optimal emotional climate in supervision differs from that in therapy in that the problem is circumscribed to its particular manifestation in the supervisory relationship. Exploration is confined to data immediately relevant. Extensive personal information in regard to its genesis and manifestation in the student's life is not encouraged. Expression of feeling and insight are also circumscribed and limited."

Unfortunately, this polarising of supervisory behaviour into a didactic-experiential dichotomy led to the complexity of the issues involved being obscured. Lewin and Ross (1960, in Windholz 1970) responded to this polarisation by stating that it was important, if the traps of the paradox were to be avoided, for supervisors to be responsive to supervisees' expressed and demonstrated needs.

Benedek and Fleming (1966), realising that the 'teach/treat' issue was a false dichotomy, attempted a compromise between the didactic and experiential approaches. They believed supervisors should pursue instructive approaches to increase supervisees' skills and different approaches to increase supervisees' awareness of their own attitudes and feelings. The application of the specific approach should be determined by the developmental level of each supervisee. Thus, in Benedek and Fleming's (1966) scheme, both technical skills and the development of awareness are seen as part of an ongoing and complete supervisory experience.

4. THE SUPERVISORY RELATIONSHIP

In order to make sense of the differences in the approaches to supervision, it is important to understand the types of relationships that are fostered and allowed to develop between supervisors and their trainees. These are important because of the implications they have for the development of supervisees, their therapeutic work, and the supervisory relationship itself.

Teaching how to be a therapist requires more than imparting information, it requires a special alliance between the supervisor and the trainee. This has been seen as analogous to the patient-therapist alliance which occurs in psychotherapy (Chodoff 1972, Frijling-Schreuder 1970, Grinberg 1970, Jackel 1982, Norman 1987). This alliance requires that

supervisees feel respected by supervisors and that they regard supervisors as fair. There should also be a basic respect for the clinical material. Benedek and Fleming (1966) state that *the therapeutic alliance is encouraged by mutual understanding of the limitations* of the situation, by candour and a willingness to learn. Cohen and DeBeiz (1977) believe that sensitivity and respect shared by the supervisors and supervisees is perhaps the most potent tool in the supervisory repertoire. Certainly without it participants in the supervisory process are treading on shaky ground.

In order to move away from the limitations of the polarised view of supervision as either didactic or experiential the researcher has adopted a developmental/stage approach in which an attempt is made to outline different aspects of supervision which may all have a place at different times in the supervisory relationship, depending on the development of both supervisors and supervisees. Although the stages are set out in a linear and discrete manner, it is important to bear in mind that this is not necessarily the way that development will occur in practice. Rather it is likely to be a constantly shifting process, in which supervisees are likely to go back and forth between various positions. This will be discussed more fully later on.

A. STAGE ONE: The Teacher-Student Relationship

At the beginning of supervision the relationship between supervisor and supervisee is largely a teacher-student one (Arlow 1963, DeBell 1963, Hart 1982, Jackel 1982). Within this relationship the researcher will examine the characteristics of supervisees and supervisors, and the goals of supervision. These parameters will also be used for Stages Two and Three. As no relationship is ever without it's problems, so too with the supervisory one. Hence there will also be a section devoted the problems and difficulties that arise in the supervisory situation.

(i) Supervisee Characteristics

At the outset of their clinical experience, supervisees tend to experience much anxiety generated by their lack of skills and limited theoretical knowledge. Many of them have come from diverse and unfamiliar backgrounds and feel "thrown in at the "deep end" as it were. In this situation they are required to work with patients and have to rely a great deal on their own resources, experience, - and if they have had it - their own psychotherapy. Students feel that they have little professional protection and need *supervisors to shoulder* much of the responsibility for their patients. They also want advice and encouragement from the supervisors as they are anxious about their adequacy and abilities (Gaoni & Neumann 1974).

Gaoni and Neumann (1974) also point out that despite their vulnerability, and

because of their naivete, commitment, and optimism, beginners are often more successful with difficult patients than more experienced therapists. At this stage supervisees expect help with diagnoses, advice about medication (if necessary), and guidance in relating to patients (and occasionally their families). They also want theoretical clarification on symptoms, aetiology, dynamic theory, and reading lists and discussions.

Emotionally, students feel very dependent. They are in relation to supervisors who, because of the extent of their experience, competence and administrative status, are in much more powerful positions than they. In order to ward off feelings of envy and hostility towards supervisors who are perceived as extremely knowledgeable and powerful, supervisees may idealise them. Supervisees, who often feel a sense of helplessness, shame and inadequacy, along with competitive strivings to integrate dynamic principles and techniques, may also attempt to please their supervisors who are simultaneously their evaluators.

Because students do not yet see themselves as therapists they often feel more like mediators between patients and supervisors. Thus, supervision at this stage of supervisees' development tends to centre more on patients than on the trainees. Recognising how difficult this stage can be for beginning therapists, Geoni and Neumann (1974), suggested that trainees be given the opportunity to participate in group sessions where they can express and share some of their fears and misgivings.

(ii) Supervisor Characteristics

These depend to a large extent on the orientation and experience of individual supervisors. However, it is important that supervisors have the capacity to form a supervisory alliance, analagous to the therapeutic alliance, with their students. Varghese (1988, p. 398) states: "Just as the process of psychotherapy demands that the therapist, in a very real sense, understands the patient's paradigms and enters them, so too with supervision. The experience of having someone understand what it is like to be him, paradoxically allows the patient's world view to be challenged. It is the attachment to the therapist through the empathic understanding that allows the patient to tolerate the uncertainty of moving away from maladaptive patterns and towards new, unknown areas."

Anderson and McLaughlin (1963, p. 84) support this view, commenting that the "establishment of a certain atmosphere is imperative: friendliness, a not unduly critical attitude, objectivity, and tolerance for mistakes and slow progression," are all essential elements which go toward the construction of the supervisory alliance. They believe that the attitude of supervisors may be all important in the success or

failure of the trainees' first cases.

At this stage of the relationship supervisors basically give and receive information. They also help supervisees formulate appropriate goals. Although supervisors should try to meet the needs and orientation of supervisees, it is unlikely that they *will alter their own orientations all that much, as these* attitudes and theoretical standpoints are usually based on personal beliefs. Hart (1982) suggests that supervisors might bear this in mind in order to be flexible in their approach to, and use of techniques when trying to accommodate the needs of supervisees.

Of course the continued use of passive teaching methods, i.e. giving supervisees an example of what could have been said, or what would have been a more appropriate intervention, rather than letting them discover this for themselves in supervision, may hinder spontaneity, creativity and independence. However, Grinberg (1970), Gross Dochman (1976) and Hart (1982) regard this practice as acceptable as long as it does not inhibit supervisees' later development. Lower (1972) makes the point that supervisors' brilliant perceptions and insights may serve to keep supervisees submissive, inferior and frustrated, which could interfere with the development of their self-confidence and personal styles.

(iii) Goals

At this level, supervisors need to convey theory, techniques and professional behaviours to trainees. It is at this early stage that supervision may be weighted more toward didactic rather than experiential input.

While most writers believe that highlighting transference and countertransference feelings should be left to a later stage in supervisees' development, Mattinson (1977) makes a very strong case for why the work of drawing attention to these reactions in therapy and supervision should not be delayed. The terms and the issues related to these reactions will be discussed in greater detail elsewhere. For the moment however, it is sufficient to note Mattinson's (1977) point that it is to supervisees' advantage to get into the habit as quickly as possible of monitoring their feelings and reactions in therapy and not being ashamed of owning them in supervision. Mattinson (1977) maintains that by pointing out the reflection process (to be discussed later) *the focus in supervision is not solely on the supervisee but on* how patient and supervisee affect each other. In this way a greater understanding of the therapeutic process becomes possible. This, she maintains also means that the stressfulness of the supervisory situation is greatly reduced for the supervisee.

B. STAGE TWO: The Master-Apprentice Relationship

Gaoni and Neumann (1974) see this stage as one where supervisees progress from pupils to apprentices. Whereas in the earlier stages of their training, supervisees wanted help with developing basic skills, now there is a need to refine these skills. It is as if supervisees can now *begin to 'play' or experiment a little with the therapeutic tools at their* disposal. Gaoni and Neumann (1974) along with others (Belcher & Zinberg 1988, Cohen & DeBetz 1977, DeBell 1963, Frijling-Schreuder 1970, Gross Doehrman 1976, Lower 1972, Solnit 1970, and Windholz 1970) also believe that supervisees are unlikely to get *the maximum* benefit from this stage of supervision unless they have undergone their own psychotherapy. These authors and practitioners believe that the best way to develop the therapeutic personality of trainee therapists is through their own experience of psychotherapy. Thus supervision is seen as being most useful when it complements the novice therapist's individual therapy. It goes without saying that any psychoanalytic training requires the candidate to be in, or to have completed, a personal analysis.

There are a number of reasons why this standpoint seems a sound one. As Freud pointed out, consciousness cannot be instilled, but has to be arrived out by the seeker. Thus, supervisors may be able to tell their supervisees about certain psychic processes, but the researcher believes that these will not have great meaning unless they have been experienced and lived through by the supervisees themselves. It is this lived experience which the researcher believes is of infinite value in the understanding of processes occurring in *the patient, and between the patient and the therapist in psychotherapy.*

Also, having their own psychotherapy should enable supervisees to become familiar with their own 'issues' and to recognise these when they arise in the therapy situation. When supervisees are able to contain their own problems they are able to be more available to their patients.

i) Supervisee Characteristics

At this stage students have had some experience and want their supervisors to help them organise and make dynamic sense of the information gathered. They want to put it into a framework and give it meaning (Gaoni & Neumann 1974, Hart 1982). Ekstein and Wallerstein (1972, p. 138) believe that to gain increased psychotherapeutic skills a supervisee now has to develop in "the use of *oneself in a therapeutic* relationship" and that this development may be "far-reaching and deep." Supervisees want to achieve a sense of empathy, understanding and the ability to make correct diagnoses and draw the correct therapeutic conclusions.

With the increased knowledge and the growth of confidence, students need to

become aware of their problems and to understand how they may be impeding their work. Those who see this stage as a limited increase on the student-teacher relationship still keep the focus in supervision on the patient. For others, the focus begins to shift to the person of the supervisee.

(i) Supervisor Characteristics

Supervisors begin to help trainees move from a very dependent to a more self-reliant position. Anderson and McLaughlin (1963, p. 89) state that the supervisor "*must help the student to find himself as an* independent person by encouraging his ego strength. This is part of the learning process, and the student's deficiencies or deviations from ideal technique and handling of his case are not to be looked upon as errors subject to criticism." This is particularly important at this 'experimental' stage for trainees, who, in trying things out for themselves, must feel safe enough not only to take risks, but to risk making mistakes.

At this point supervisors use their clinical skills to help supervisees learn about themselves through interpersonal behaviours and their feelings in interpersonal situations. The assumption here, and inherent in this approach, is that greater personal awareness makes for better clinicians. Supervisors are also constantly teaching from practical examples. They take up issues which occur commonly in therapeutic situations such as punctuality, missed hours, paraphrases, the supervisees' own errors, *and vacations, and show supervisees how to deal with these* issues professionally (Jackel, 1982).

Cohen and DeBeer (1977) point out that direct observation is an underused modelling technique with distinct advantages for educating psychotherapy trainees. Ciaoni and Neumann (1974) employed a teaching technique which involved them leading a group in front of a one-way mirror, behind which sat their supervisees who, for that time, were observing and feeding back to them on the work they were doing in the group. The group therapy session was followed by a discussion between the two supervisors and their supervisees. Ciaoni and Neumann (1974) found that this exercise put them in touch with their supervisees' needs while simultaneously providing the supervisees with a very valuable learning experience. They also found that allowing supervisees to act as supervisors for that time created the potential for a more equal relationship to develop themselves and their supervisees. Apart from the fact that they could carry out therapeutic and training work simultaneously, Ciaoni and Neumann (1974, p. 111) said: "We enjoy this type of work, wherein we become at one and the same time the supervisors and supervisees of our trainees."

(iii) Goals

At this stage of the supervisees' development the goal is for them to gain awareness of their own own attitudes and feelings. Supervisees may also begin to develop an awareness of the effectiveness of their therapeutic work.

C. STAGE THREE: Towards a Peer Relationship

The following two sections will be very brief as they do not apply directly to the present study. *The researcher has also deliberately refrained from giving any time span to these* stages as they will depend entirely on the development of each individual supervisee. As supervisees continue to develop, their expectations of supervisors change. The emphasis in the supervision at this stage has shifted from the patient to the person of the therapist and to the development of an understanding of the relationship problems which may arise between supervisees and their patients, and between supervisees and supervisors.

(i) Supervisee Characteristics

At this stage supervisees are less dependent and have more equal relationships with supervisors. They are able to make clear demands on supervisors and to define their own needs. Here there is a learning alliance with the supervisor - two people are equally engaged in the task of trying as openly as possible to make sense of a therapeutic experience. *Supervisees are increasingly able to make use of themselves* and their reactions to their patients both during the supervisory and therapeutic hours. Thus there is an increase of self-awareness and self-analysis.

(ii) Supervisor Characteristics

At this stage supervisors point out blind spots and continue to help supervisees make the distinction between real reactions to their patients and transference and countertransference reactions. Supervisors keep the supervision within the patient-supervisor-supervisee triangle.

Gaoni and Neumann (1974, p. 112) sum it up this way: "Over the years, the supervisee undergoes a process of unconscious internalisation, imitation, and identification and begins to be selective. He chooses the skills that suit his personality."

(iii) Goals

Supervisees are encouraged to develop their own style, to be independent, spontaneous and original.

D. STAGE FOUR: Consultative Supervision

The fourth stage is not one that particularly concerns us in this study, however, it is useful to have a perspective on it. By this stage supervisees have developed their own personalities, styles and identities as therapists. Supervision now consists of a mutual exchange of opinions, advice and experience between equals. Supervision may also take the form of peer groups meeting to exchange and develop ideas and a deeper understanding of the therapeutic process. Just as analysis or therapy can be interminable, so too with supervision which can continue throughout the therapist's professional life.

5. PROBLEMS AND DIFFICULTIES IN SUPERVISION

A. Supervisees' Problems

The practice of psychotherapy is an emotional business that engenders in its practitioners many upsetting and powerful feelings of inadequacy, inferiority and powerlessness. Hence the development of emotional dependence and the difficulties that supervisees experience around these feelings.

In a survey conducted by Kaslow and Friedman (1984) amongst trainees and therapists, therapists (who were also supervisors) reached consensus that feelings of immobility and *generalised defensiveness were common trainee responses* to the pressures of clinical programmes. They believed that the situation prompted regressions in their trainees which increased the probability that trainees would have to confront feelings about authority figures, sibling relationships and dependency/autonomy issues.

As part of the solution to this difficulty, a number of authors (Belcher & Zinberg 1988, Cohen & DeBetz 1977, Frijling-Schreuder 1970, Gaoni & Neumann 1974, Gross Doehman 1976, Lower 1972, Solnit 1970, and Windholz 1970) suggest that trainees be in their own therapies which can provide them with containment and allow for ego-supportive work. However, Hart (1982) believes that the decision should be left completely to the supervisee to decide whether or not help is required. The general psychoanalytic view seems to be the most sensible i.e. that supervisees should preferably be in their own therapy at the time of beginning their training, or should have completed it, and if necessary, should be willing to return to it if the task of becoming a therapist raises new issues for them.

Another difficulty facing supervisees is the continual direct scrutiny and evaluation of themselves and their work. This has been seen by some authors (Gross Doehman 1976, Kaslow & Friedman 1984, Kraft & Kline 1976, and Lebovici 1970) as one of the major

causes of stress for trainees. Supervisors, who also have the difficulty of this dual role are, on the one hand, [illegible]ative teachers and on the other, testers and evaluators of the supervisee's progress w[illegible] can engender and add substantially to supervisee anxiety.

A further issue that is potentially problematic for supervisees is the interaction with a number of different supervisors. Anderson and McLaughlin (1963) regard this interaction as beneficial to supervisees, *both from the point of view of the supervisee* being exposed to a number of different approaches, as well as being evaluated by a group, rather than a single person. Fenjing-Schreuder (1970), however, believes that the exposure to different supervisors is potentially confusing and disruptive for supervisees. Because both points are valid, supervisors might do well to bear the problems of this situation in mind, while supervisees should try to use the diversity in supervisors to their best advantage.

The milieu or setting in which the supervisee is located may sometimes prove problematic. Some institutions have fairly rigid practices and attitudes which supervisees may find difficult to cope with, especially when they are in disagreement with these practices.

Because of the certainty of transference and countertransference issues in supervision, they will be dealt with separately in Section Seven of this chapter.

B. Supervisory Problems

As the focus of the supervision shifts from a patient-centred to a supervisee-oriented one, supervisors must be particularly careful to resist the temptation to turn the supervision into psychotherapy (Arlow 1963, Jacket 1982).

The major thrust of the debate on this issue is that the supervisor's role is primarily that of a teacher not a therapist and the trainee comes to learn, not to be treated. "It seems unfair to cast the trainee in a patient role while tacitly denying the freedom and rights that patients enjoy" (Norman 1967, p. 59). Norman also points out that the supervisee feels freer to discuss learning anxieties when in the role of student rather than patient. Thus clearly defined roles and mutual commitment are prerequisites for maximum supervisory gain.

Norman, while warning against turning the supervision into psychotherapy, also points out the importance of dealing with certain issues in supervision which, if ignored, will be buried and go unresolved. This then affects the supervisee's therapy with his/her patients. How this occurs and the way in which some supervisors have managed this problem will *be dealt with in Section Seven of this chapter.*

Given that feelings of emotional safety are such an issue for supervisees, supervisors may

find themselves having to confront their ambivalence about the dual role they play of simultaneously being the supervisees' facilitative supervisors as well as the evaluators of their progress. Hassenfeld and Sarris (1978) suggest that the solution to this problem is to move away from the power ambiguities inherent in the supervisor's role by following a non-paternalistic model of supervision. Although the intention is honourable, the power relations are both explicit and implicit i.e. supervisees perceptions of supervisors as being powerful because of their greater knowledge, status and (often) age. Also having power of evaluation over supervisees is a situation that is particularly difficult to alter and one which can be experienced as very persecutory for trainees. Rather than trying for a 'non-paternalistic' type of supervision, supervisors can go some way towards alleviating the situation through their demonstration of respect and concern for trainees. Providing feedback to supervisees may also be helpful.

Supervisors are faced with a whole host of other problems ranging from the reluctance of newer supervisors to seek advice, to their own competitive feelings with each other. They may also have their own countertransference feelings both towards supervisees and the patients whose therapies they are supervising. Supervisors may also experience conflict and doubt about the validity of what they're teaching. They too may have problems with the milieu, and as they are probably working under the same, if not greater stresses, they too need support (Jackel 1982).

A number of authors have also highlighted the potential for supervisors to misuse supervision for their own narcissistic purposes (Balint 1954, Benedek 1954, Ekstein 1960, Emch 1955, Grotjahn 1953). The same authors warn against 'disciple-hunting' and supervisors' unconscious needs to foster supervisees' dependence and identification with them.

6. GROUP SUPERVISION

The intensely charged nature of peer group interactions is seen by Kaslow and Friedman (1984, p. 47) as sustaining "the competitive frenzy often noted among clinical students" (e.g., vying for "gifted child," "most-likely-to succeed," or "favourite child" status). In their survey, one supervisor said that the dependency and sibling rivalry conflicts which are activated and kept prominent by the training years is the stress that keeps students in transference longer than other patients.

Both Frijling-Schreuder (1970) and Grinberg (1970) believe that group supervision can lead to regressive processes of envy, competitiveness and rivalry. If these are not checked they can lead to primitive forms of identification which may hamper the development of a more mature identification. Grinberg (1970, p. 380) is in agreement with Frijling-Schreuder (1970) that groups can be destructively critical. He states: "They sometimes gloat over his (the supervisee's) troubles and make him the depository of their own

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mistakes and difficulties." Grinberg (1970) and Frijling-Schreuder (1970) also agree with Anderson and McLaughlin (1963) that the group situation does afford supervisees the opportunity to profit from each others' observations.

7. TRANSFERENCE, COUNTERTRANSFERENCE AND THE REFLECTION PROCESS IN SUPERVISION

A. Transference and Countertransference

Greenson (1978, p. 152) defines transference as "the experiencing of feelings, drives, attitudes, fantasies and defences towards a person in the present which do not befit that person but which are a repetition of reactions originating in regard to significant persons of early childhood, unconsciously displaced on to figures in the present". Jung (in Mattinson 1977, p. 33) described it as "an awkward hanging on, an adhesive sort of relationship." While it is important to note that transference feelings are not confined to therapeutic relationships, they do form the nexus of much psychoanalytic and psychodynamic therapy.

When examining the meaning of countertransference, it needs to be pointed out that *the* 'counter' of 'countertransference' refers to the 'other side's' reaction, rather than a reprisal, as in 'counterattack'. Thus countertransference feelings refer to the supervisee's reaction to the patient's transference feelings. The therapist's feelings and perceptions, *like those of any other person, will be partially pre-determined by his/her earlier experiences and perceptions of those experiences.*

Mattinson (1977, p. 35) identifies three different aspects of countertransference thus:
- "an innate and inevitable ingredient
- "which is sometimes a conscious reaction to the observed behaviour of the client, or which is sometimes an unconscious reaction to the felt and not consciously understood behaviour of the client.
- "and which can be used for increasing understanding of the client."

Thus the countertransference is the response to the patient's transference which itself is characterised by an inappropriate reaction and a need to make the present relationship fit into the psychodynamic structure of a previous relationship. Mattinson (1977) also points out that supervisees can be affected by their *client's* strongest projections irrespective of a conscious desire to remain uninfluenced by them. This is because emotional interaction operates at a number of levels, and though therapists can protect themselves from things that are conscious, it is much more difficult to do so with those that are unconscious.

Because supervisees and supervisors can, and do experience their own transference and countertransference feelings towards each other, and because these feelings have a

bearing on supervisees' therapy with their patients, many authors advocate that supervisees and supervisors need to take account of these feelings (Anderson & McLaughlin 1963, Belcher & Zinberg 1988, Cohen & DeBetz 1977, DeBell 1963, Frijling-Schreuder 1970, Grinberg 1970, Gross Doehrman 1976, Hart 1982, Hassenfeld & Sarris 1978, Jackel 1982, Kaslow & Friedman 1984, Kraft & Kline 1976, Lebovici 1970, Lower 1972, Mattinson 1977, Nadelson & Notman 1977, Norman 1987, Solnit 1970).

Within the literature, mention has been made by Gross Doehrman (1976) that little has been written about handling problems that arise within supervision, especially those pertaining to *transference and countertransference feelings. Concern has also been* expressed as to how these feelings ought to be handled within the supervisory relationship. Positions on this issue are very clear in the literature. Most psychoanalytic writers advocate that transference issues are important because they affect the therapeutic relationship between the therapist and his/her patient and must therefore be dealt with in supervision. Gustin (in Gross Doehrman 1976, p. 15) states that "supervision which does not make use of the unconscious interaction between the therapist and his supervisor is dealing only with superficial aspects of learning."

Ekstein and Wallerstein (1972) are strong proponents of this view. However, they reserve the terms transference and countertransference for the therapy situation and instead refer to the problems that arise between trainees and supervisors as 'problems about learning'. Problems about learning, which parallel patients' resistances in therapy, need not be regarded as obstacles to learning that need to be eliminated. Rather they are regarded by Ekstein and Wallerstein (1972) as the vehicles through which therapeutic progress can be effected. The term 'learning problems' is used by Ekstein and Wallerstein (1972) to describe the problems that arise between patients and supervisees.

There is also general consensus in the literature that while countertransference feelings should be pointed out in supervision, the working through of the origins of those feelings, and the interpretations that pertain to them, should be reserved for supervisees' own therapy and should not be the function of supervisors. A number of authors (e.g., Anderson & McLaughlin 1963, Blitzsten & Fleming 1953, Cohen & DeBetz 1977, Ekstein & Wallerstein 1972, Frijling-Schreuder 1970, Grinberg 1970, Grotjahn 1954, Kraft & Kline 1976, and Wagner 1957) subscribe to the belief that supervisors should try to bring any problems with learning to the attention of supervisees. These problems should then be corrected with educative input rather than interpretations.

Kraft and Kline (1976) point out in a study they undertook that those who avoided dealing with countertransference feelings feared a therapeutic entanglement would result from talking about the supervisees' feelings. Together with Solnit (1970) they believe it is possible for supervisees' countertransference feelings to be handled tactfully.

In the survey they conducted, Kaslow and Friedman (1984) found that trainees expressed a preference for focusing in supervision on how to use their own countertransference reactions effectively with patients. They preferred to reserve a deeper scrutiny of the origins of these reactions for their own therapy. Kaslow and Friedman (1984) also found more advanced students regarded countertransference-based supervision as less intrusive than newer students. "There is uniform agreement in this regard that supervisory suggestions and explanations are most needed in the early years and that supervision that is heavily countertransference-based during the first two years of clinical training serves *more to confuse and create excessive anxiety in the trainee than it does to facilitate* the training process" (Kaslow & Friedman 1984, p. 40).

It seems from this that there is a need to make a very clear distinction between holding a discussion about a supervisee's feelings, and the development of a transference neurosis which is likely to arise from an in-depth investigation into the origin of these feelings. The need is thus to encourage an awareness within the trainee of how his/her reactions affect his/her relationships both with supervisors and with patients.

Kovacs (in DeBell 1963) argues that supervisors should also be personal analysts to their supervisees. She maintains that it will be beneficial if personal analysts are simultaneously trainee analysts' supervisors because the supervisors will be in a position to recognise hampering conflicts and countertransference, and thus can deal with them at once. However, this view has found little support in the literature.

Searles (1955) and Grotjahn (1954) both warn that too much emphasis on the countertransference shifts attention away from the patient.

In the final analysis it seems once again that the 'teach-treat' controversy is a false one. For the intention of supervision is after all to increase supervisees' abilities to do psychotherapy. The issue is how this can best be achieved.

Matthnson (1977) points out that when countertransference feelings can be identified and supervisors can put them into words, the words can be heard, discussed, and remembered by supervisees. If supervisees are able to be in touch with these feelings, and therefore have more understanding of what their patients might be dissociating, their attitudes are most likely to have changed when they next see their patients. Jackel (1982) suggests that supervisors may get to these feelings by asking questions like, "I wonder what made you do that?"

Matthnson (1977) also draws attention to the fact that supervisors too can have these reactions - and can value them as highly informative reflections of the relationship

between patients and supervisees. This, in turn can provide supervisors with a very clear idea of the pressures patients are exerting on supervisees.

Using transference and countertransference feelings in supervision and noting how they combine in the reflection process leads to a very important move away from the idea that these phenomena reflect a weakness in the therapist. Mattinson (1977, p. 47) warns that "if therapists are led, even very subtly, to feel ashamed of their interaction and inability to withstand some of its grosser manifestations, their professional growth will be inhibited."

B. The Reflection Process in Supervision

The reflection process in supervision was first named by Searles in 1955. Mattinson (1977), who has borrowed from his work, uses the term to refer to the processes currently at work in the relationship between the patient and the therapist and which are subsequently reflected in the relationship between the therapist and the supervisor. Others who have referred to the issue include Arlow (1963), Hassenfeld and Sarris (1978) and Jackel (1982).

Mattinson (1977) notes that the reflection process works two ways: from the therapeutic work to the supervision, and from the supervision to the therapeutic work. The common linking factor is the supervisee or student. Mattinson (1977) describes how, for example, if she had over-taught a supervisee, the supervisee in turn often tended to teach, rather than treat the client. Most important in understanding the reflection process is the idea that the supervisee's behaviour, affected by the client's disturbance or characteristic way of relating, would in its turn affect the supervisor. By realising that his/her behaviour was also out of character, the supervisor might realise that both s/he and the supervisee were in some way re-enacting the client's difficulty of expression.

Thus there are two basic aspects to the reflection process:
a) the supervisor's emotion may have its source in the patient/therapist relationship and chiefly in the patient. It is therefore a reflection.
b) Some of the supervisee's behaviour in the supervisory hour might be an unconscious attempt to show the supervisor the kind of behaviour which the patient has been exhibiting to him/her. Supervisees are most in need of supervisory help at these times precisely because they are unconscious of their actions and thus do not understand them (Mattinson 1977).

Searles (in Mattinson 1977, p. 16) provides another illustration of the reflection process:

> ... My experience in hearing numerous additional therapists present cases before groups has caused me to become slow in forming an unfavourable

> opinion of any therapist on the basis of his presentation of a case. With convincing frequency I have seen that a therapist who during an occasional presentation appears to be lamentably anxious, compulsive, confused in his thinking, or what not, usually is a basically capable colleague who, as it were, is trying unconsciously by his demeanour during the presentation to show us a major problem-area in the therapy with his patient. The problem-area is one which he cannot perceive objectively and describe to us effectively in words: *rather he is unconsciously identifying* with it and is in effect trying to describe it by way of his behaviour during the presentation.

Although the reflection process is only a part of the supervision, it is a vital one which can affect many other aspects of the supervisory experience. The importance of it is underlined by Mattinson (1977, p. 127) who states: "If the supervisor accepts the premise that the worker is influenced and influencing, and can allow himself and his worker to be influenced without shame, he will work in a very *different way from a supervisor who* teaches on a less interactive basis."

Mattinson (1977, p. 41) also believes it is important for these feelings to be acknowledged and for the student to have the opportunity to learn from them.

> I did not mind how involved the students became, I and their supervisors could attempt to pull them back. But I felt there was no starting point for training if they could not go into a situation enough to react to it. By encouraging them to go in and then pulling them back, I was, in more sophisticated language, helping them to resolve the countertransference. Like many tutors and supervisors, I was often amazed that students did so well with many of their clients - ones with whom previous and experienced workers had failed.

There has been *some debate as to whether working with countertransference* feelings in supervision should begin early in supervision or whether it should be reserved for later work with trainees who have more skills and experience (Kadow & Friedman 1984). *Mattinson (1977), however,* puts forward some convincing reasons for choosing to work with the reflection process right from the outset in the supervision:

a) It is important to get young students as quickly as possible into the habit of knowing about their feelings and reactions in situations and not being ashamed of these.
b) It is a much less painful way of working. Supervisors are not conducting a critical exercise and students are much less likely to feel wrong, stupid or inadequate, if the emphasis is not solely on them, but more on the interaction between themselves and another. If supervisors, alert to their own reflection, bring this consciously into the discussion, they are not only removing the emphasis from supervisees, but are also reducing the distance between themselves and trainees.
c) Once supervisors remove the pressure from supervisees, it is possible to take the work of supervision further. When supervisors are less critical and more supportive, the work

of the therapy session can be looked at in greater depth and detail.

While Kaslow and Friedman (1984) found that supervisees were more comfortable working with the countertransference later in their training, Mattinson (1977) advocated its introduction into the supervisory situation right from the outset. She suggests that working with the countertransference and the reflection processes can produce a collaborative effort, which from the start, draws supervisors and supervisees together.

8. EXPERIMENTAL RESEARCH

The previous seven sections have dealt with literature which was written almost exclusively from the point of view of supervisees. Most theories which have emerged have been based on supervisors' experiences with their own supervisees. This case history-based approach, which is largely theoretical, has placed insufficient emphasis on establishing which elements have been responsible for the effectiveness of particular supervisory practices. In these accounts, researchers and authors have focused on developmental issues, transference and countertransference, the relationship between supervisors and supervisees and the parallel processes between supervision and psychotherapy, amongst other things.

In this section the researcher wishes to examine some studies which have been carried out using mainly experimental designs. Most of these designs have consisted of a posttest-only control group design or a pre-test posttest control group design. The aim of this brief review is to asses how, and to what extent these studies have contributed to an understanding of the supervisory process. In the Discussion chapter an attempt will be made to assess the value of these findings in terms of the present study.

In a review of research on practicum supervision, Hansen, Pound and Petro (1976) noted that there has been little systematic research on supervisory procedures. Most studies have attempted to assess the success of supervision *through the level of empathic responses* of students where facilitative communication has been the major variable. Hansen et al. raise an interesting point when they question whether the level of empathic response should be measured in students or whether the effect of supervisory techniques and practices should in fact be measured in the recipients of the treatment. The difficulties of measuring success in psychotherapy are, however, extremely great. It is for example, very difficult to state with a high degree of certainty that changes in a patient (the dependent variable) are due to some specific approach or technique (the independent variable) pursued by a therapist, and not due to some other aspect that is inextricably linked to the person of the therapist or the patient.

It is also important to note that while facilitative communication is essential both in

supervisory and therapeutic practice, it is not the only important feature necessary for either practice to be effective. Supervisors and supervisees also need good theoretical backgrounds, fine insight and the ability to sit with the 'not-knowing' (Bion 1974, in Casement 1985, p. 4) both in supervision and therapy.

Because there have been so few systematic investigations there are no conclusive findings on the most effective counselor training techniques *(Hansen et al. 1976). And there* is even less to be said in this regard about psychoanalytic or psychodynamic approaches because most of the experimental or pre-experimental studies have confined their research to *areas where supervisory and therapeutic methods* other than psychoanalysis have been used.

In their review of the literature, Hansen et al. (1976) looked at articles on three topics: the role of the supervisor; training procedures in supervision; and rating systems in practicum supervision. With regard to the first topic, Hansen et al. (1976) found that a disproportionate amount of research effort was given to facilitative communication. Ten of the eleven studies concerned with the role of the supervisor examined aspects of communicating core conditions. Other aspects of the supervisor's role, and the experience of supervisees, were neglected and need examination. The results of the studies showed that trainees' level of facilitative communication was improved through a variety of supervisory experiences. Hansen et al. (1976)came to two general conclusions: firstly, that the supervisor who directly or indirectly models facilitative behaviour will be more effective and secondly, that *didactic training is more effective than experiential training.*

In terms of their investigation of research into training procedures in supervision, Hansen *et al. (1976) found that in general, videotape techniques* were valuable aids in counselor training. However, in most instances there were no significant differences between the use of audio and video techniques on trainee response criteria. The literature in this section (as in the first) also supported the effectiveness of modeling as a technique with specific training programmes being successful in the teaching of communication skills. Again, facilitative communication was favoured as a criterion for assessing the success of the various training procedures.

Hansen et al. (1976) then looked at four articles on rating systems in counselor training. They found that peer rankings of trainees tended to be highly correlated while peer rankings and supervisor rankings tended to agree.

In assessing all the reviewed studies, Hansen et al. (1976) found that in spite of a general improvement in method, *serious questions and doubts persisted about conclusions in the* research. "In several instances the lack of an adequate sample size and the lack of specificity in variable definitions limit the generalizability of findings. The experimental

situation is generally not sufficiently rigorous to control for the effects of variables other than the treatment. Caution is warranted in the interpretation or application of results from supervision research. Furthermore, a more complete description of procedures to permit replication and improve application is needed in further studies" (p. 113).

Hansen et al. (1976) point out that teaching facilitative communication is necessary, but it is not sufficient and that research on supervisory procedures that improve other counseling skills is also needed. From their findings it would appear that the most effective step for future research in supervision would be to explore the direct relationship between the process variables in supervision and the trainee's effectiveness as a counselor. These studies should ideally measure not only counseling process, but counseling outcomes too.

In research of this type, affective interaction between supervisor and supervisee seems to become submerged as the functional aspects of the interaction are isolated and studied. Thus, instead of gaining an understanding of the entire nature of the experience, certain aspects are highlighted at the expense of others. For instance, while 'modeling' may be seen as facilitating supervision, we do not know exactly what that modeling is about. If modeling is confined to a specific set of behaviours then the most the researcher can say is that those behaviours may have influenced certain outcomes in the research. Here researchers are faced with the inevitable limitations of their methods - a problem of particular magnitude when it comes to research in areas that are essentially interpersonal and interactional, as in the case of psychotherapy and supervision. Thus experimental methods, while teasing out aspects of the process, lose information which tells us about the experience, both from the viewpoint of supervisees and supervisors.

Lambert (1974) too points out that future work needs to concentrate on the relationship of facilitative conditions in supervision to the growth of trainees and their ability to help clients.

The focus on modeling in the literature also signals the use of behavioural methods in supervision . .search and practice. What is needed now is a systematic investigation through which the literature can begin to be characterised. When research is better planned and more comprehensive, in preference to isolated studies, then findings should lead to a more efficient understanding and use of counselor training techniques.

Pierce, Carkhuff, and Berenson (1967, in Lambert 1974) studied the extent to which supervisors' level of functioning on dimensions of empathy, regard, genuineness and concreteness influenced the development of these conditions in supervisees. They found that effective supervisors did not give so much information. Rather it was the quality of the relationship established with supervisees which helped them to learn and develop.

Lambert's (1974) comparison between supervisory and counselling processes also showed that day-to-day functioning of counselors was enhanced by the didactic approach, while long-term therapeutic effectiveness was more likely to be related to the level of conditions experienced in the supervisory relationship.

Payne and Gralinski (1968) looked at the relationship between supervisor empathy and *counselor improvement*. Because therapist empathy is known to be important in helping patients, it was felt that supervisor empathy might likewise influence supervisee effectiveness. In their study, counselors receiving the technique-oriented supervision *achieved significantly higher empathy scores* than those receiving the counseling-oriented supervision. Hence the present data accords with that of Hansen et al. (1976) and indicates that a didactic, technique-oriented supervision is superior to experiential supervision in *improving counselor empathic level. And contrary to expectations*, supervisors higher in empathy did not prove to be more powerful reinforcers as might have been anticipated in a technique-approach nor did they prove to be more effective models as might have been anticipated under the *counseling condition*.

Payne and Gralinski (1968, p. 520) state: "Although a techniques orientation is frequently disparaged as mechanistic and artificial, it produced greater gains than the more commonly advocated counseling approach. It would appear that the theorized threat and disruptiveness of the techniques orientation did not prevent counselor learning." The problem with this study however, is its limited inference value. In order to extend this, the effect of the different types of supervision should be noted over a longer time period (the study was completed within a few hours). The validity would also be strengthened if genuine clients, rather than students, were used in the future. Payne and Gralinski (1968) state however that the drawbacks to supervision analogues should not prevent them from *being* used to supplement research which is usually based on live supervision. Analogue studies which are often contrived in terms of time and subjects, also raise questions as to the durability of the responses (e.g., empathy) being assessed.

Birk (1972), in a study to assess the effects of supervision method and preference on empathic understanding, found that learned empathy was not contingent upon receiving the preferred supervision, *although type of supervision was a significant factor* in terms of empathy levels. Those who received didactic supervision were rated higher in empathy level than subjects in other groups. Birk (1972) also found that learning during the early phases of supervision was not contingent upon being supervised *in the trainee's preferred* mode, i.e. mismatching of preferred and actual supervision did not deter learning in the early stages of supervision. Birk (1972) was unable to state that matching would necessarily facilitate learning in supervision. Birk's (1972) study also found that, when learning empathic understanding as the focus of supervision, the didactic approach was more favoured. This finding thus concurred with those of Payne and Gralinski (1968) and

Hansen et al (1976). It should be noted though, that this study made statements about learning, rather than about how effectively supervisees were able to translate what had been learned into viable therapeutic practices.

On the other hand, Lambert's study (1974), in making the distinction between short-and long-term aims, comes closer to validating the assumptions inherent in the psychoanalytic and psychodynamic approaches i.e. that the didactic approach might be more helpful in the immediate situation, but that overall, the experiential approach, and the relationship between the supervisor and the supervisee is what is crucial in promoting effective therapy.

By now it should be clear that there are strong similarities between the supervisory and psychotherapy processes and that problems in research into psychotherapy parallel those in supervision. With this in mind, Oldfield's comments (1983, in France 1988, p. 6) provide us with ideas about the directions which research into these areas should be taking.

> Research effort has, therefore, been heavily weighted towards factors which may be clear to study, but which may also be of *doubtful relevance, since they* are almost exclusively drawn from the preconceptions of the researcher rather than from the experience of the client. The undirected responses of people to open-ended questions about their experience promise to give rich but possibly unmanageable material. Nevertheless, it is likely that here lie the most fruitful *starting points for understanding the complex process of therapy.*

9. SUMMARY

In summary, the literature review presented here has attempted to identify and explore a number of issues which are central to the aims and practices of clinical supervision.

In terms of aims, the literature revealed a number of different approaches to supervision, depending on what supervisors hope to achieve through their work. In social work a large part of supervision is spent on case management, whereas in psychotherapy, supervision is frequently designed to help psychotherapists to better understand, support and help their patients.

*In the literature a debate emerged as to whether supervision should be didactic or experi*ential. However, it was also pointed out that taking an either/or approach raised a syncretic dilemma as supervision is neither purely didactic nor purely experiential. The researcher in the present study supports the views of those authors (e.g., Cohen & DeBetz 1977, Ekstein & Wallerstein 1972, Frijling-Schreuder 1970, Solnit 1970) who believe that supervision is a multifaceted process which includes a didactic component but which also involves a relationship between supervisor and supervisee. Some authors

(e.g., Frijling-Schreuder 1970, Gross Doehrman 1976) emphasised the relationship between supervisor and supervisee as being the crux of supervision. This is especially the case when issues of transference and countertransference are acknowledged and used in supervisory practice.

In this chapter a developmental approach was adopted to illustrate the stages that are likely to occur in the development of the supervisory relationship. Characteristics of each participant were also outlined, along with the possible problems and aims of each stage.

A further debate also emerged around whether, and how, to work with transference, countertransference and reflection processes in supervision. Kaslow and Friedman (1984) believe that pointing out countertransference issues should only occur later in the supervision while Mattinson (1977) cogently argues that this process should be instituted right from the start.

Lastly, some issues around experimental and pre-experimental research were examined. Although these studies have yielded some interesting findings, it was pointed out that the methods used are often reductionistic and of questionable validity.

CHAPTER THREE

METHOD

1. INTRODUCTION

In the present study the questions of interest to the researcher were: 'What is the experience of supervision?' and 'What is it about this experience that contributes to making supervision effective?' These questions were motivated by an attempt on the part of the researcher to form an understanding of subjects' experiences of supervision. Based on this understanding, the researcher hoped to arrive at a formulation of some key aspects of supervision which make it an effective method of communicating and teaching the practice of psychotherapy.

As this study is concerned with a particular aspect of clinical psychology, i.e. the transmission of therapeutic skills from skilled psychotherapist (supervisor) to trainee psychotherapist (supervisee), a descriptive, interpretive method was considered more appropriate than the traditional experimental approach. This method was seen as appropriate because of the similarities between supervision and psychotherapy and also because much of the research that has been done has lost the richness of the experience while trying to measure, quantify, and isolate certain aspects that shed light on the effectiveness of supervision.

A. The Interview

Because the personal experiences of supervisees were to form the basis of the data to be gathered, the researcher opted for a method not too dissimilar from that experienced in the clinical situation i.e. a more personal exploratory, verbal exchange - a dialogue situation, referred to here as an interview.

The use of the interview was seen as providing a situation in which people could explore and reflect on their own experiences. In this way the data-gathering shared similarities with both psychotherapy and supervisory situations. At the same time the researcher, having been a member of the group she was studying, was careful to keep the interview situation as open-ended and non-directive as possible through the specific questions posed to subjects and by refraining from any unnecessary comments which might influence subjects' views on their experiences

It was hoped that the use of this descriptive, qualitative method would provide the richest and most resourceful means of arriving at an understanding of supervisees' experiences of supervision. With this understanding as the background, the researcher hoped to be

able to fulfil the aims of this study i.e. (a) to identify, and (b) describe key conditions involved in the successful practice of clinical supervision and, based on these findings, (c) to make recommendations about supervisory practices both specifically and in general. The researcher also hoped (d) to compare and contrast her findings with those of other studies.

B. The Descriptive Qualitative Approach

The descriptive, qualitative method employed here was seen as being broadly situated *within the philosophy, principles and practices embodied in an existential-phenomenological* psychology. This approach provides an alternative to a traditional, empirically-oriented psychology. "Existentialism, as a formal philosophical school, seeks to understand the human condition as it manifests itself in our concrete, lived situations" (Valle & King 1978, p. 6).

The phenomenological psychological approach views any approach which is totally subjective or totally objective as limited in scope, and confusing and distorting of the very phenomena which it seeks to describe and/or explain.

To arrive at cause-effect relationships is the aim of a psychology rooted in the natural sciences and using an experimental methodology. Implied in this attempt is linear temporality. Valle and King (1978, p. 14) state that "The existential-phenomenological psychologist rejects the notion of causality *in its linear or additive form i.e. rejects the* belief that change is initiated and directed by external events. Thus the individual is studied without the proposing and experimental testing of cause-effect relationships." Because the notion of linear causality is rejected as a basis for studying the individual, hypothesis formation and experimentation with all that they imply (e.g., control groups, independent and dependent variables etc.) are also rejected. Hypotheses are not used because "they imply something hidden is producing (causing) that which is apparent" (Valle & King 1978, p. 15).

The implications of some of the assumptions inherent in this approach lead to the development of a psychology which is "a middle ground, or in a more active sense, a thrusting between the purely objective and purely subjective approaches which have taken form in psychology" (Valle & King 1978. p. 14). This was also the intention of the researcher in the present study who wished to avoid the traps of reductionism inherent in experimental methods. Instead she wished to employ a method that would allow for both the richness of the data as well as the necessary rigour which would lend the research an acceptable degree of validity and generalisability.

2. SUBJECTS

All eight subjects were members of the M.A. Clin. Psych. Programme at the University of the Witwatersrand in 1987 and were colleagues of the researcher who was herself the ninth member of that group.

There were seven female subjects and one male. The researcher was on good terms with all of the subjects who had expressed their willingness to enter into the research with her. Both the good relationships and the interest expressed in the common experience of supervision facilitated the subjects' ability to be open, both to their own experiences and to the researcher during the interviews.

Subjects were drawn from the class of M.A. Clin. Psych. students because they had all worked in groups of the same size (three members to a group) and had all been exposed to the same supervisors. The third group, composed of black students who had had the same exposure to supervisors as the other two groups, was additionally exposed to a black supervisor. All subjects had thus had the same basic opportunities with regard to the practice of psychotherapy and supervision.

3. CONDUCTING A PILOT STUDY

A pilot study was undertaken to test the method of data collection as well as the appropriateness and value of the questions. Two M.A. Clin. Psych. students from the previous year's group (1986) were asked to answer the same question, namely:

I am going to ask you a question about your experience of supervision during the first half of this (last) year. Can you describe in as much detail as possible an instance in supervision which you found particularly useful?

One subject was asked to supply a written response while the second subject was interviewed by the researcher. Both were also asked to comment on the value of the question and the value of their interview or writing experience.

The results of the pilot study indicated that the interview situation provided much richer data and that the experience of the interview itself could be facilitative and therapeutic to the subject. In commenting on the process, the subject stated that she had enjoyed the open-ended nature of the question and felt it had allowed her to arrive at her own understanding of the value of supervision. It had also provided her with the opportunity to identify and focus on specific issues related to her own supervisory experience. She said she had also found the interview situation beneficial and she thought it important that she had been prevented from writing any notes during the interview. (At the beginning of the

interview the subject had wanted to write notes before conversing with the researcher. This, however, was discouraged). At the end of the interview, the subject said she had felt enriched by having to think about and share her experiences of supervision.

In contrast, the written response did not prove to be as rich a source of material and the subject stated that she might have felt more focused if the questions had been more directed and explicit. This subject said she believed it had been inhibiting to ponder over answers to the questions, and she believed it would have been better simply to write as spontaneously as possible. The researcher interpreted this response as a difficulty with the method (writing) rather than one inherent in the questions and believed that the interview situation had specifically fostered that spontaneity.

4. THE RESEARCH QUESTION

Arriving at suitable research questions was not a simple matter. Many possible questions emerged, e.g. Describe an instance in supervision which enabled you to take your therapeutic work forward? Describe your experience of supervision in the M.A. Clin. Psych. class? Describe an instance in supervision when you felt you had really learnt something? Describe the positive aspects of your experience in supervision?

While all these questions were regarded as valuable, each was limited in some way and none was sufficiently open-ended to tap the most essential aspects which contribute to the effectiveness of supervision, while also allowing subjects to mention negative experiences if they felt these had occurred and had been an important part of their experience in supervision.

The researcher's intention in framing the questions was to ensure that they were essentially open-ended so that they would tap a broad spectrum of the experiences subjects felt had made supervision worthwhile. At the same time, the questions also had to allow for possible negative comments about supervision.

The questions that finally emerged were:

> I am going to ask you a question about your experience of supervision during the first half of this year. Can you describe in as much detail as possible an instance, or instances, in supervision which you found particularly useful?

Interviewees were next asked:

> Are there any other comments you would like to make about your experience of supervision?

At the end of the interview, subjects were asked to comment on their experience of the interview and on the value of the questions.

5. CONDUCTING THE INTERVIEWS

The pilot study was completed and analysed by October 1987. The interviews with subjects were carried out in November and December 1987.

All eight subjects were asked the same question in audio-recorded interviews which lasted approximately forty to sixty minutes each. Subjects were informed about the nature of the research and the interests of the researcher. All subjects were willing to share their experiences with the researcher. The interviews took place in comfortable venues at times and places agreed to by the subjects. Stringent assurances of anonymity were given and subjects were assured that the tape recordings would be disposed of at the completion of the study. No time limit was stipulated.

During the interview some subjects were unsure as to whether they should name specific supervisors. As the purpose of the present study was not a focus on any particular person, but was aimed at identifying and understanding core features of supervisory practice, subjects were in no way required to identify supervisors and the choice was left to their discretion.

In some cases the interviews seemed to imitate a quasi-therapeutic process. Firstly, they resembled an individual therapy situation in that there were two people in the room, one of whom (the subject) was there to do most of the talking. The other (the researcher) listened as receptively as possible and made comments designed to encourage subjects to clarify or elaborate on statements they had made. Subjects also described and reflected on personal experiences in much the same way as they would in a personal therapy situation. In some instances this seemed to create a sufficiently 'safe' environment for subjects to talk about painful experiences and to feel better about sharing them. One subject, for example, said: "It was hard to talk about the positive until I'd talked about the negative. And I guess because of the negative experience it was hard to talk about the positive until I'd almost, uh, cos I'd never really talked about just how awful that (negative experience) actually was."

The interview also provided an opportunity for reflection in a way which seemed not to have occurred for most subjects before. In reflecting on the interview with the researcher, the same subject said:

> I think the thing with supervision, I'm just realising as you're asking me these questions, it's quite a deep thing, you know. It's not a case of taking your maths homework and having someone tick it or cross it and then having

> someone say, 'Ah well, this is the part where you made the mistake.' It's quite personal and you're quite involved and there's a lot of you being discussed at some level. It's not just - ok, this is what's happening with the client - because you're there on film or on audiotape and you're in the room. So you can, so you're kind of - there's a lot of you that it seems to be about, you know. So it really is quite a personal thing.

Finally, the subject reflected that the interview with the researcher had been "quite intimate."

Another subject said: "It's been nice reflecting this way. Somehow, in all this talking, I feel like I've put it all together for myself. It's almost been therapeutic."

This was a feeling echoed by the researcher who also enjoyed the shared aspect of the task, and who was simultaneously being afforded the opportunity to make sense of her own experience of supervision as subjects identified and discussed various issues. These issues will be discussed in more detail in the Chapter Four (Results) of this study.

6. ANALYSING THE DATA

A. Identifying Key Experiences

Once the interviews were completed, the researcher listened to the tapes a number of times to familiarise herself thoroughly with the material. Out of this listening, a variety of themes were identified. These included (to mention but a few) the following issues:

1. Comments on the experience of working in a supervision group.
2. Comments on the experience of having a pool of supervisors.
3. Comments on the supervisors' use of various techniques during supervision.
4. Comments on the supervisors' use of theoretical input during supervision.
5. Comments on the experience of support/emotional holding in supervision.
6. Comments on the experience of the relationship between the supervisors and the supervisees.
7. Comments on the experience of growth in supervision.
8. What supervisees believed was expected of them by supervisors.
9. What supervisees expected from their supervisors.
10. What other aspects of the training course in general did supervisees believe had contributed to making supervision effective.
11. What problems were experienced in supervision.
12. Other themes.
13. Comments on the experience of the interview in which this data was g... ated.

Further careful listening enabled the researcher to refine these themes into the following

categories of supervisee experience:

1. Supervisee felt emotionally "met" by the supervisor, i.e. s/he felt understood, accepted, respected, affirmed and held.

2. Supervisee valued input that helped him/her to cope in the therapy situation. Practical input (e.g., role plays, modeling, technique demonstrations) and theoretical input (e.g., dynamic explanations, journal articles) were seen as an important part of supervision.

3. Supervisee felt supervision was a personally growthful experience.

4. Close contact with, and direct exposure to the different personalities of the supervisors had a direct bearing on the supervisory experience i.e. the personal interaction with a supervisor affected the supervisee's ability to use the supervision.

5. Continuity of supervision over time, as well as consistency of supervisors' perspectives were important features in the value supervision had for supervisees.

6. Problems experienced in supervision.

A seventh category - The value of being in the group - was later added.

B. Assessing the Validity of the Categories

Having extracted what were thought to be the essential aspects of subjects' supervisory experience, the researcher presented the refined list to two psychotherapists who had agreed to assess the validity of the identified categories.

To evaluate the validity of these categories, the two assessors were asked to listen to a random selection of the audiotapes in order to see whether they agreed with the categories that had been identified.

The four audiotapes to be played to the assessors were selected by means of a random numbers table. The researcher then met with each assessor individually to play the selected audiotapes. Assessors were also handed a list of instructions (see Appendix A) which, having given some background to the study, instructed them as follows:

> Although a grid of suggested themes has been provided I would like you to remain as open as you can to any other possible themes that may have emerged in the interviews.
>
> As you will see, the grid lists a number for each supervisee as well as the identified themes. When you hear material from the interviews that you believe

fits one of the available categories would you please indicate this by placing a tick in the appropriate column.

If, while listening to the material, you identify a theme which does not already appear on the grid, would you please list it under the column marked 'Other Themes' together with a brief definition of what you mean.

In each case, the assessor was presented with a grid of the identified categories. Each audiotaped interview was assigned a number (see Appendices B (i) and (ii) for Grid). Both assessors concurred with the identified categories indicating that they were relevant and *accurately reflected the experience of supervisees.*

The findings of the research will be discussed and analysed in more detail in the following chapter.

CHAPTER FOUR

RESULTS

1. INTRODUCTION

In this section, the results of the present study will be examined. Firstly, the data-gathering technique will be mentioned. Then the method of processing and analysing the data will be explained. The method of validating the analysis will also be explicated and discussed. Finally, the results of this study will be explored and an attempt will be made to meet the aims which were set out in chapter one, namely:
i) to describe the experience of supervision
ii) to identify key aspects of the supervisory process which are vital to its effectiveness.
The other two aims of the study, viz.
iii) to compare and contrast the findings of the present study with those of other studies; and
iv) to make recommendations about supervisory practices both specifically and generally
will be discussed in Chapters Five and Six respectively.

2. GATHERING THE DATA

As stated in Chapter Three, the data were gathered from audio-taped interviews conducted with eight subjects who were all first-year M.A. Clin. Psych. students in 1987. The data gathered in the interviews consisted of the subjects' responses to a main question (see Appendix A) concerning an instance or instances in supervision which they had found particularly useful. This question was designed to elicit information that would shed light on supervisory practices that were most useful from the point of view of the supervisee.

A further question (see Appendix A), even broader in definition and more open-ended, requested subjects to make any other comments they wished to about the experience of supervision. This question, although a secondary one, was regarded as important in that it allowed supervisees to mention any negative experiences they might have had. This aspect had been excluded from the first question because the main aim of the present study was to gain an understanding of those aspects of supervision which proved to be most useful to supervisees. However, it was thought that a better understanding about the effectiveness of supervisory practices might also be possible if supervisors were aware of what supervisees had found to be counterproductive and ineffectual in supervision. With this awareness, supervisors might wish to amend some practices and curtail or avoid others.

3. ANALYSING THE DATA

Being a qualitative, descriptive study, the researcher needed to find a way of organising the audio-taped data so that the unique features of supervision might be gleaned from the subjects' individual experiences without losing the richness of the material or becoming too reductionistic.
To achieve this, the researcher listened attentively a number of times to the recorded interviews until she was familiar with the data. From this process she formulated a series of categories of experience which were either common to a significant number of the supervisees, or which seemed to embody some key feature of supervision.

In order to assess the validity of these categories and to ensure that her own biases had not obscured the data, the researcher approached two assessors (both clinical psychologists with experience of supervision) who were asked to listen, independently of each other, to the same random sample (four out of the eight tapes) of the recorded interviews. There were two objectives to this method:
i) firstly, the researcher wished to establish whether the assessors concurred with her about the categories that had been identified, and
ii) secondly, the researcher wished to establish the extent to which the two assessors agreed with each other about the validity of these categories.

If agreement was high, the researcher would assume that the categories she had identified were inherent in the data and not a product of her own biases or imagination. However, if agreement between the two assessors was poor, the researcher would have to return to the data to re-evaluate her findings.

The researcher met with the assessors independently. On both occasions each assessor was presented with a grid reflecting the categories of experience and the subjects, each identified by a number (see appendices B (i) and B (ii)). The assessors were asked to tick the experiences which they thought subjects had mentioned in the interviews. When the completed grids from the two assessors were compared, the amount of agreement between them was found to be very high.

For Category A - "Supervisee felt emotionally "met" by the supervisors, i.e. s/he felt understood, accepted, respected, affirmed, and held" - both assessors agreed that all four subjects had mentioned this experience.

For Category B - "Supervisee valued input that helped him/her to cope in the therapy situation. Practical input (e.g., role plays, modeling) and theoretical input (e.g., dynamic explanations, journal articles) were seen as an important part of supervision" - both assessors agreed that all four subjects had mentioned this experience.

For Category C - "Supervisee felt supervision was a personally growthful experience" - both assessors agreed that all except Subject Two had mentioned this experience.

For Category D - "Close contact with, and direct exposure to, the different personalities of the supervisors had a direct bearing on the supervision experience, i.e. the personal interaction with supervisors affected the supervisee's ability to use the supervision" - Assessor A agreed with the category for all four subjects, while Assessor B agreed with the category for three subjects.

Category E - "Continuity of supervisors over time as well as consistency of supervisors' perspectives were important factors in the value supervision had for supervisees" - was suggested by the first assessor under the heading "Other Themes". He felt this theme ran through the comments of all the supervisees. This suggestion was formulated into a fifth category and included on the second assessor's grid. Assessor B agreed that all subjects' comments reflected this experience.

Under "Other Themes", Assessor B felt that the group experience had also been a common one for the subjects and should have been included as a sixth category of experience. However, Assessor A felt that both the experience of growth and that of being in a group were not essentials of supervisory practice, per se. He felt that the experience of growth was more a consequence of effective therapy rather than something which made therapy effective. He also felt that being in a group had had a bearing on the supervisory experience, but once again, was not intrinsic to the practices which in themselves, make supervision effective.

The researcher, who had also had similar reservations about Category C - "supervision as a growthful experience", nevertheless retained it because references to "growth" were found to be either implicit or explicit in most of the interviews and also because they did provide an indicator of the effectiveness of the supervision. The researcher's reservations about Category C centred on her dislike of the term "growth" - an imprecise, blanket term which, through its lack of rigour and contemporary trendiness, may obscure as much as it attempts to reveal. Thus the author found herself in agreement with Hillman (1983, p.84) who remarked that "... growth has become the foolish metapsychology of fat men in a declining culture". Bannai's (1980, p. 57) comments on the term also reflect some of the problems inherent in using it: "... the popular word "growth" seemed to be marvelously adaptable to the needs of the moment. It could mean anything from barking at your thesis advisor to adopting a theoretical perspective ..."
(p. 57).

The researcher had also originally considered including the group experience in the

categories, but had then, for the same reasons as those given by Assessor A, excluded it. However, a discussion with Assessor B convinced her that, while not necessarily intrinsic to supervision per se, being in a group for supervision had nevertheless been an important feature of the supervisory experience for subjects in the present study and thus needed to be taken into account and discussed. Thus category F - The value of being in a group - was included.

General agreement between the two assessors and between the assessors and the researcher was very high, which lent validity to the categories of experience identified by the researcher. These, plus Categories C and F were retained by the researcher. The rest of this chapter will be a systematic description and illustration of the six basic categories of experience.

4. ELABORATING THE IDENTIFIED CATEGORIES OF EXPERIENCE

In the sections that follow each category of experience will be named. Illustrations of these experiences drawn from the interviews with the supervisees have also been given. Because there are sometimes a number of examples of a particular experience, the researcher has used one or two here, while the rest have been placed in Appendix C where they have been numbered in a way that links them with the examples in the text.

i) Category A.

"Supervisee felt emotionally "met" by the supervisors, i.e. s/he felt understood, accepted, respected, affirmed, and held."

This category referred to an interpersonal aspect of supervision, in particular the way in which the emotional needs of supervisees were dealt with by supervisors. As supervisees gain experience, this emotional support may not have the same affective valence as it holds for them at the beginning of their training. However, in the early stages, this feeling of being understood, and of being good enough as therapists is vital if supervisees are to overcome their feelings of inadequacy in order to learn to trust their own perceptions and judgements. Thus, by identifying with their supervisors, and developing what Casement (1985) calls an 'internal supervisor' supervisees will ultimately be able to rely on themselves.

If we view the trainee therapist in a developmental sense, then at the beginning of the training process s/he is rather like an infant in some aspects of his or her development. In Winnicott's (in Davis & Wallbridge 1983) theory this stage, referred to as "the holding phase," is "equivalent to the stage of being merged, or of absolute dependence". Winnicott notes that at this stage of development ego-support is a continual need of the grow-

ing child, and at times, of the adult (Davis & Wallbridge 1983, p. 106).

Winnicott comments on the way in which people in the helping professions are engaged not so much in "a directing of the individual's life or development but an enabling of the tendencies that are at work within the individual, leading to a natural evolution based on growth" (Davis & Wallbridge 1983, p. 109). This observation applies very clearly to the relationship between the supervisor and the trainee therapist. For the task appears to be not so much one of directing the supervisee, but rather one that demands a delicate balance where the supervisor provides concrete direction whilst simultaneously allowing the supervisee to make use of this at his/her own discretion and pace. In this way the task of the supervisor involves offering help in a manner which neither inhibits nor undermines the supervisee especially with regard to using his/her own intuition and abilities. (Appendix C/1).

In the interviews with the researcher seven of the eight subjects stated that they had received some support from the supervisor (Appendix C/2). However, all the subjects spoke of feeling inadequate, incompetent, helpless, and at times hopeless about their abilities as therapists (Appendix C/3). It seems that to enable supervisees to feel adequately held or understood in the beginning stages of supervision is an extremely difficult and challenging task for supervisors who must contain the persecutory fears and anxieties, which can at times seem overwhelming to supervisees. What becomes apparent from the interviews however, is that the supervisees, without being conscious of it, had in fact, received some holding, and that it was this holding which, at least in part, helped them through their persecutory anxieties so that they could continue to develop their therapeutic skills (Appendix C/4).

The question that arises here is whether anything more can be done to allay some of the fears and discomfort which supervisees experience at this early stage of the training?

A further question arises as to how supervisors should deal with supervisees' feelings of dependence. Should the accent be on training supervisees to be self-reliant and independent, even if this feels harsh in the beginning, or should supervisors allow the dependence, and act to reassure supervisees? What is more, it is questionable whether these positions are mutually exclusive.

Casement (1985, p. 171) suggests a very useful distinction between needs that need to be met, and wants. Bearing in mind the similarities between supervision and psychotherapy, the following observation is very pertinent to the issue being raised here. "Patients reenact these different stages of growth in the course of therapy. The therapist should therefore try to distinguish between libidinal demands, which need to be frustrated, and growth needs which need to be met. I believe some therapeutic opportunities are missed

when therapists fail to recognize when it is growth-needs which are being presented for necessary attention."

Another important aspect of supervisees' perceptions of the holding they received was the ambivalence which characterised their comments. For example one subject said: "Supervisors were giving support. They comforted you that what you were doing was not that wrong. They would also talk about their own experiences with clients and that supported me that I was going along the right lines." In the same interview however, the subject also commented that she had found supervision "very scary" and "intrusive" and that she had feared supervisors "would meet at some point to discuss about who is doing this and who is doing that, and I felt that if I wasn't competent enough, maybe there was going to be a lot of criticism."

Perhaps in answer to the question about what more could be done to allay the early persecutory fears, almost all supervisees expressed a need for some positive feedback to help them deal with their feelings of incompetence and inadequacy (Appendix C/5).

> They would listen to a few minutes of the tape, and say stop there, and then they would just talk about that, saying many things about it. I felt like I did wrong, wrong, wrong, and that in that case, the rest of the session must also have been the same. I needed positive feedback too.

> These sentiments were echoed by another subject who said: "I didn't feel that the material I was presenting was being acknowledged as reasonable working material or reasonable therapy. I was presenting my failures for a particular reason and maybe the hope was that somewhere underneath it, they would still find something positive, to help me along the road. And even when I felt I was presenting something better, I never felt it was acknowledged."

> The ambivalence inherent in this subject's experience is again revealed when she subsequently mentioned that, "supervisor X contained a lot of my anxiety and held me so that I could hold my client."

Casement states (1985, pp. 132-3) that "there are times when people cannot cope (and) the help being searched for is always for a person to be available to help with these difficult feelings. ... In more human terms what is needed is a form of holding, such as a mother gives to her distressed child. There are various ways in which one adult can offer to another this holding (or containment). And it can be crucial for a patient to be thus held in order to recover, or discover maybe for the first time, a capacity for managing life and life's difficulties."

In terms of support, one subject said she did not want to be reassured, neither did she need supervisors to say nice things to her, because "that didn't feel supportive or helpful. I needed something more concrete than reassurances. I needed containment and struc-

ture."

Despite these comments, which illustrate the extent of the persecutory anxieties which supervisees experience, and the resultant ambivalence that this infuses into their relationships with supervisors, some holding must have been there, though perhaps not to the extent that subjects wished, because all except one subject stated, in one way or another, that they had been able to benefit from supervision and that they had grown and developed during the year.

It is as well to point out here that the researcher has omitted the supervisors' names, although in the interviews she left the question of supervisors' anonymity to each subject to decide what she was comfortable with. The names have been omitted here because the researcher believes quite firmly that the aim of this study is not a personal ...ic, rather the intention is to identify and examine the merits and demerits of certain supervisory practices. No doubt certain supervisors will recognise particular events and the involvement of certain supervisees. But the researcher can see no useful purpose being served by any breach of the confidentiality of the supervisory situation. The researcher also believes that just as supervisees must learn from their experiences and mistakes, so too with supervisors, who can only do so if they are given the chance to reflect on any problems or criticisms in a safe, non-threatening way. Hence, all supervisors here will be referred to as Supervisor X.

The researcher has also, when referring to subjects in the present study, kept to the feminine gender. This has been done to protect the anonymity of the single male in the class, whose comments would otherwise be identifiable and attributable to him.

ii) Category B.

"Supervisee valued input that helped him/her to cope in the therapy situation. Practical input (e.g., role plays, modeling) and theoretical input (e.g., dynamic explanations, journal articles) were seen as an important part of supervision."

This descriptive category is largely self-evident as it relates to the value of didactic input for supervisees - all of whom felt it was vital and had aided them enormously, especially *at the beginning when they felt they had so little to offer by way of their own theoretical* knowledge and therapeutic skills.

Three supervisees specifically mentioned the value of role plays, which they felt had allowed them to come to terms in a 'real' way with problems they were encountering in therapy. For instance, one supervisee commented on how role plays had helped her to learn how to deal with a particularly difficult situation.

> Some of the supervisors did role plays. I played the part of my client and they just worked through it and worked round the kinds of excuses my client would give. Often you feel that the client's got this incredible power and supervisors suggest, 'Say this,' or 'Deal with that,' but somehow it doesn't get you anywhere with the client who says, 'Oh no, I don't agree,' or 'I don't know anything about it,' and then the opportunity's gone. *So it was very useful to* role play the denial of what was going on, and my almost accepting it. It almost empowers you to feel that you can actually carry on, because I know I back down, and to have someone role-playing not backing down - that was really important for me.

Four supervisees also mentioned how they had learned from the modeling (Appendix C/7) which supervisors had provided. This was based on the way in which supervisors behaved professionally towards them in their supervisory sessions as well as instances that occurred in supervision. For example, one supervisee mentioned how she had been told to point something out to her patient, and that she had believed that to do this once was sufficient. Nonetheless, she continued to present the same problem with that patient to the supervisor, week after week. And the supervisor, by continuing herself to point out what the supervisee needed to point out to the patient, had modeled the practice to her (Appendix C/8).

All supervisees also referred to the necessity for theory in helping them to understand the processes that were ongoing in their patients as well as in the therapeutic relationship (Appendix C/9).

> The second half of the year was better because I could deal with issues in therapy using the theory, and in a way it was more practical. Without it I found it very difficult to comment on anything, I felt like I had to grope around in the dark. With the theory I felt so much more organised and I could use it for the therapy sessions. I felt I worked much better that way. Having the theory allowed me to be more myself - I didn't feel so lost. It would have been much better to have it from the beginning of the year 'cause I don't think I would have felt like I was groping around so much.

Another supervisee revealed how ambivalent feelings - of admiration and envy - can accompany an appreciation of the skills supervisors have to offer (Appendix C/10).

> The understanding that the supervisors had of dynamics, not only their theoretical but also their practical knowledge, that kind of 'suss' and that insight, that incredible insight, for me that was incredible, not only valuable, it was just awesome. I felt in total awe of their knowledge and of their ability to make sense of something. That wealth of information made me feel totally inadequate and almost unprepared for going into supervision. Granted I had some theoretical background, but it didn't feel like the right amount or the right stuff.

Two supervisees specifically mentioned how they felt the failure to provide them with proper diagnostic tools for assessing a patient for a psychodynamic therapy had been frustrating and negative experiences for them. This omission also had a very significant bearing on the previous category - the feelings about being held emotionally. In this instance both supervisees attributed their frustration to feelings of being continually misunderstood.

One of them said:

> I am angry with the supervisors that they did not teach us about assessing the client for psychodynamic therapy. I felt very frustrated because of this. It made me feel I was a failure. I had a patient whose problems were concrete. If they had said, 'Try and ascertain if she is fit for psychodynamic therapy or not,' it would have been much better for me. (Appendix C/11).

This kind of experience leads to a breach in the supervisee's feelings of being emotionally held and consequently of feeling adequate.

Three supervisees also mentioned the value of aids like the Client Intake Form, (which requires supervisees to fill out details of their experiences around the first session with a new client) (Appendix C/12). Supervisees said it had clarified aspects of the session for them and had also shown them how they had formed their own impressions and fantasies prior to the initial meeting with the client.

iii) Category C.

"Supervisee felt supervision was a personally growthful experience."

Most of the awareness of the fact that supervision had been growthful was implicit in supervisees' comments. Six supervisees spoke in terms of noting a change between how they felt at the time of the interview and how they had felt at the beginning of the training programme. In this sense, conducting the interviews was very rewarding for the researcher because, as supervisees reflected on their experiences, some of them also realised how the interview had helped them gain a perspective, or to see just how much they had changed, and how differently they were feeling at the time by comparison with their feelings earlier in the year.

For example, one subject said: "It's easier to realise just how useful it has been and just how much I have learnt and now being aware that my therapy has really changed quite dramatically since the beginning of the year."

Another said: "When I think of how sponge-like I was in the beginning I would have taken it all hook, line and sinker and not used myself in anyway, so maybe it was better that they let us develop ourselves. There are more positives now than negatives which is very different to where I was at six months ago." (Appendix C/13)

iv) Category D.

"Close contact with, and direct exposure to the different personalities of the supervisors had a direct bearing on the supervision experience, i.e. the personal interaction with a *supervisor affected the supervisee's ability to use the supervision.*"

As can be discerned, the categories which have been arrived at serve to some extent as umbrella terms for a number of related components which contribute to a particular type of experience. However, the categories are still fairly arbitrary, and if the experiences had been arranged from different viewpoints, the categories may have been somewhat different.

For instance, Categories A and D are closely connected in that they deal with different aspects of the interpersonal relationship between supervisor and supervisee. It seems that the "holding" aspect of the interpersonal relationship may be a precondition for the kind of interaction that is referred to in this section. France (1988, p. 83) mentions how in her own therapy, she needed first to be mothered, before the analytical work could take place.

In this section of the results both negative and positive experiences had a strong bearing on the way in which supervisee's felt they had interacted with supervisors. *The amount of trust that was built up in these relationships*, as well as the theoretical and therapeutic sophistication of supervisees also appeared to have a bearing on their attitudes toward supervisors and the extent to which supevisees were able to acknowledge and work with their own countertransference feelings.

Theoretical and therapeutic sophistication refer here to the fact that some supervisees had been in their own therapies for some time and were familiar with the concepts of projection, identification, transference, countertransference, and reflection. Other supervisees, who had had been less exposed to therapeutic practice and theory, were not so concerned with ideas of this nature, particularly with the countertransference. Being in group supervision also affected the way in which some supervisees felt about using the supervisory hour to expose their own positive and negative countertransference reactions (this will be dealt with in Category F).

No matter how supervisees construed the supervisory relationship, it seems that the

interaction with their supervisors often had deeper implications than supervisees realised. One subject remarked: "I recall that about the middle of the year I was taking a lot of my own feelings about the supervisors to my own therapy and not realising before that what an important role they were playing in my own life."

Those who had felt very supported in supervision seemed to have made good contact and to have had fairly easy interactions with supervisors. For example, a subject who had been able to take her mistakes to supervision and felt she had been helped without having to feel a failure, said:

> I found it easy to talk to the supervisors. I was able to tell the supervisors when I walked into the session, 'Look at this. I want you to look at me in this session, what am I doing wrong?' or, 'I want you to look at the client, what is the client saying that I'm not picking up?' I found that easy to say, easy to ask, knowing I wouldn't be shouted down, because I didn't know.

Another spoke specifically about her feelings with regard to the inequality in the relationship between her and the supervisor [illegible] this had meant to her:

> As I went on, the relations[illegible] equal, particularly with Supervisor X where I started off a[illegible]n then it became a more equal type of relationship and that felt bet[illegible]poned a bit more with the others towards the end. You know, from having idealised their prowess. I think that changed over the year for me. I don't think I started off in such a down position with X, or he didn't make me feel that, which I valued.

This inequality in the relationship was also reflected in the comments in Category C above, where a subject was simultaneously awe-inspired by the insights of her supervisors which also contributed to her own sense of inadequacy.

Once again there is an overlap of categories - while Categories A and D are related in terms of the interpersonal experience, Categories D and E overlap in the way in which having continuity and consistency enhanced the understanding and relationship that was able to develop between supervisors and supervisees.

One particular supervisor, through her consistent use of a specific theoretical framework and her clear-cut behaviour in the supervisory hours, was able to provide supervisees with a sense of holding, containment, and consequently, a safer relationship within which to work. Three supervisees particularly mentioned the value of this supervisor's approach and the safety she had provided (Appendix C/14). This sense of safety seems to have derived from her provision of both an internal (emotional holding) and an external (systematic, consistent) structure. These subjects also mentioned how they had benefited from the way in which this supervisor had made them aware of their countertransference feelings (Appendix C/14).

One remarked:

> The most useful thing for me in supervision was looking at what was happening in the sessions that made me respond in a particular way. It's what prompted you to say those things, not just what the client was doing, but what the client was doing to you. There is a lot that's your own as well, like expectations of the type of therapy we should be doing. And it's important to look at what you think you should be saying or what was happening in you that made you say certain things. And that's where I think supervision that looked at that was the most useful.

Another subject was introduced to the value of acknowledging her countertransference feelings through a different supervisor's approach (Appendix C15).

The relationship of trust in the situation also had a bearing on whether supervisees felt comfortable with their own feelings towards their patients i.e. their countertransference feelings. However, while some subjects felt comfortable to acknowledge these feelings, few wanted to work with them in the supervisory situation - which was also not encouraged by supervisors (Appendix C/16).

One subject remarked: "You've got to just trust the people you're with. You've got to just trust them all. You've got to be sufficiently trusting and confident to take the bad moments as well as the good moments." This subject had had a negative experience with one supervisor in a group situation (which will be described in Category F) which she said had temporarily interfered with her ability to trust that supervisor. However she felt that she had regained the trust after she had received some positive feedback from the supervisor. She said: "I think it affected the supervision (with that supervisor) for a long time and it made me defensive although I came across as compliant."

Four subjects felt they had benefited from another supervisor's non-judgemental and accepting approach which had allayed some of their persecutory fears of being judged and criticised.

Also arising out of the trust that develops was the feeling among four supervisees that a parallel process, akin to therapy, had sometimes occurred for them in supervision. They felt that something a supervisor had pointed out had been of therapeutic value to them personally (Appendix C/17).

One supervisee spoke of how she had appreciated working with the reflection process in supervision.

> And even if I felt that I was presenting something better, I never felt it was se-

> knowledged. Which mirrors what I was feeling with the client as well, in terms of my never being sure whether they were feeling better or coping better. It was a parallel process definitely throughout. Even our reaction in the group as to how hard we worked in supervising one another with the supervisor seemed to mirror what the client would do to one in the session. From that aspect, I know I learned a hell of a lot.

v) Category E.

"Continuity of supervisors over time as well as consistency of supervisors' perspectives *were important factors in the value supervision held for supervisees.*"

Seven out of the eight supervisees referred to issues related to continuity and consistency (which has to some extent already been discussed above). Continuity here is used to refer to the supervisee's ability to take each session with one client to the same supervisor, over time. Consistency refers here to the way in which a supervisor handled supervision i.e. did s/he change approaches and theoretical frameworks in an attempt to show the supervisee that there were many different ways of seeing the situation, or did s/he stick to one particular theoretical system, no matter what situation the supervisee presented for elucidation? This could vary to some extent in that some supervisors made the distinction between their basic theoretical understanding and possible different therapeutic responses.

More supervisees (six out of eight) found continuity of the supervisory process over time more of a problem than consistency of framework (three supervisees mentioned this Appendices C/18 and C/19).

One subject put it very clearly:

> The ongoing process from session to session was very important. In our group we presented our sessions to a particular supervisor and only if we needed to change, then we did. That helped more than going to different supervisors every week 'cause then you'd have to tell her what happened and what the other supervisors had said and after that you had to go onto a different supervisor again anyway. So I found it better to present to one supervisor, that was very important for me. It was valuable to listen to other opinions but I felt that the ongoing process was really important. If you presented to one you had that contact. It gave me more of a sense of being able to follow things going on.

Another supervisee summed up her experience thus:

> Supervisor X was absolutely theoretically clear and very consistent. She gave a framework that actually carried over into the other supervision where there was less clarity. With her gone trying to achieve that clarity is very difficult. I feel more comfortable with a rigorous framework and a rigorous theoretical proc-

> ess. With the other's there is less consistency and it's harder to know what one's doing. Ongoing monitoring was also very containing. Going for long periods without supervision was very difficult. Supervision allowed you to keep on going - in a sense it undoes the bad you feel you might have done to your patient.

A third supervisee spoke of the effect of some supervisors' more eclectic approach to supervision:

> The newer supervisors were very enthusiastic and not nearly as rigid, but they *jumped around and I found that quite confusing. For instance* on one occasion you'd get a more kind of gestalt input and then the next time you went to that supervisor you'd have a more kind of analytic thing and I found that jumping around quite confusing, which left me floundering a bit (Appendix C/20).

Three subjects mentioned that there had been periods where they had not had sufficient supervision and this had been problematic for them (Appendix C/21).

vi) Category F.

"The value of being in a group."

The group experience on the whole was regarded as a positive one for five out of the eight supervisees who commented on similar aspects i.e. the sharing; being able to learn from watching or hearing each other's different ways of conceptualising problems and working therapeutically; the value of being exposed to other patients and learning about pathology indirectly through the presentation of these patients by other supervisees.

One subject summed it up this way:

> Learning from another's supervision, the kind of intersection, the kind of input, the exchange of ideas, the cross-pollination that that all leads to where you're not only getting a supervisor's input but a colleague's input as well. Asking them how they would have handled it and also seeing how they handled their clients. In a way you benefited vicariously, learning about different pathologies and different ways of handling" (Appendix C/22).

However, for two people, the group experience had been problematic. One subject in particular spoke about an experience that will be reproduced here in full, because it was harmful and because it illustrates a number of the pitfalls and problems of working in group situations. It is perhaps also important to make the distinction here between the smaller, more intimate groups of three supervisees, and the larger group of all the supervisees, which is being referred to in this example.

> I had a problem with the group. The very first session was disastrous in a way

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> I had a problem with the group. The very first session was disastrous in a way

> and it made me feel so inadequate and made it difficult for me to pick up on all the good things I've got. It was the first one presented in the big group (the entire class) and I don't think we knew what we were doing. Everyone was out playing therapist. It was pretty obvious it was a terrible session and it just felt like to have this entire class of amateurs all desperately trying to ... Everyone was just rushing in and saying, 'What about this?' and 'This is what's going on,' - a whole lot of things I feel we can only begin to say now, and the supervisor didn't really hold it and make the distinction between the learning experience and what had actually happened in the session. And it just felt like everyone was feeling they could have done a much better job than I could. The guy wasn't coming back and I felt like I'd destroyed him and there was no chance of him coming back and no chance of my repairing the damage. It was just an extremely negative experience.
>
> I think this sort of thing can be really useful, but then it wasn't. ... Although they weren't telling me that, the message I came out with was that I just have to do whatever the supervisor said, I obviously wasn't going to be a good therapist, and I felt very inadequate. It was a generally insensitive thing and I felt the supervisor really didn't understand. I don't know if I ever really told her just how awful it had been, perhaps I should have. Now I'm able to see that a lot of helplessness and despair I felt was how he (the client) was feeling although I wasn't able to use it at the time. That supervisory experience was premature, not just for me, but for the whole group. It was very exposing - like everyone had found out how useless I was. Now I don't feel those things. But I think it affected the supervision for a long time and it made me defensive.

Another supervisee echoed some of the above misgivings about the way issues had been handled in the group context (Appendix C/23).

One subject who believed that the small groups had been set up along racial lines found this a problem. Although this does not appear to have affected the overall experience of supervision for any of the other supervisees, this was a problem experience for this supervisee and thus deserves mention here. This supervisee also pointed out that the 'black' group received additional supervision from a black supervisor. This was seen as counterproductive by this subject who felt that supervisees were being trained to be psychologists, not 'black psychologists' (Appendix C/24).

Although there were many comments on the difficulties and drawbacks to aspects of supervision, the researcher did not gain the impression that any of the problems had been irreversible or that supervisees had not benefited a great deal from the supervision. One subject summed it up this way:

> I've enjoyed supervision, I've enjoyed the challenge, the interaction. At times I've felt frustrated. Their advice is sound but must be used more generally and you slowly learn that you have to keep in touch with the client and that you can't take a supervisor's advice and stick rigidly to it in a session, because it

fails. One has to sift out and stick with the client. What was appropriate last week is perhaps not appropriate this week. It's a matter of learning to discriminate.

5. SUMMARY

A. Description

In summary, supervisees gave a comprehensive and complex description of supervision which can usefully be viewed in terms of a developmental analogy. This involves seeing supervisees rather like infants who during the initial stages of training, described themselves as feeling helpless, inadequate, dependent, incompetent and suffering from persecutory fears about their own worth and their own sense of failure.

And like infants, supervisees expressed the need for a great deal of support and emotional holding. Many of them felt the support had been there but that it had been inadequate. What seemed to have alleviated some of these problematic feelings for supervisees was a structured approach to supervision which involved the imparting of didactic, pragmatic skills. This proved to be both emotionally holding as well as directly helpful in that it provided supervisees with practical skills and tools they could use in what was often a very threatening situation. Supervisees also believed that their anxiety would have been more manageable had there been more positive feedback.

At the same time, a few supervisees (either implicitly or explicitly) mentioned their own feelings of envy towards the supervisors whom they felt had so much to give. Paradoxically, this emphasised how little supervisees felt they had to offer to their patients at the time.

The introduction of specific theoretical input later in the year was seen as very useful by all supervisees, some of whom felt it would have been preferable to have the theory right from the start. Some dissatisfaction was expressed by two supervisees who were angry because they felt they had not been given adequate training in assessing patients for psychodynamic therapy.

Continuity of supervisors over time was also seen as extremely important along with a consistent theoretical approach by supervisors.

Over time, supervisees said they did have a feeling that they had developed as therapists since the beginning of the training where their persecutory anxieties had been so powerful. At the time of the interview, at the end of the year, most supervisees still seemed to lack confidence and to be unsure of themselves, however most, either explicitly or implicitly, expressed feelings of being more competent, more able to work on their own,

and more able to use their supervision effectively.
Supervisees also spoke of the positive and negative aspects of supervision in a group context, some seeing the group as having provided a situation which had broadened their perspectives and exposure, while two supervisees found it destructive and exposing of vulnerabilities and weaknesses. The group situation had also had a bearing on the countertransference feelings which some supervisors had very effectively pointed out, though none of them had worked with these feelings.

B. Key Aspects of the Supervisory Experience from the Point of View of Supervisees

Supervisees' experience of supervision highlighted the value of emotional holding, of the relationship that supervisees developed with their supervisors and how this affected the way in which they were able to make use of supervision. Their experiences also pointed to the value of didactic, pragmatic input in the early stages of supervision, which was instrumental in imparting both skills and knowledge as well as a feeling of emotional holding to supervisees.

The difficulties of supervisees' ambivalent feelings, of their struggle to trust themselves and their own intuition were also highlighted as was the task of supervisors in providing sufficient holding for supervisees at the beginning of their training. The importance of continuity in supervision and of consistency in theoretical perspectives adopted by supervisors was clearly demonstrated. Some benefits and pitfalls of group supervision *were also illustrated.*

The results raise an important question about whether supervisees' initial experiences can be made less anxiety-provoking or whether providing more holding and positive feedback to supervisees will merely increase their dependence and weaken a training designed to make them confident, resourceful and self-reliant?

CHAPTER FIVE

DISCUSSION

In this chapter the findings of the present study will be examined in the light of those reflected in the literature review.

As has probably become plain throughout this study, clinical supervision is a multifaceted process which can be approached and practised in a variety of ways. The focus in this study has been on individual and group supervision where a psychodynamic or psychoanalytic perspective has been predominant. Its antithesis, a behavioural approach does not warrant the same type of investigation into the interpersonal aspects of psychotherapy and supervision, because it is by its very nature, directive and technique-oriented with little emphasis on the relationship between therapist and client or supervisor and supervisee. Thus, interpersonal issues are specific and intrinsic to the types of therapy and supervision which are being examined here.

1. INADEQUACY AND ENVY IN THE SUPERVISORY SITUATION

The first category of supervisee experience in the present study was characterised by an interpersonal aspect which dealt with how supervisees experienced the supervision emotionally.

Responses constituting Category A in the present study showed that support from supervisors was a major issue for all supervisees. Five of the eight subjects did not feel this had been sufficient, while all supervisees mentioned feeling inadequate, incompetent, helpless and extremely self-doubting in their role as therapists.

Before commenting on this in the light of the literature, it is important to note that subjects were all in their first year of training and were recounting the experience of being beginner therapists. Thus, emotionally, they expressed strong feelings of inadequacy, anxiety and helplessness.

In the supervisee characteristics outlined by Gaoni and Neumann (1974, in Chapter Two) this aspect of the supervisees' experiences of vulnerability and dependence was confirmed. These regressive feelings were also documented by Kaslow and Friedman (1984) who noted that the supervisory situation could necessitate the need amongst supervisees to confront conflictual feelings about authority figures, sibling relationships and autonomy and dependence. Fröjling-Schreuder (1970) and Grinberg (1970) also believe that the group situation (which will be dealt with in more detail later on) can lead to regressive processes of envy, competitiveness and rivalry. Their point was explicitly confirmed by

the subject who was able to acknowledge both her admiring and envious feelings towards the supervisors for their knowledge and expertise. Gross Doehrman (1976, p. 11) also noted that "not only does the supervisor become the target of the student's ambivalence toward authority, but the supervisory situation encourages regression and the mobilization of infantile conflicts."

Here a very brief examination of Klein's theory on the nature of envy should to some extent illuminate the complexity of the issue. Klein (1975, p. 182) draws a clear distinction between envy and jealousy: " ... Jealousy fears to lose what it has; envy is pained at *seeing another have that which it wants for itself*."

It might at first appear that there are two kinds of envies operating within the supervisory context. One type appears to be a consequence of the resentment supervisees may feel towards 'parental' supervisors who re-evoke childlike feelings of helplessness, inadequacy and dependence in them. The other manifestation of envy is related to the way in which supervisees perceive and respond to the professional status of supervisors who appear to "have it all." However, the researcher sees no fundamental difference in these feelings which may be directed at supervisors in their different roles, but which undoubtedly have their origins in the same sources within supervisees' personalities.

In supervision, the inequalities inherent in the situation can lead to supervisees' experiencing feelings of deprivation, frustration and resentment at not having the status and power attributed to supervisors. *In order to defend against these unpleasant feelings* supervisees may need to undermine and destroy the supervision. This is explained in Klein's theory as the need for the infant (and later the adult) to split his/her 'objects' into good and bad in order to deal with feelings of need and rage which are a reaction against the dependency feelings occasioned by those whom the infant envies.

Klein points out that this primitive envy may be revived in the transference situation. As has been discussed in Chapter Two there is a process occurring in supervision that in many ways parallels that in psychotherapy (This will be discussed in greater detail further on). One of the salient features of this process is the transference and counter-transference feelings that occur between supervisor and supervisee. Klein's (1975, pp. 183-4) example of what might occur in therapy is equally applicable to the supervisory situation:

> For instance: the analyst has just given an interpretation which brought the patient relief and produced a change of mood from despair to hope and trust. With some patients, or with the same patient at other times, this helpful interpretation may soon become the object of destructive criticism. It is then no longer felt to be something good *he has received and has experienced as an* enrichment. ... The envious patient begrudges the analyst the success of his work; and if he feels that the analyst and the help he is giving become spoilt

> and devalued by his envious criticism, he cannot introject him sufficiently as a good object nor accept his interpretations with real conviction and assimilate them.

In supervision this splitting may also occur so that one supervisor may become the 'good' one and another the 'bad' one. In this way supervisees are able to have their destructive feelings whilst retaining and preserving some of the 'good'. It is important therefore for supervisors and supervisees alike to distinguish between genuine criticisms and the envious devaluations, characteristic of the paranoid/schizoid position, which supervisees might be expressing.

It is also important to note that the researcher has used a developmental framework in order to conceptualise supervisees' experiences in supervision. However, this does not mean that these experiences are necessarily of a linear nature. Rather, as in the Kleinian conception of development, individuals frequently move between paranoid/schizoid and depressive positions depending on their circumstances and the emotional responses they have to them.

Another point that arises when examining the nature of the envious feelings that may characterise the supervisory experience is the way in which the educational setting influences how supervisees feel about themselves. It is important to examine whether the supervisory situation differs significantly from traditional educational settings where inequality between teachers and pupils is inherent and implicit in the structure and functions of those institutions. In the sense that teachers have the "goods" or the knowledge to impart to pupils who are on the receiving end of the information, supervision is no different from traditional educational settings.

However, on closer examination, the supervisory relationship does differ quite markedly from the traditional educational relationship in two important ways. Firstly, in this kind of situation, rather than learning about something abstract and "out there", supervisees are learning about emotional experiences - both their patients' and their own. The material that is being worked with, in contrast to that in most other educational settings, is none other than the person of the therapist him/herself. Belcher and Zinberg (1988, p. 800) point out that there are few disciplines in which "the prime instrument to be tuned is the essential nature of an individual rather than a particular talent".

The other major difference between a psychotherapy training programme and that of an ordinary teaching situation is that most often, people entering psychotherapy training are mature students who are likely to have been high-functioning individuals in previous jobs or settings. Thus some supervisees with previous status and recognition similar to that of their supervisors may, under different circumstances, have been their peers. Some supervisees may also be the same age, if not older, than their supervisors.

Supervisees have also undergone a rigorous selection process (this at the University of the Witwatersrand, at any rate) where they have had to compete with many other applicants for a place in the training programme. This suggests, and one assumes, that selectors are not merely looking for well-educated people, but also for people with a degree of maturity and good empathic capabilities. However, upon entering the training and interacting at an intimate level with patients and supervisors, supervisees find themselves reduced to beginner status, having once again to find their way in unknown and very challenging territory. And despite their other qualities, this lack of skill may lead to regressive, infantile feelings of dependence.

The present research highlighted some specific issues which were related to the acute dependence feelings of the supervisees at this stage of their training. One subject, for example, mentioned how she had idealised the supervisors at the beginning of the year and how this had changed as she had developed her own skills and confidence in herself.

In this study it has sometimes been difficult to point to exact statements which reflect a particular issue. For example, subjects spoke of feeling inadequate and incompetent and of how little they felt they knew. They did not necessarily spell out or name these feelings as idealisation or dependence. Thus the researcher often needed to "read between the lines" as it were in order to capture the essence of the experience rather than what was literally being said.

All subjects also expressed numerous misgivings about themselves and their abilities to become therapists. These persecutory anxieties were seen by the researcher as arising not only from subjects' feelings about their own inadequacies
and fears of failure, but also from the fear of how they would be seen and judged both by their peers and supervisors.

The dual nature of supervisee relationships with supervisors, who on the one hand are facilitators, and on the other, evaluators, has been well documented in the literature (Gross Doehrman 1976, Jackel 1982, Kaslow & Friedman 1984, Kraft & Kline 1976, Lebovici 1970). In the present research, this was not articulated as a problem by all supervisees, though it was implicit in a number of statements e.g., one supervisee said she had feared how supervisors would get together to discuss her inadequate performance (Appendix C/3). The group experience will be examined later. Four supervisees mentioned one particular supervisor whom they had valued especially for her accepting and non-judgemental attitude.

Barnat (1980, p. 55) notes that, "More than the doubts themselves it is the constancy of doubt and anxiety that weighs on a training professional and may lead to depression. The

trainee may wonder if he or she will ever feel sufficient. The overabundance of this raw experience is counterbalanced against the exquisite rarity of healing moments of wit and insight that seem to make the burdens of doubt more tolerable. Such restorative experiences cannot be programmed into supervision. But they constitute crucial data."

Having identified the process of envy at work within the supervisory situation, the question arises as to how supervisors may wish to deal, or not deal with it, as the case may be? Supervisees' envy of each other and/or their supervisors is particularly difficult for supervisors to point out. However, supervisees in their own therapy will have an appropriate context and the safety required to work with the primitive feelings elicited by the training programme, of which the supervisory situation is just a part.

Finally, it should not be overlooked that mutual transference takes place in supervision as well as in therapy. Gross Deahrman (1976, p.13) points out however, that in supervision "negative countertransference reactions in the supervisor are more easily activated because the student may become a competitor."

2. SUPPORT IN THE SUPERVISORY SITUATION

As was mentioned earlier, the findings of the present study showed that support from supervisors was a major issue for all supervisees, some of whom did not feel that they had received adequate holding at the beginning of their training. If we take up the developmental analogy again, at this stage supervisees struggled enormously with their own feelings of inadequacy which it seems, in some cases, were experienced as almost overwhelming. Here, once again supervisees appeared to be talking of infantile-type feelings characterised by a regressive sense of helplessness.

It may be, that in the face of the difficulties expressed around the supervisory experience, supervisors might feel the urge to choose one or other approach to supervision in an attempt to ameliorate some of the difficulties. Thus supervisors may be tempted to settle for a mainly didactic or experiential emphasis in the supervisory situation. Yet, what emerges most clearly from the findings in the present study is the fact that the didactic/ experiential dichotomy is definitely false and shortsighted.

What became evident during the course of subjects' reflections on their feelings of inadequacy and failure, was the contribution of didactic input to their sense of emotional holding and containment. Thus the two approaches are inextricably linked. This is further clarified by an understanding that the issue is not only about what is being imparted to supervisees, but also how this is done. All eight supervisees spoke of the value of didactic, theoretical input, while four subjects spoke specifically of the way in which they felt theory and didactic input had provided them with structure and emotional containment.

The other issues which they raised, i.e. continuity and consistency of supervisors and their theoretical approaches, could also not be viewed independently from the emotional effects these had on supervisees.

The emotionally holding value of the didactic input may also have to do with the fact that when supervisees are discussing and making sense of patients' experiences, there is a sharing with supervisors that puts the relationship between them on to a more equal footing. Whereas when supervisors, acting from experience, suggest an interpretation or an insight into what is happening intrapsychically to the patient, this can be quite intimidating for supervisees who, at that stage, are generally incapable of these insights.

With regard to continuity and consistency of supervisors and their theoretical approaches, the data from the present study showed that seven of the eight supervisees had mentioned the issue generally; six had spoken of the problems experienced when there was a lack of continuity; and three subjects had mentioned the importance of a consistent approach to theory in supervision. Those who had taken the same patient to one supervisor over time felt this had been a very beneficial experience while those who had presented the same patient to a number of different supervisors often felt confused and muddled. While Fröjling-Schreuder (1976) warns against the problems that can result from exposure to a number of supervisors, Belcher and Zinberg (1988, p. 801) note that one way in which "most training institutions try to counter the inevitable demand on trainees to conform to a rigid outlook and help them retain their originality is to give them several supervisors."

Varghese's (1988) point that the experience of being understood allows the supervisee or patient a space in which to change and develop is an important one here. All subjects in the present study said that being given different aids (e.g., role-plays, client-intake forms, theory) and insights at appropriate times, whether they were pragmatic skills or more emotionally-based encounters with supervisors, did enhance their feelings of being emotionally met in supervision.

One supervisee mentioned how a particular supervisor would often ask what the supervisee wanted or needed from her that session. The supervisee said she found this enormously valuable, partly because it made her consider her own needs quite carefully before going to supervision and also because the careful preparation required resulted in her being able to derive much more from limited weekly sessions. Consequently she felt she often came away from those encounters feeling she had been met and nourished by that supervisor.

Reflecting more closely on the supervisees' experiences of feeling so inadequate and dependent at the beginning of their training, it is important to take into account what they believed would have ameliorated the situation for them.

Issues that emerged were:

A. The Value of Didactic Input

As was shown in the results section of this study, supervisees valued didactic input in many forms ranging from the modeling implicit in the relationship with the supervisor to the role-playing which was specifically set up to help supervisees with particular problems.

i) Modeling

In the present study, supervisees perceived modeling as a useful and practical way of skills being imparted to them. This method, which is really intrinsic to the professional behaviours one expects to find from therapists in a therapeutic setting, is constantly there as supervisees learn from supervisors' behaviours. For example, when setting the limits and offering reassurance, supervisors, who might at that stage take on parental characteristics, are demonstrating to supervisees how to deal with the demands of their own patients in therapy. Professionally-related issues that were either modeled or discussed included dealing with fees, vacations and separations, and patient intrusions into the supervisees' lives
(amongst a host of other things). Supervisees considered this to be valuable, practical information which they could use in a number of different situations.

Hart (1982) however does raise the issue of the supervisor needing to be aware of the way in which providing direction can also encourage a passivity on the part of supervisees. This is not necessarily a negative thing, but must be borne in mind so that it is used constructively to aid rather than hamper the supervisees' development.

In the present study supervisees did not seem, on the whole to have problems with passive learning methods, though one supervisee felt that she had sometimes followed a supervisor's advice when she would have done better to trust her own intuition. Generally, however, supervisees did not feel that directiveness on the part of supervisors had been a problem. If anything, the message was that they would have appreciated even more directiveness from supervisors. One supervisee did however, comment that though this approach might have been more difficult in the beginning, it ultimately contributed toward her developing her own style and practices in therapy. Cohen and DeBeitz (1977) and Jackel (1982) have pointed to the fact that modeling is an underused but distinctly advantageous method for teaching trainees.

ii) Role-Plays

Not all supervisees engaged in role-plays in supervision but the three who mentioned them, spoke with great enthusiasm about their utility and value, which seemed to reside not so much in the fact that supervisors were teaching supervisees anything new, but that supervisees had an opportunity to experience the issue that was being explored. Using role-plays enabled supervisees to demonstrate to their supervisors the problems they had been encountering with patients in psychotherapy.

By role-playing problems and their potential solutions, supervisees were able to find personal ways of dealing with the situation. Unlike the more passive method of modeling, role-playing encourages creativity and spontaneity while building skills and confidence in trainees. Role-plays were thus found to be an empowering teaching method.

iii) Theory

Reference was made by all subjects in the present study to the importance of theory within supervision again demonstrated how a didactic practice can have strong emotional significance for supervisees. Subjects mentioned how having theory had enabled them to feel more organised, more able to make connections, and more able to be themselves in therapy with their patients because they did not feel at such a loss emotionally. It is possible that the provision of theoretical input may act psychologically to help supervisees feel they understand and internalise something which the supervisors have. In this way supervisees can begin to feel that they too have something which is theirs, and which they can contain and control. Feeling more confident as therapists also enables supervisees to move from a dependent to a more self-reliant position.

iv) Diagnostic Skills

Two subjects in the present study were angry and disappointed because they felt they had not been taught adequate diagnostic skills and felt that this had had a direct bearing on some of the negative attitudes they had held towards themselves as therapists. They had been attempting to do psychodynamically-oriented therapy with patients who it seems were unsuitable for such an approach. The researcher believes that the supervisors became aware of this problem and that it was remedied the following year.

It appears that there are three issues involved here: the first being the question of

teaching adequate diagnostic skills, which is important but which will not be entered into here; the second being the necessity of making explicit the distinction between the development of a psychodynamic understanding and the different modes of implementing this perspective according to the capacities of both patients and therapists. The third possibility, which may not necessarily apply, but which needs to be taken into account here, is that of supervisee projecting their own feelings of inadequacy onto supervisors who, in turn, were perceived as having failed the supervisees in some way. Belcher and Zinberg (1988) also draw attention to problems which can arise for supervisees when the discrepancy between the personal freedom inherent in what is being taught and the rigidity of the teaching process goes unacknowledged. This they say, can lead to a great deal of conflict for supervisees, as may have been the case in the present study.

B. The Request for Feedback

Data in the present study showed that all subjects felt very much in need of reassurance about themselves and the work they were doing. There is little stated explicitly in the literature about the need for feedback. Rather, Anderson and McLaughlin (1963), Jacka (1982) and Norman (1987) point to the need for a supervisory alliance in which a relationship of trust and containment is built up between supervisor and supervisee. However, the fact that all subjects mentioned the need for reassurance poses a particular dilemma for supervisors. The dilemma concerns the effects which various responses might have on supervisees to their demands for reassurance and positive feedback.

For example, if supervisors decide to implement some formal feedback procedure based on work in supervisory sessions (e.g., a report or meeting, every three or four months) this might help supervisees to gain a more concrete idea of their strengths and weaknesses, together with a sense of their own development and progress; on the other hand this strategy incurs the risk of increasing the persecutory nature of the supervisory relationship. The researcher is, however, inclined to favour the first option involving formal feedback, be it positive or negative, as long as this is sensitively conveyed to supervisees. This suggestion is made in contradistinction to that put forward by Hassenfeld and Sarris (1978) who, noting the dual loyalties of the supervisor's position suggested a move away from the paternalism and power ambiguities inherent in the supervisory relationship. While Hassenfeld and Sarris (1978) have raised an important issue, their solution is somewhat simplistic.

Allied to the idea of feedback is the question of how supervisees are evaluated. In the school where the present study was conducted, supervisees are evaluated on a combination of theoretical and clinical assignments. The theoretical ones are quite straightforward and consist of papers being written on a number of subjects ranging from neuropsychol-

ogy in psychodiagnostics and psychopathology.

On the clinical side supervisees are evaluated on the basis of an audiotape of a therapy session which they are required to submit together with a theoretical exposition of the presenting problem and the aims of the therapy. This material goes to an external supervisor for consideration and comment. At this stage written feedback to the supervisee is usually quite extensive. One subject mentioned that the positive feedback she had received from the external evaluator had been very encouraging and beneficial to her.

This external evaluation, which involved the option of a feedback session with the external supervisor, would probably be even more valuable if the feedback sessions were routine and not optional. Despite the audiotape submission being the official examination of their clinical skills, supervisees continued to have, to a greater or lesser extent, persecutory feelings of being judged in supervision.

3. USING THE COUNTERTRANSFERENCE IN SUPERVISION

Results of the present study showed that feelings of trust had a direct bearing on supervisees' abilities to acknowledge their countertransference feelings, both positive and negative, towards their patients.

Four supervisees spoke specifically about the value of countertransference feelings being pointed out to them and of the particular trust and respect they developed for supervisors who had worked with them in this way. One said she had worked harder for the supervisor who had shown her the countertransference which she had found enormously valuable. And in the pilot study, the subject who did the audiotaped interview praised the same supervisor for pointing out the workings of her countertransference feelings in therapy.

In the literature much attention has been devoted to the issue of countertransference. Within psychoanalysis and psychodynamic therapy, transference and countertransference feelings are seen to be crucial both to therapeutic and supervisory situations. Many authors have advocated that the centrality of these issues means that on no account can they be ignored and that they must be addressed in supervision (Anderson & McLaughlin 1963, Belcher & Zilsberg 1988, Cohen & DeBetz 1977, DeBell 1963, Frijling-Schreuder 1970, Grinberg 1970, Gross Diechman 1976, Hart 1982, Hassenfeld & Sarris 1978, Jackel 1982, Kaslow & Friedman 1984, Kraft & Kline 1976, Lebovici 1970, Lower 1972, Mattinson 1977, Nadelson & Notman 1977, Norman 1987, Solnit 1970).

The debate outlined in the Literature Review (Chapter Two of the present study, centres on the issues of whether countertransference feelings are to be pointed out to the supervisee and whether they are to be worked with therapeutically in supervision. Most

authors (Anderson & McLaughlin 1963, Cohen & DeBetz 1977, Ekstein 1960, Ekstein & Wallerstein 1972, Frijling-Schreuder 1970, Grinberg 1970, Grotjahn 1974, Kraft & Kline 1976, Wagner 1957) agree that countertransference issues must be identified, but Kovacs (in DeBell 1963) is alone in advocating the working through of these feelings in supervision. Ekstein and Wallerstein (1972) are particularly strong proponents of the commonly-held position which reserves an examination of the origins of countertransference feelings for the supervisee's personal therapy.

Results in the present study showed that supervisors acted in accordance with the dominant position in the literature i.e. they pointed out transference and countertransference issues to supervisees without attempting to work through those feelings in supervision. Supervisees were not displeased with this. On the contrary, one supervisee remarked that she was grateful that the feelings and privacy of supervisees had been respected because she would have found any further exploration too exposing. She did however express the wish to be in individual supervision where she hoped to work more intensively on the patient's material as well as the feelings it evoked in her (Appendix C/25).

Another supervisee remarked that working with the countertransference had helped her to sort out her own issues about responsibility and the need to have a life of her own, separate from her patient's demands.

Supervisees' transference feelings towards supervisors were also not dealt with in any direct way in supervision. The same goes for the supervisors' feelings towards supervisees. If supervisors are going to point out transference and countertransference feelings to supervisees, and if we assume that these feelings not only exist between supervisees and patients but also between supervisees and supervisors, then it seems essential that supervisees be required to be in their own therapy so that there is a place where these feelings can be safely examined and contained.

The results of Kaslow and Friedman's (1984) survey amongst supervisees and supervisors indicated that supervisees initially found working with the countertransference too persecutory. In their study, countertransference work was found to be less intrusive by the more advanced students. Thus Kaslow and Friedman (1984) advocate that pointing out the countertransference be held over until a later stage of the supervisees' development (see developmental stages outlined in Chapter Two).

Searles (1955) and Grotjahn (1954), while supporting the need for the countertransference focus, warn that too great an emphasis on it shifts attention away from the patient which can prove detrimental to the therapy. Betcher and Zinberg (1988), on the other hand, note that if there is too much respect for supervisees' privacy, then supervisors may fail to recognise supervisees' countertransference feelings. However, supervisees in the

present study did not perceive the accent on countertransference amongst supervisors as a problem. Instead the results, for at least half the subjects in the study, lend support to the views of Kraft and Kline (1976), and Solnit (1970) who advocate a sensitive approach to working with supervisees' countertransference feelings.

A point that might be speculated about here is whether being in their own therapy influenced supervisees' attitudes towards countertransference. Those who mentioned how useful they had found it, had all been in therapy prior to beginning the training and throughout that year. This may be important for two reasons: firstly, being in therapy may have provided supervisees with a situation in which it was safe to examine the *origins of their own countertransference* feelings, both positive and negative; and secondly, working within a non-judgemental therapy may not only have made supervisees more aware of the influence of their own feelings on their interactions with their patients, but might also have added to their knowledge and sophistication about the process itself.

4. THE REFLECTION PROCESS IN SUPERVISION

From the discussion in the literature review and from the results of the present study, the processes of countertransference and reflection (as used in the sense outlined by Searles (1955) and Mattinson (1977)) appear to be so closely connected as to be almost inextricable. Whereas the countertransference in its pure form refers to the feelings that supervisors have in response and relation to their patients, the reflection process goes one step further and attempts to examine how the patient's unconscious motivations and desires *are projected on to the person of the therapist who may then, equally unconsciously,* reproduce these in his/her supervisory sessions.

One subject commented: "Even our reaction in the group as to how hard we worked in supervising one another with the supervisor seemed to mirror what the client would do to one in the session. From that aspect, I know I learned a helluva lot".

These were beginner supervisees who felt they had gained substantially from identifying their own countertransference feelings and the reflection process that occurred between themselves, their peers, and the supervisor in the supervisory session. Thus Mattinson's belief that it is important to work with supervisees from the beginning of their supervision has been confirmed here. However, the other benefits of using the reflection process, i.e. removing the emphasis solely from supervisees to the interaction between them and their patients; taking the pressure off the supervisee; and using the reflection process to lessen the distance between supervisor and supervisee, do not appear to have filtered through sufficiently to supervisees.

The way in which supervisors perceived the aims of supervision may also have affected

the extent to which they worked with the countertransference and reflection processes in supervision. Further study on the issue might establish supervisors' attitudes about the appropriateness of working with the countertransference in the early stages of supervision. In the present study all supervisors did work, to a greater or lesser extent, with the countertransference and reflection. However, one or two supervisors who gave centrality to these processes appear to have had a greater impact on supervisees. It would have been useful to know whether this would have been the case if supervisees had not themselves been ready to work in this way. The answer to this question might account for the discrepancy betwee. those who found countertransference issues invaluable, and those for whom it did not seem to matter quite so much.

5. THE PARALLEL PROCESS IN SUPERVISION

Three supervisees in the present study spoke of how supervision had imitated psychotherapy for them, i.e. they felt that the interaction with supervisors had not only helped them to be more therapeutic for their patients but had been personally therapeutic for themselves as well.

These supervisees mentioned how, in pointing out issues to them in supervision, supervisors had been able to provide them with *useful insights which sometimes led to feelings* of relief. One supervisee mentioned a discussion she and a supervisor had had about her anxiety in the therapy sessions. The supervisee felt that talking about this had helped her to such an extent that she was able to go away and look at the problem. This in turn enabled her to relax more with her patients which resulted in an improvement in her therapeutic work. Another supervisee mentioned how supervisors were guides much like her own therapist was her guide on her personal journey.

The therapeutic aspect of supervision was later repeated during the data-gathering for this study when one supervisee stated that talking about issues that had occurred in supervision had prompted some relief of painful feelings which she had not previously shared. Three supervisees said they had valued the opportunity the interview had provided for them to reflect quite consciously on the supervisory experience. Through this they felt they had gained fresh insights and new perspectives on supervision. Also out of this reflection on past experience during the interview, subjects were clearly able to see that, although they still felt inadequate and insecure, they had developed as therapists. The researcher believes that feelings of inadequacy are likely to crop up throughout therapists' lives *as it is the nature of psychotherapy to be constantly presenting them with* new, and sometimes daunting challenges.

Again both psychoanalysts and psychotherapists (Arlow 1963, Jackel 1982, Norman 1987) point out that there is a fine line between supervision and therapy, and that this is a

boundary that needs to be defined and not transgressed. Norman (1987) spells out some of the dangers inherent in this, especially the unfairness of casting supervisees in the patient role while denying them the rights and freedoms accorded patients. Working psychodynamically with fears and fantasies is likely to aggravate the already complex regressive position of supervisees. However, from the results of the present study supervisors appear to be in accord with the general view in the literature and are conscientious about not mixing supervisory and psychotherapeutic practices.

Of course to hope to keep the two practices completely separate is probably naive, because, as pointed out before, supervision, and especially the variety that employs countertransference and reflection processes, is aimed at working with the person of the therapist. Thus, supervision that draws the line between itself and psychotherapy does not necessarily preclude supervisees from having experiences which may be valued at both practical and intrapsychic levels. The blurring between supervision and psychotherapy may also be more accentuated in individual supervision. However, as two subjects remarked, being in a group did contribute to keeping the supervision more impersonal. The distinction which separates psychotherapy from supervision practices is the difference between pointing out processes that are occurring (e.g., countertransference), and working therapeutically with those processes - which is clearly the domain of psychotherapy.

Frijling-Schreuder (1970) and Grinberg (1970) talk about how group supervision can lead to rivalry and competitiveness, and although five supervisees spoke mostly of the positive aspects of the group experience, the researcher believes that supervisees were confronted with these feelings but that acknowledging and talking about them to each other was too threatening and difficult. This is another reason why psychotherapy (be it individual or group) is seen as essential for supervisees in training programmes.

6. METHOD AND LIMITATIONS OF THIS STUDY

When assessing the validity of the method used in this study, the question arises as to whether the researcher might have fallen between the two stools of phenomenological and experimental research.

The interview method and questions about the experience of supervision, though not purely phenomenological in form, did however produce rich and informative data which very adequately responded to, confirmed, and shed light on information in the literature. Because it allowed and encouraged subjects to reflect on their experience, this method differed from a purely phenomenological approach which discourages reflection and demands that the experience be recounted in much finer detail.

Using the interview approach and then the categorisation method to analyse the data does not appear to have detracted from the richness of the data gathered. In fact the method was considered to be the most appropriate because of its quasi-therapeutic aspect and also because the research was of a clinical nature. Experimental research, though it might have dealt with issues of bias and subjectivity more adequately, would however have had to face the problem of the loss of a great deal of the richness that arose out of the interaction fostered in the interview situation.

Using an experimental method would thus have offered the benefits of a high degree of objectivity at the expense of the rich personal detail which characterised each subject's *individual experience*. Barnes (1988, p. 53) remarks that as is true in other branches of the social sciences "our discipline tends to sterilize the data by distilling fact from emergent meaning."

The intention of the researcher was thus to use a method that would allow her to feel into the experience of her subjects in a global, rather than an arbitrary way. It was thought that the one-to-one interview would prove the best vehicle for facilitating a communication where subjects would feel at ease to talk of experiences that were personal and often intimate.

From an experimental point of view this method also raised the drawback of researcher bias, thus posing another potential source for loss of objectivity. Researcher bias was an issue and the researcher acknowledges that the topic did have a personal and emotional aspect for her because not *only had* she been a member of the group *her subjects* were drawn from, but she had also been exposed to similar supervisory experiences. Recognising that the intimacy with her subjects was something of a double-edged sword (being potentially beneficial or disruptive to the research) the researcher took the following steps to counter some of the difficulties around the issue of objectivity:

a) The questions subjects were asked to respond to were as open-ended as possible and had been tested in a pilot study.

b) During the interviews, the researcher had been at great pains not be directive or to bias the responses of the supervisees.

c) Once the data had been gathered and the researcher had sifted through it a number of times in order to arrive at the categories of experience which she believed best described supervisees' experiences, she enlisted the aid of two outside therapists to listen to a randomly selected sample of the audiotaped interviews. There was a high degree of agreement about the categories both between the assessors and between the assessors and the researcher.

Thus a degree of objectivity was knowingly forfeited when choosing this descriptive approach in order to enable the researcher to gain the benefits that a position of closeness

to the subjects and their experience afforded her.
Although this reasoning may be unacceptable to an experimental approach the researcher shared the opinion of Mayman (1976, p. 8) *that in clinical psychology it is important to* develop a highly disciplined subjectivity. "Although our data may be highly subjective, our relationship to those data may, must, be disciplined, meticulously empirical, as free of personal distortion as we can make it, subject always to as much consensual validation as we can bring to bear upon it, and thereby every bit as 'objective' and 'scientific' as are the data in any other field of research."

Mayman (1976) also points out that quantitative data need not be excluded from clinical research, but that our approach to research should not be one that allows the tail to wag the dog. He echoes Barnat's (1980) concern that we will not learn much about clinical psychology if we employ research methods that filter out the essence of what is interesting in the clinical data. Thus, says Mayman (1976, p. 8): "The domain of clinical research needs to be defined by the uniqueness of the clinical data themselves."

In the Literature Review a number of empirical studies were discussed. Most of these tried to assess the value of certain supervisory techniques by presenting these to subjects who, depending on the treatment they received, were then asked to perform in a quasi-*therapy situation with volunteers. Subjects were usually rated in terms of the levels of* communication or empathy they conveyed and this was then is correlated with the method of supervision they had been exposed to. Although this sheds light on ways of conveying empathic skills to supervisees, it greatly limits and fragments any understanding of the supervisees' multi-faceted experiences of supervision.

Hanson et al.'s (1976) findings that supervisors who directly or indirectly model facilitative behaviour will be more effective and that didactic training is more effective than experiential training (Payne & Gralinski 1968) fall into the trap of trying to split the supervisory method from the relationship that supervisees have with supervisors. Although they may be looking at supervisor style and showing how this affects what supervisees do in therapy as a consequence of this exposure, these experiments were generally conducted over a very brief time span of a few hours and thus the true impact of the supervisee/supervisor relationship was lost along *with an understanding of the* benefits thereof. It is also questionable as to whether empathy can be learned through a series of techniques or whether it in fact arises from a genuine concern and desire on the part of the therapist to understand the experience of the patient.

The reduction of the value of supervisory methods to the communication of empathic skills is a patently insufficient indicator of the complexity of the supervisory situation. This approach also fails to tap many of the issues, specifically as they affect supervisees, which have been identified and discussed both in the literature and in the present study.

7. SUMMARY

What emerged most clearly from the results of this study is the fact that the didactic-experiential dichotomy, while useful in highlighting aspects of supervision, is a false one. Subjects felt the need for emotional holding as well as for didactic input involving the imparting of practical skills and techniques. Gaining those skills, however, always occurred in the context of the relationship that existed between supervisor and supervisee. Didactic input was also regarded by supervisees as part of what lent containment and emotional support to them, especially at the beginning of the training when they were so unsure of themselves.

Gaoni and Neumann pointed (1974) out in their definition that supervision should be a learning process which involved the therapist learning to use him or herself as well as acquiring more techniques and skills that would improve his/her therapeutic practice.

In the present study supervisees frequently drew attention to the value of being shown how their countertransference feelings were operating within the therapeutic situation. This gave them ideas about how they could use themselves as instruments. Supervisees were also aware of how hard it had been in the beginning to trust themselves and their intuition. One supervisee in particular had mentioned how she had learnt through trial-and-error that she had to trust her intuition. Learning to trust one's intuition paradoxically also seems to require a degree of experience, something not yet acquired by the supervisees in this study.

Solnit's (1970) approach to supervision as being a process that examines empathy, theory, technique and the relationship between the therapist and the patient also underscores a number of issues raised by subjects in this study. Many wanted structure and felt this was imparted not only by it being visibly there in the supervisory situation (e.g., set meeting times and particular procedures to be followed) but also implicitly. Subjects mentioned that theory had helped them to feel contained, to gain clarity, and that it had given them something to work with and hold on to when they felt at a loss.

Although the researcher has expressed her antipathy to the concept of growth, subjects did reflect that they had changed over the year. They had been through a very intensive experience which many felt they had not had a chance to digest or reflect on much. Participating in the interviews had given them this opportunity and through this process all had discovered or confirmed for themselves that they had indeed come some distance since they took their first tentative and often terrified steps into psychotherapeutic practice.

While supervisees felt they needed more support and feedback from supervisors and that supervision was more useful if it was dealt with by the same supervisor who maintained *a consistent approach, supervisees felt greatly enriched by working with the countertransference* and reflection processes. There were also negative and positive aspects to the group experience which could sometimes be threatening and persecutory while at other times it proved to be a great source of learning and sharing for supervisees.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

1. THEORETICAL RELEVANCE OF *THE PRESENT STUDY*

The results of the present study were found, on the whole, to have a very good fit with *the psychodynamic and psychoanalytic views presented in the literature review.* This is probably no chance occurrence as the clinical section of the school where the research was carried out is known for it's psychodynamic orientation. However, not all *supervisors whom supervisees* were exposed to were psychodynamically-oriented to the same extent. A basic psychodynamic framework was adopted by all but this nevertheless allowed room for a good range of variety and versatility amongst supervisors - both in their personalities and their styles of work.

One could speculate what might happen if psychodynamically-oriented supervisees were to receive supervision from behaviourally-oriented supervisors. While supervisees might gain from the directiveness and practical cognitive input characteristic of this mode of supervision and therapy, they may feel frustrated at the lack of in-depth formulation and understanding offered about the patient's intrapsychic experiences.

It is difficult to know what kind of relationship might develop between supervisor and supervisee as this will also depend to a large extent on the personalities and interests of *the individuals concerned. As was stated in* Chapter Two, the personality of the supervisor is vital to the success of the supervision. Thus, if the supervisor is a warm and caring person who tries to meet the needs of the supervisee, then s/he is likely to have something to offer, especially at the beginning of the training when didactic input seems to be of such great importance, both at an emotional and pragmatic level. Based on the findings of the present study, one might however expect supervisees to feel the absence of the opportunity to work with transference and countertransference issues in the supervision which implies that they will struggle to conduct psychodynamic therapy with their patients.

The outcome of supervision between a psychodynamically-oriented supervisee and a behaviourally-focused supervisor is likely to have features in common with the study carried out by Pierce et al. (in Lambert 1974) who found that in the short term, supervisees' day-to-day functioning was *enhanced by a didactic input from supervisors,* although long-term effectiveness of supervision was ultimately found to be related to the interpersonal nature of the supervisory relationship. Belcher and Zinberg (1988) point out *that the didactic approach, which provides* "a clarifying template" or "cognitive scaffolding" (p. 801) that supervisees can hold on to while learning proceeds, can also be so rigid

that it provides little opportunity for supervisees to discuss or air their own feelings. This can leave them feeling very alone with their personal responses to their patients.

Birk's (1972) study also sheds some light on this issue. She found that learned empathy was not contingent upon being supervised in the trainee's preferred mode and that mismatching of preferred and actual supervision did not deter learning of empathy, particularly in the early stages of supervision. Her findings also suggested that matching would not necessarily facilitate learning. Her study confirmed that of Payne and Gralinski's (1968) who favoured a more didactic approach to supervision - at least when focusing on the learning of empathic responses. However, the learning of empathic responses, while important in therapy, is only an aspect of it and, certainly from a psychodynamic or psychoanalytic perspective, this would not be regarded as sufficient skill with which to equip a trainee to practise psychotherapy.

Having described the experience of supervision in the previous two chapters, a further aim of this study was to identify key aspects of supervision which are thought to contribute to its effectiveness as a psychotherapist-training process. And, on the whole, many issues which were identified from the data in the present study tied in with those which had emerged in the literature. For example, at least half the supervisees in the present study had valued the use of the countertransference. Supervisees had also mentioned the importance of having learnt to recognise and acknowledge the reflection process in supervision.

Although there is some doubt amongst authors as to the wisdom of pointing out these processes to beginning trainees, Matthison's (1977) cogent arguments setting out the necessity and value of working with the countertransference and reflection processes from the outset, were confirmed here. As these processes are at the core of psychoanalytic and psychodynamic theory and practice, the findings in the present study clearly confirmed theoretical and practical approaches currently held within psychoanalytic thought.

Another key feature which emerged from the present study was the centrality of the relationship between supervisor and supervisee. The present study also took account of the fact that supervisees were for the most part supervised in small groups of three and occasionally in the larger group of nine. Within this context supervisees had both positive and negative experiences and also had to contend with regressive feelings of envy and rivalry which are often re-evoked in this situation in relation both to supervisors and peers. This aspect of the training experience was examined briefly in terms of Kleinia.. theory which pioneered an understanding of the developmental role of envy and greed within psychoanalytic theory.

The regressive aspects of supervision have been discussed in the psychoanalytic literature, though mostly by supervi- who have combined a theoretical understanding with their practical experience of w g with supervisees. Comparatively little has, however, been written from the point of view of the supervisee. Thus the present research has confirmed, clarified and provided insight into this aspect of the supervisory process.

2. PRACTICAL RELEVANCE OF THE PRESENT STUDY

A number of issues with practical relevance to supervision emerged in this study. On an emotional level supervisees all mentioned the difficulties they had with feelings of incompetence, inadequacy and dependence. For this reason, many felt they had not received sufficient support or encouragement from the supervisors. Thus it appeared that at some stages of their development within the first year of their training, supervisees experienced very regressive, infantile feelings which put them in a child/parent relationship to the supervisors who were simultaneously admired and envied for their impressive skills and competence.

While the theoretical understanding of this phenomenon was discussed elsewhere, questions arise as to whether supervisory training should be conducted with the aims of reassuring and comforting supervisees or whether the supervision should instead aim towards enabling supervisees to become self-reliant and independent. A further question arises as to whether these two aims are necessarily mutually exclusive. If the second aim is seen as the intention of supervision, then the anger which some supervisees expressed at not getting what they needed or at feeling misunderstood, may, on the one hand, be viewed as an adolescent response to having to separate, grow up and face problems personally. If this was the intention behind supervisees 'lack' of support, then the attempts to move away from fostering supervisees' dependence feelings in the interests of making them self-reliant and independent become understandable.

Another argument that might be put forward in favour of not "being there" for supervisees in the way that parents are for their young children, is that this may maintain supervisees in a regressive position and will not foster the development of the necessary confidence and independence. However, in answer to the first part of the question regarding supervisees' needs for holding and reassurance, the timing and approach required on the part of supervisors demands an inordinate sensitivity. On the one hand, supervisors need to know when to be there for supervisees and when to offer support and skills; and on the other hand, they also need to know when to "let go" and to trust the innate abilities of supervisees though they (the supervisees) may still feel too unsure to take the initiative themselves.

Bearing in mind Casement's (1985) earlier comments on the distinction between needs

that need to be met, and wants, Casement (1985, pp. 132-3) adds that "there are times when people cannot cope (and) the help being searched for is always for a person to be available to help with these difficult feelings. ... In more human terms what is needed is a form of holding, such as a mother gives to her distressed child. There are various ways in which one adult can offer to another this holding (or containment)."

Thus a situation where there is plenty of room for error is further compounded by the differing (developmental) needs of supervisees at various times. So for example, some supervisees may feel comfortable to work in the transference from an early stage in their supervision while others may take some time to reach that position. Supervisees first experiences with patients and the supervision around this are crucial for their later development as therapists. Torre and Applebaum (in Cohen & DeBeitz 1977) insist that supervisors need to be responsive to the needs of supervisees who are put under pressure from their milieu as well as themselves to act as if they already are what they are still learning to be.

While there is no getting away from the difficulties inherent in the training situation, a delicate balance needs to be struck between what traditional learning theorists usually point to as the distinction between ordinary anxiety which is necessary to spur learning, and overwhelming anxiety, which hampers learning. Thus, what emerges more and more clearly from this study is the need for a balance that must constantly be worked towards both by supervisors and supervisees in their quest to understand each other and work together for the benefit of both of the supervisees and their patients.

The question also arises as to whether, as they progress and gain in confidence, supervisees will move out of the envious parent-child relationship they have with their supervisors. It is possible that, as they attain the status and recognition of therapists in their own right, supervisees will move into more of a peer-type relationship with supervisors. However, whether attaining professional status of their own alters deep-seated unresolved infantile envy in supervisees is debatable. Certainly within a Kleinian framework the attainment of professional status would not significantly alter such profound psychological characteristics. Supervisees would need to work through these issues in their own therapy. Thus the resolution of the envy seen in this study would depend very greatly on the origins of that envy in each individual supervisee. Just as envy might arise between a well-known, successful patient and his therapist, so too envy may persist between supervisees and supervisors.

Data from the present study also pointed to the confusion and misunderstandings that could arise from a mistaken adherence to the didactic/experiential dichotomy which is either explicit or implicit in a great deal of the literature. Supervisees at the beginning of their training patently need pragmatic, manageable direction which helps them build

skills and have something more with which to work. As they begin to build their own styles, supervisees retain, alter, refine and drop some of these basic techniques in favour of those with which they are more comfortable. Having the pragmatic skills does not, however, in any way exclude the use of the more subtle emotional processes of counter-transference and reflection.

It is thus important to emphasize that the emotional characteristics mentioned in this section are not seen as separate from the practical aspects of the supervisory process. For what emerged most clearly from the results of this study was the fact that experiential and didactic aspects of supervision are inextricably interconnected, especially with reference to their emotional implications for supervisees. For instance, a number of supervisees found a clear theoretical approach very containing and structuring. Other features which supervisees found structuring and containing in supervision were role-plays, modeling, theoretical input, and being taught practical skills like psychodiagnostics and clinical assessment. Most also had positive experiences in the group situation which they said had broadened their exposure to different patients and different ways of working therapeutically.

Having met the aims of the present study, viz., to identify and describe key features of supervision, and having contrasted these findings with those in the literature, recommendations will now be made in terms of the findings of this research.

3. RECOMMENDATIONS

The recommendations here have been divided into those which should be borne in mind generally, and those which are regarded as specifically applicable to conditions in the School of Psychology at the University of the Witwatersrand.

A. The researcher believes the following reasons demonstrate why it is essential for supervisees to be in their own therapy:

i) Supervisees are subjected to regressive feelings re-evoked by the inequality of the relationship between themselves and their supervisors.
ii) The group situation also rekindles Oedipal feelings of envy and rivalry.
iii) At the beginning of their training, supervisees are plagued by doubts and feelings of inadequacy which can be quite overwhelming and which may also lead to strong depressive reactions.
iv) Supervisees also have to deal with the feelings which therapeutic work raises for them. Although they may identify transference and countertransference feelings in supervision, these need to be worked through in a safe environment uncomplicated by the evaluation process that is also part of supervision.

v) Supervisees may struggle with a supervisory approach which sacrifices a degree of supportiveness in favour of fostering independence and professionalism. With no mentoring, this situation can be extremely difficult for supervisees who may feel very vulnerable. Having the holding and the ability to work through the persecutory anxieties in therapy is thus perceived as essential if supervisees are not to be set back in their development as therapists.

For all these reasons it is also suggested that supervisees be offered the option of participating in a group structured by an outside therapist (i.e. not staff or supervisor on the training programme) with the aim of helping them to share and ventilate their feelings during the training. In sharing their common problems and fears, supervisees may be able to offer one another much support and understanding. This is an option which has already been exercised with some success in the University of the Witwatersrand's M.A. Clin. Psych. Programme.

B. It is recommended that supervisors continue to point out the countertransference and reflection processes as specifically as possible. The timing of this has been debated both in the Literature Review and Discussion chapters, and Mattinson's (1977) approach - that these processes form part of supervision from the beginning - has been favoured on the basis of findings in the present study. However, supervisors are always to use their discretion in assessing the ability of supervisees to work at this level in supervision.

C. Supervisees should experiment with the issue of continuity. In the present study those supervisees who consistently took one patient to a particular supervisor over time felt that they had avoided the confusions inherent in switching continually from one supervisor to another. They felt that this had enabled them to follow the therapy with that patient in a more coherent way. Other supervisors were used occasionally to provide a second opinion, as it were. Keeping the continuity of one supervisor for one patient does, to some extent, also obviate and confine the problem of the constancy of supervisors' theoretical approaches

D. The importance of a consistent theoretical approach should be pointed out to supervisors who may nevertheless decide that they prefer to provide supervisees with as divergent a range of views and skills as possible. In this case, spelling out the distinction between formulating a psychodynamic understanding of a situation and employing different therapeutic skills to tackle that problem, should be emphasised.

E. Supervisors may need to be reminded of the enormous emotional value pragmatic input has for supervisees, particularly at the beginning of their training.

F. The question of feedback has a bearing on the way in which supervisors conceptualise

the aims and objectives of supervision. This is linked to the question of how much encouragement supervisors may wish to give supervisees, and their feelings about how to avoid fostering further supervisee dependence. Thus feedback, being a complex issue, is one on which it is impossible to give a clear recommendation. What is suggested however, is that supervisors should continually examine the issue and that they may find it useful, not only to give encouragement and feedback to supervisees, but also to receive it from them. Opening communication in this way may foster a more satisfactory situation.

One practical solution to the question of feedback is to provide it on a regular basis to supervisees. For instance, three individual feedback sessions may be scheduled for the year. These might consist of a brief meeting between individual supervisors and supervisees during which they may discuss both the supervisees' strengths and weaknesses. Such meetings might also provide the opportunity for supervisors and supervisees to assess their ongoing development and to formulate new strategies and understanding with regard to problems that may have arisen.

While the above issues applied to supervision generally, the following two recommendations have a specific bearing on the Clinical Psychology Masters programme at the University of the Witwatersrand.

G. Two supervisees in this study felt they had suffered because they had received inadequate training in diagnostic skills. The researcher believes that supervisors are aware of this shortcoming during that year, and points it out here for the record.

H. The researcher believes that the issues raised by one of the black supervisees are very important and could have formed the subject of a very interesting, separate study. While the supervisee in question spoke specifically of the racial aspect of the supervision, the other black supervisees also mentioned problems which may have arisen out of the inferior educations they had been subjected to before joining the Masters pogramme. There is no denying the complexity of the issues which have been raised. The researcher, rather than make specific recommendations, believes that these are ongoing issues and debates that supervisors and staff need to address continually and which she believes they are involved in. Extending the debates and explorations to discussions with affected students (and indeed the entire class of supervisees) might lead to some very rich and informative exchanges in the future.

POSTSCRIPT

One subject who had asked to read this research report, offered the following verbal feedback:

"Reading the report was very good for me. It finished off the working through process that the interview had given. It normalised my experience.

What really struck me when I read the quotes was the fact that the people weren't in any way recognisable. And except for the one particular quote that I know I said, I absolutely didn't know whether I'd said any of the other quotes or who else might have said them.

I was also interested to see how well the literature tied in with so much of our experience as a group. The feelings of inadequacy and the dependency issues were a big thing, and there was a lot in the literature about that. I agree that it is important not to encourage regression in the supervision context, but it's equally important to acknowledge what is going on because we all became dependent to a certain extent and were disappointed by caretakers who didn't meet these expectations.

You know I think all the dependency stuff that people spoke about, and their inadequacy and everything, it doesn't mean that we were hypersensitive or off-beam for feeling critical, and criticised or persecuted. I think it means that beyond our own intrapsychic stuff, they (the supervisors) were missing something too.

Your point that we should all be in therapy is absolutely crucial. To some extent it's putting the responsibility outside the department, and they must be responsible to a certain extent for what happens in their course, but ultimately you are responsible for yourself.

Actually, I almost felt it was a shame that you had missed out and that nobody had interviewed you on how supervision was for you 'cause it was hell of a valuable. Because ultimately, we're not just talking about an academic course of the sort that you can do anyplace at any kind of university in the world. We're dealing with a course that looks at the psyche and yourself as a tool and therefore it's so important that we continue to analyse aspects of that course and especially supervision. So the particular nature of the course evokes this kind of close examination and analysis really essential."

APPENDIX A

INSTRUCTIONS

The interviews you are about to hear were conducted at the end of 1987. They consist of responses to specific questions which were addressed to each interviewee/supervisee.

The opening question in each case was:

> "I am going to ask you a question about your experience of supervision during the first half of this year (1987). Can you describe in as much detail as possible an instance, or instances, in supervision which you found particularly useful?"

Supervisees were next asked:

> "Are there any other comments you would like to make about your experience of supervision?"

And, at the end of the interview, subjects were asked to comment on their experience of the interview and of answering the questions.

I would like you to listen to the audiotapes of the interviews bearing the above questions in mind. I would also like you to listen very keenly for particular themes that emerge from the supervisees' comments. Although a grid of suggested themes has been provided, I would like you to remain as open as you can to any other possible themes that may have emerged in the interviews.

As you will see, the grid lists the four supervisees who are identified by number, as well as the identified themes. When you hear material from the interviews which you believe fits one of the available categories, please indicate this by placing a tick in the appropriate column.

If, while listening to the material, you identify a theme which does not already appear on the grid, please list it under the column marked 'OTHER THEMES', together with a brief definition of what you mean.

In summary, I would like you to listen for essential values of the supervisees' experiences of supervision. Any criticisms or difficulties should be filled in under the column headed 'PROBLEMS EXPERIENCED IN SUPERVISION'.

Thank you for your co-operation and your time,

Lauren Gower.

Assessor One	Supervisee felt emotionally met by the supervisors, i.e. s/he felt understood, accepted, respected, affirmed and held	Supervisee valued input that helped him/her to cope in the therapy situation. Practical input (e.g., role plays, modeling) and theoretical input (e.g., dynamic explanations, journal articles) were seen as an important part of supervision	Supervisee felt supervision was a growthful experience	Close contact with and direct exposure to the different personalities of the supervisors had a direct bearing on the supervision i.e. the personal interaction with a supervisor affected the supervisee's ability to use the supervision	Problems experienced in supervision	Other themes
1	✓	✓	✓	✓		
2	✓	✓		✓		
3	✓	✓	✓	✓		
4	✓	✓	✓	✓		

Assessor One	Supervisee felt emotionally met by the supervisors, i.e., s/he felt understood, accepted, respected, affirmed and held	Supervisee valued input that helped him/her to cope in the therapy situation. Practical input (e.g., role plays, modeling) and theoretical input (e.g., dynamic explanations, journal articles) were seen as an important part of supervision	Supervisee felt supervision was a growthful experience	Close contact with and direct exposure to the different personalities of the supervisors had a direct bearing on the supervision i.e. the personal interaction with a supervisor affected the supervisee's ability to use the supervision	Problems experienced in supervision	Other themes
1	✓	✓	✓	✓		
2	✓	✓		✓		
3	✓	✓	✓	✓		
4	✓	✓	✓	✓		



Assessor Two	Supervisee felt emotionally met by the supervisors, i.e. s/he felt understood, accepted, respected, affirmed and held	Supervisee valued input that helped him/her to cope in the therapy situation. Practical input (e.g., role plays, modeling) and theoretical input (e.g., dynamic explanations, journal articles) were seen as an important part of supervision	Supervisee felt supervision was a growthful experience	Close contact with and direct exposure to the different personalities of the supervisors had a direct bearing on the supervision i.e. the personal interaction with a supervisor affected the supervisee's ability to use the supervision	Continuity of supervision over time as well as consistency of supervisor's perspective were important factors in the value supervision had for supervisors	Problems experienced in supervision	The value of being in a group
1	✓	✓	✓	✓	✓		
2	✓	✓		✓	✓		
3	✓	✓	✓	✓	✓		
4	✓	✓	✓		✓		



C/1
"In the same way that we were committed I think the supervisors were as well. There was no messing around. They were in fact trying their best to be good parents and it was taken very seriously."

C/2
"Supervision is more like a support system that supports you and gives you courage."

C/3
"Supervision was very scary for me. I thought the supervisors would say, 'You didn't hear that the client said this and this,' and that they would go and discuss me. Sometimes I would have a session with my client and not present it, or I would present to X because she was more supportive than the others. I felt supervision was very intrusive. If I felt my session wasn't therapeutic, and that I'd failed, then I felt the tape wasn't worth presenting and then I felt forced to present against my will."

C/4
"In the beginning I felt like I was in a mess, I couldn't be a good therapist, but somewhere they managed to strengthen something so that I didn't feel as incompetent and as hopeless as I felt at the beginning. Positives were few and far between, in terms of confirmations of my own strengths, but I think I held onto them."

"What was positive was even when I felt that I did the absolute worst things you could do in therapy, and I would go there and tell the supervisor, 'This is what I've done and I really feel like I've mucked up things,' and she like, would sit there and help me and tell me that there were *positive things although there were things* that I did wrong. It wasn't like a total mess, it just didn't make me feel a failure."

C/5
"I needed to be reassured about supervision and the aims. Is it an educational procedure or a criticism? It would have been very useful for me it they had reassured me that I could start without a baseline and if they had said 'We are not just going to *criticise you*, we are going to look at what you are actually doing and try to correct you as you go along.' Again, if they correct everything, you feel as if you did wrong all the time."

"Important in supervision is a little bit of positive feedback and I felt I could have done with a little bit of that in the beginning. I've had it more in the middle and the second

half of the year but I could have done with somebody saying, 'Well you're actually ok,' at the beginning 'cause you're feeling you're totally inadequate and you're doing everything wrong."

C/6

"Another useful thing that we normally do is the role plays because they give me the direction and I think its more like you get the feel of it although it's not telling you what you're going to do but it's more or less telling you what you are going to do in the session. Then you go to a session feeling stronger. At least it helped me and it even gave me a feeling that although you're not going to do exactly the same thing, but at least it helped me to guide and it even gave me a feeling that its ok to go with a certain line of questioning or reflecting to the client because I'd actually practised that in supervision."

C/7

"It was useful because often you need words - like she would say, "This is the kind of thing you could say,' and that really helped. And the simplicity of how you can say things - that's very useful and I think we need to be taught that. It's also absolutely vital to know something about what's going on in the client. Supervision helped with that. Giving you cues to pick up on - 'This is what s/he said, now what were they meaning?' Almost teaching you how to look at what they give you."

C/8

"X said, 'Perhaps it will be very useful just to point it (the client's out-of-touchness) out,' and eventually getting her to realise just what she was doing. So you know you tended to do it once and then think, 'Oh, well, I've done it.' And the useful thing was that she pointed it out every time I presented a session, and it really had a dramatic effect. It was nice because it was something clear and not techniqtue-y, but it was a clear thing for me to do."

C/9

"Supervision also provided input dynamically. With my one client we looked at when the trauma had occurred and what was happening. Just from that we realised it was an Oedipal issue and that I could expect a mother transference to happen."

C/10

"I felt that a lot of the time I was floundering and feeling insecure in what I was doing. I also felt that a lot of the time I was suppressing my intuition, and was wanting to do things perhaps too theoretically. Then I'd feel had I gone with my intuition it would have been better. When they mentioned theory, it made me aware of being fucking in that. In that way supervisors were guides on a journey, very much as I view my own therapy. For me supervisors are kind of in the same category. At times they were guides emotionally,

there was that support, but mainly a theoretical kind of holding. They gave guidance. Malan's triangles was also an interesting exercise, unfortunately that only happened later in year, but I think we should've had it from the beginning."

"Just having to think about the past session, reflecting on it and working hard on that material with someone else helped a lot. At the beginning I did lean very heavily on what the supervisor was saying. I think that created some barriers for me and the client and only as the supervision progressed was I actually able to move away from that. X's feedback on the transcript helped because I hadn't used a supervision on that session."

C/11

"I had a problem with having to treat a client who wasn't a psychodynamic client. The first part of my year was actually quite frustrating especially with my one client where *I* felt I should have been doing psychodynamic work with her and she just wasn't a psychodynamic kind of client but I think that, if I look back on that now probably it was my own insecurity that came in there but I felt that I was being rapped over the knuckles all the time for not doing the right thing. So, at times I felt X wasn't there, wasn't hearing what I was saying, she wasn't engaged, and that was frustrating."

C/12

"The client-intake form was useful in showing me that the transference feelings were operating from that very first phone call, and I guess I hadn't thought about that. I think the life-history questionnaire, yes it could have been important but the supervision didn't build on it at all so I still don't quite know the relevance of that, apart from having something to put in a personal file."

C/13

"In retrospect, although it might have been easier if they had taught a specific technique and given specific guidelines, I think their approach actually allowed one to develop oneself and to grow. It might not be the best way for the client but it doesn't feel as though it's someone else in the session now."

"It's hard to pinpoint what I've learnt but I actually feel it in my own sessions. It also comes with self-confidence I suppose. Whether it's a result of supervision or personal growth, 'cause I just think I've grown a lot in terms of my own therapy, my own where I'm at. Quite a lot more of myself, quite a lot of allowing my own intuition to be expressed."

C/14

" X somehow made supervision a safe place, I'm not quite sure how she made that happen but she provided a control and then it was easier to actually understand what was

happening in the therapy, maybe it was her Kleinian beliefs and ideas, but it felt safe and I think I worked hardest in her supervision. She seemed to have a clear foundation on which to build and that helped me. It was more a structure that she offered and that structure was a containment for me. The supervision definitely felt structured, there was a beginning, a middle, and an end, and I felt contained."

"X from very, very early looked at transference and countertransference and the roles that they were playing in mirroring and actually pointing it out to me and pointing out to me how the patient was seeing me. That was very meaningful, and it was from day one."

"I worked much harder for her X. She actually showed me the countertransference. She was very demanding and also very respectful. She didn't patronise and she expected you to take what she was giving."

C/15

"X put the focus on you, and it meant I had to take a position from my own values. I hadn't thought about that before and it gave me a lot of freedom to be more me in the session rather than a non-judgemental, totally accepting kind of person. It actually gave me a kind of freedom to say what I thought about what the patient was doing and how I thought it might impact on his life."

C/16

"They didn't deal with too many of our personal issues. Ours was diluted by the fact that we have group supervision. One's own countertransference feelings weren't dealt with. For me it was useful that they didn't deal with this, and that it was kept at a professional level and that you were sent to your therapist to sort it out. That's why making therapy a prerequisite makes so much sense. But if you weren't in therapy then I think that's an area that has to be handled in supervision. Obviously a lot of my own stuff was being re-enacted in the supervision, as well as it being a personal revealing of oneself but we weren't encouraged to deal with any of those feelings in the supervision. I felt ok about that, 'cause I don't think I was ready in any way."

C/17

"I think supervision sometimes f[illegible] more like a therapy session to me. It helps you to deal with your own anxiety. I found myself being very anxious in sessions and when that was reflected to me I found I could work on that. So when I went back I tried not to be as defended as I used to be. X reflected s[illegible]thing to you that you could use yourself. Yes, that's why I say it sometimes becomes like a therapy session. It was useful because when I listened to the tape I could hear I was actually doing that and I felt I had to work on that."

C/18

"If you go to X and she says, 'You could have said this,' then you go to Y and she says, 'That was good,' in the end you land up being confused. But its a problem, because I think you need all these different approaches."

"It's useful to present a client to a single person, the same person over a very intense period *and although it's nice to get input all round, it's better if somebody follows the* progress. So, although you can fill in and say this is what happened, or that's what happened, it seems to be on a descriptive level. But when they've followed quite a few *sessions I think they get a much* better sense of what's going on. When I went to a supervisor who I hadn't been to for a long time, I found it missed the mark completely. Now I know, so I wouldn't do that again."

C/19

"Splitting supervision amongst the three was horrific, it was like having three therapists. You would take a supervision from one supervisor, try it out, and then take that to another supervisor. I was very confused and uncomfortable with the three different supervisors. The input from all three was quite different, and although I was trying to extract something that I could integrate and use from it, I wasn't actually able to do that. So I was picking up from all three, different aspects of the client, and of myself in the therapy. I was unsure of myself and of what was expected and didn't focus on the client's needs as much as I was able to do in the second half of the year."

"The lack of continuity meant I didn't know where things were going. No process with a beginning and an end. It made me lose hope and want to give up sometimes. Listening to only ten minutes of a tape is a problem, and you're left wondering about the process of the entire session."

C/20

"There was more continuity with X and X, although initially I found them quite rigid, and was frustrated. In retrospect, it was actually easier and provided a continuation. I found the jumping around from one perspective to another very confusing. The more experienced supervisors had more consistent perspectives which sometimes seemed rigid, but it was definitely more consistent."

C/21

"There was a time when I had to see one of my client's twice in a row without having supervision. I feel that should be looked at and they should try to be strict about the *hours they provide, more especially during the first half of the year when* adequate supervision is very important. It was also important to keep the same supervisors for the whole year. I know it wasn't her fault when X left, but it was hard to accept that. It was

also hard to get used to someone else after her - maybe it was my dependence and attachment, but it was not easy just to make that shift."

C/22

"In the group I learned a lot of different things at the same time. If we had spoken more in the large group (the whole class) I might have realised that others were also feeling the same as me. I was needing to hear from others how they felt. I know I felt inferior and inadequate."

"Using the whole large group broadened my perspectives. It was good to work in groups because we actually got to know the other clients. The group I was in the three of us all had very different clients. You couldn't count the similarities between them - each had a different presenting problem and that was very interesting because it made going to supervision quite interesting ... you almost took on the client of the therapist by watching each session. It felt like that because you had followed session by session. So you had your client and their client."

"It provides input and filling in for the supervisor who hasn't seen the previous session, they often chip in with important things that you've left out. They might give me something about my client."

"It was the sharing. It didn't feel quite as intense as therapy in terms of the transference feelings towards supervisors. At the beginning it did, but they became diluted. We worked together in supporting one another and to offer insight that would benefit the client."

C/23

"I feel supervisors should concentrate too on what it does when someone is being told all the negative things. I felt concerned for someone in my group because it felt that this was happening to her, and especially because it was happening in front of the group. I think if the supervisors are picking something up they should rather call you aside and speak to you alone, because when that happened I just thought, 'How would I feel?'"

C/24

"I had a problem with the division of the class into racial groupings. It would have been better if people were divided according to their particular way of viewing problems or something like that. The object was to be a therapist, not a black therapist. The arrangement excluded cross-cultural exchanges. The criterion for offering us a different supervisor shouldn't have been based on race or specifically on "our" issues. The black supervisor should have seen the other groups too. For me the issue is how much did this contrib-

ute to any exchange of ideas in the class? As far as I can see it had no use for the class at all. The special issues X was there to help us with didn't occur very frequently. *I think* he should have been generally available and maybe been consulted specially if we felt we had a problem that was specifically a "black" problem. *I think I'd like to recommend that* the arrangement with the black supervisor be there still, but that they extend their thinking. *I understand that sometimes one might* have to think "racially" but that should be the exception rather than the rule."

C/25

"*My ideal supervision* would be to follow one client with one supervisor. It would give me structure and contain and I could learn a hell of a lot about the process of an overall *therapy*. Having had so many supervisors actually felt quite fragmented and although I learnt, as well as in the group, I think I would like that one continuous experience. I'd like an individual session, with one supervisor, and one client, over time. Then having the supervisor more in the role of therapist for one's self so that one's own countertransference is dealt with on a deeper level and then to work out what actually belongs with you and what is the patient's projections, because I'm still not sure. That would involve more risk-taking so I'd really have to choose my supervisor with great care. Also that was a thing at Wits, having no option, no choice of supervisors. *I didn't trust them* immediately and I actually had to establish a relationship with them. It took time."

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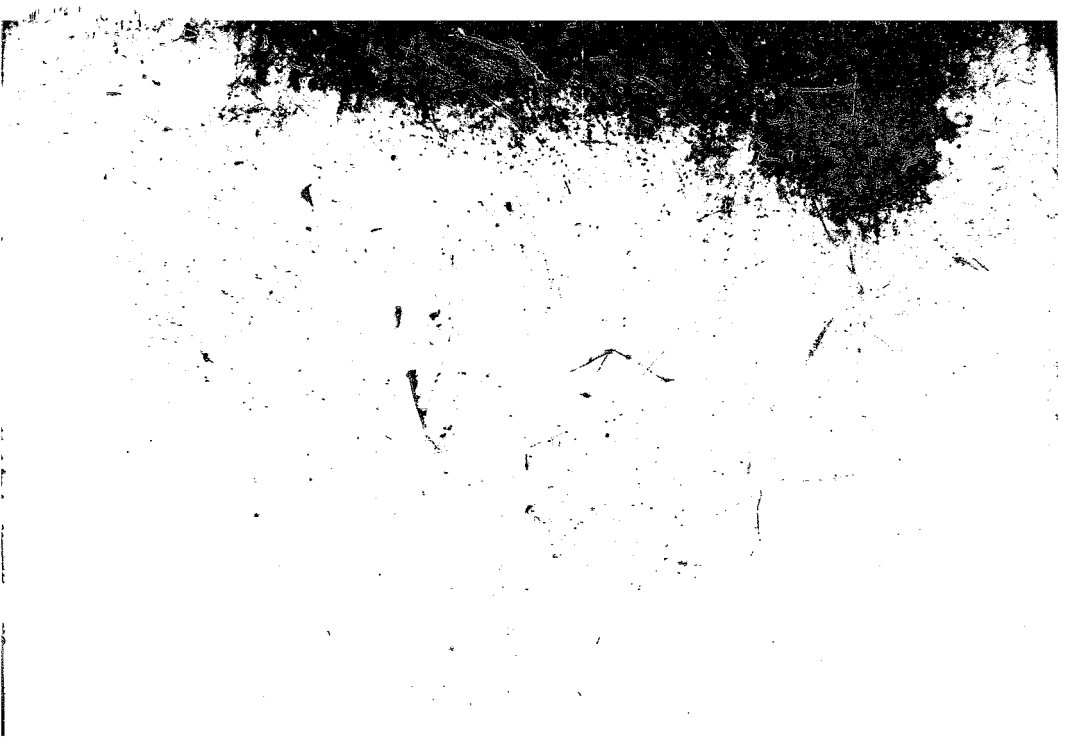

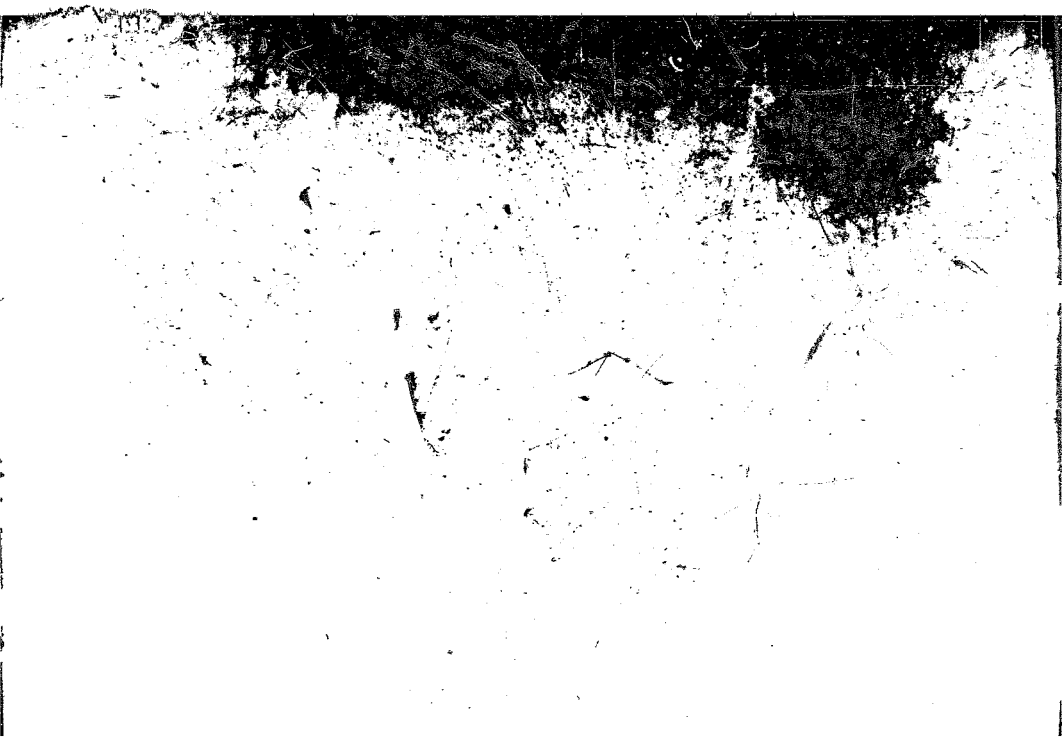

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