

**THE UNSAID:
AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS
TO UNDERSTANDING NON-DISCLOSURE IN CLINICAL SUPERVISION
FROM TRAINEE AND SUPERVISOR PERSPECTIVES.**

**BY
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DECLARATION

I, Neeshi Singh-Pillay declare that:

- The research reported in this dissertation is my original work.
- This dissertation has not been submitted for any degree or examination to any other University.
- This thesis does not contain other people's data, writing, tables or other information, unless specifically acknowledged as being sourced from other researchers.

As the candidate's supervisor, I have approved this dissertation for submission.

Prof. Duncan Cartwright

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ABSTRACT

This dissertation explores trainee and supervisor experiences of non-disclosure in psychotherapy supervision utilizing three self-contained qualitative studies. Whilst the first and second phases of the research sought to explore how eight trainee psychologists and supervisors made sense of their own non-disclosure within supervision, the third phase explored non-disclosure within the dynamics of four supervisory relationships over a sixth-month period. The first two studies utilized semi-structured interviews and data was analysed using Interpretative phenomenological analysis (IPA). The third phase of the research project utilized a qualitative interview method and Interpersonal Process Recall (IPR), to access a detailed interpersonal understanding of non-disclosure. The research reveals that withholding behaviours in supervision were primarily purposeful in nature and observed to be part of a cyclical process embedded in the supervisory relationship. Other noteworthy findings that emerged across the three studies include the following: (1). Subversive or furtive power dynamics formed part of the trainee's withholding behaviours and appeared to have been motivated by self-preservation, (2). The underlying dynamics related to power relations were also strongly associated with perceptions of knowledge and professional identity (both trainees' and supervisors')(3). Supervisors were generally found to be ill-equipped or reluctant in their roles as supervisors and this appeared linked to their perceived lack of power and control at the outset of supervision (4). Various relational positions, such as the maternal role, appeared to have exacerbated the cycle of non-disclosure, (5). Trainees appeared to have learnt non-disclosure strategies from their supervisors, particularly a tendency to strategically present themselves in order to appear competent and "knowing", and finally (6). The quality of the supervisory alliances was observed to have been influenced by what was left *unsaid* in supervision. This highlights the fact that non-disclosure tended to be embedded in the relational dynamics of supervision. The aforementioned prominent findings were understood and explored using relational theory.

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CHAPTER I

INTRODUCTION

“A man does not know what he is saying until he knows what he is not saying.”

Gilbert K. Chesterton (1874-1936)

Clinical supervision is central to the training of psychologists. The primary objective of most academic coursework in psychology post-graduate programmes is to develop trainees’ specialized knowledge about mental disorders and treatment. However, clinical supervision is intended to specifically develop trainees’ clinical skills as well as their professional identity (Watkins, 2012). Given its centrality to trainee development and professional training, it is unsurprising that the issue of effective supervision has received increased attention in the literature in recent years (Bernard & Goodyear, 2009; Falender & Shafranske, 2010; Watkins, 2012).

A particular concern that emerges in relation to effective supervision is what remains unsaid between the trainee and supervisor (Bernard & Goodyear, 2009; Falender, Shafranske & Ofek, 2014; Ladany, 2004). Understandably, relevant disclosure of case information as well as the trainee’s thoughts, feelings and behaviours, are held in high regard because the supervisor depends on this information to improve understanding of the client and possibly enhance trainees’ psychotherapeutic development (Bernhard & Goodyear, 2009).

As a developing supervisor, I have come to realize that the manner in which trainees present their case material is often multi-determined and therefore complex. The trainees’ level of experience, motivation, performance anxiety, ability to make sense of case material as well as their own personal dynamics, appear to all have some bearing on their disclosures in supervision. In addition, the trainees’ need to maximize their learning whilst being evaluated tends to complicate their presentations in supervision and influence the disclosures made.

Literature also suggests that because most supervisors have minimal training in supervision skills (Johnson & Stewart, 2000; Kavanagh et al., 2008; Milne & James, 2002), many may feel anxious and hence lack confidence when they begin to supervise (Bernard & Goodyear, 2009; Spence, Wilson, Kavanagh, Strong & Worrall, 2001). Therefore, the supervisor’s experience, knowledge base, approach to

supervision and subsequent transference-countertransference reactions to trainees, are also likely to influence the disclosures made in the supervisory relationship (Ladany, Corbett, Hill & Nutt, 1996).

Research in the area of non-disclosure in clinical supervision over the last decade have essentially corroborated earlier findings (Ladany et al., 1996), that trainees as well as supervisors, tend not to disclose information in supervision. This is assumed to have a range of serious consequences.

IMPLICATIONS OF THE UNSAID IN SUPERVISION

Evidence from key research in supervision has resulted in theorists suggesting that trainees' withholding of important information (either consciously or unconsciously) could contribute to reduced clinical effectiveness and loss of possible learning experiences (Gray, Ladany, Walker, & Ancis, 2001; Hess et.al, 2008; Webb & Wheeler, 1998; Wallace & Alonso, 1994), and could lead to poor client outcome (Ladany et.al., 1996; Yourman & Farber, 1996). This may actually increase exposure to risk for the client, trainee and the supervisor and could be linked to serious ethical violations (Pearson, 2000). It may also impact on the therapeutic process (Coburn, 1997; Hess et al., 2008). However, we still do not know what really happens if essential non-disclosure goes unattended in supervision.

There is also an implicit assumption in much of the literature that trainee non-disclosure is problematic compared to supervisor non-disclosure. These negative assumptions, however, appear to have emerged in the absence of research. Further detailed understanding of non-disclosure in clinical supervision therefore becomes particularly pertinent because: (1) based on current research, our understanding is still fairly limited at this stage, and (2) if we are to have a more informed, holistic perspective on non-disclosure, then a more complete understanding of both trainee and supervisor non-disclosure in the psychotherapy supervision process would be beneficial.

OUTLINE OF RESEARCH PROBLEM

A FOCUS ON NON-DISCLOSURE

Withholding of information has a well-established history in psychotherapy. The ability to openly express one's innermost secrets was central to Freud's (1913/1958) psychoanalytic cure and today remains an important component of various forms of psychotherapy. Research findings into the area of withholding information has had important implications for psychotherapeutic development and practice.

Some of these findings include the unanimous view that when disclosures occur in a safe environment, it is essentially therapeutic, exerting noteworthy effects on emotional and physical health (e.g., Farber, 2006; Pennebaker, 1995). Disclosures in psychotherapy are also thought to force the client to risk rejection in order to achieve authenticity (Arkin & Hermann, 2000). Accordingly, withholding in psychotherapy (Kelly & McKillop, 1996) is perceived at times as preferable to authentically revealing negative details which could elicit the psychotherapist's disapproval or rejection. Most of the reasons for withholding information in psychotherapy involve concerns about being evaluated negatively, harming the relationship, unresponsiveness, and the belief that the information is not relevant (Caughlin, Afifi, Carpenter-Theune, & Miller, 2005).

In supervision research, non-disclosure has only recently emerged as a focal research area. Similarly to psychotherapy research, supervision research findings in this area are likely to have important implications for supervision training and practice. However, our understanding of non-disclosure in clinical supervision is still fairly limited at this stage, in comparison to the psychotherapeutic context.

CLINICAL SUPERVISION IN CONTEXT

As the area of clinical supervision has developed over the years, it has been defined in many different ways. For instance, Wheeler & Richards (2007) hold that supervision:

...is a formal relationship in which there is a contractual agreement that the therapist will present their work with clients in an open and honest way that enables the supervisor to have insight into the way in which the work is being conducted (p. 54).

The supervisor is understood to be accountable to the professional body to which the trainee has allegiance (Wheeler & Richards, 2007, p.8). Inskipp and Proctor (2001) suggest that “supervision is a working alliance between supervisor and trainee that enables the trainee to gain ethical competence, creativity and compassion in order to deliver the best possible service to the client” (p.1.).

Bernard and Goodyear’s (2009) broad definition of supervision has proved to be most popular and comprehensive in supervision studies:

Supervision is an intervention provided by a more senior member of a profession to a junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has a simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009, p. 7).

This definition captures more important aspects of supervision pertinent to the trainee supervision context in the research setting. It was therefore adopted for the purposes of this research, which is situated in the South African context.

CLINICAL SUPERVISION IN SOUTH AFRICA

Within South Africa, the Professional Board for Psychology within the Health Professional Council of South Africa (HPCSA), defines a Supervisor, or supervising psychologist, as “a senior psychologist that has been registered as a psychologist with the Board for more than three years. Where applicable, the three year period includes the time spent in compulsory community service” (Form 160, p.1).

Clinical supervision in South Africa is mandatory for students pursuing a Master’s degree in Counselling, Clinical, Education or Industrial Psychology. Typically, ‘the senior psychologist’ is registered by the Health Professional Council

of South Africa (HPCSA) to offer clinical supervision to trainees registered within the same professional category for the duration of their training. Trainees undertake an internship which is “an accredited one year (12 months) structured programme that consists of practical, competence based activities that need to be completed by individuals that wish to register as psychologists. The internship is an entry requirement for professional registration.” (HPCSA, 2014, p.1)

Supervisors usually work with intern psychologists (trainees) as they begin their clinical work. According to the HPCSA, clinical supervisors have an ethical obligation to ensure the welfare of their trainees’ clients. Literature concurs that competent supervision incorporates the ethical obligation to insure client welfare (Bernard & Goodyear, 2009; Falender & Shafranske, 2004). Once this is assured, then the supervisor’s main priority is towards the professional development of the trainee. After twelve months of supervised clinical practice within the internship year, trainees complete a Psychology Board examination. If this is accomplished with a minimum 70% pass, interns are registered with the HPCSA for independent professional practice.

Currently, there is an absence of training for clinical supervisors in South Africa. However, this appears to be an international trend, as a review of the literature suggests that very few clinical supervisors have ever had any formal training or education in the techniques and processes of supervision (Johnson & Stewart, 2000; Kavanagh et al., 2008; Milne & James, 2002). In addition, evidence indicates that services rarely provide their supervisors with in-service training in supervision skills (O’Donovan, Slattery, Kavanagh & Dooley, 2008), and what training they have received tends to be unsystematic and inconsistent (Scott, Ingram, Vitanza & Smith, 2000), resulting in a wide variation of styles and quality of supervision.

In South Africa, the lack of training in the area of supervision has meant that professionals have, for the most part, developed their supervisory skills and styles based on their own experiences of informal supervision. In line with this, the supervision methods used by most supervisors today typically reflect the methods their own supervisors would have used (Spence et al., 2001).

In light of the fact that non-disclosure within psychotherapy supervision in the South African context has never been researched before, more specific questions, in addition to the more general questions alluded to above, begin to emerge: Does the cultural context influence non-disclosure? Do particular South African challenges surface in relation to our understanding of non-disclosures?

In attempting to gain a deeper understanding of what remains *unsaid* in clinical supervision, I hope to also shed some light on these pertinent questions.

DEFINITION OF NON-DISCLOSURE

There have been various definitions of non-disclosure put forward by researchers. Some have primarily focused on trainees, whilst others make no reference to an explicit definition within their research. Three definitions pertaining to trainee non-disclosure were found. Ladany et al. (1996) view non-disclosure as trainees' withholding of "descriptive information about the client, the therapeutic interaction, the supervisory interaction, and personal information about himself or herself" (p.10). Their definition focused specifically on the pre-established content areas utilized in their study.

Yourman & Farbers' (1996) definition views non-disclosure as pertaining "to the degree to which interactions between trainee and patient are accurately conveyed to the supervisor" (p. 567). This definition appears to be based on truthfulness and has more of a relational focus. Hess et al. (2008) offer a third definition of non-disclosure in supervision. They maintain that "wilful or intentional withholding results from the trainees' conscious decisions to distort or not disclose significant information in supervision" (p. 400). The idea of intentionality, as expressed in this definition, introduces the element of purposefulness on the trainees' part. However, as Hess et al. (2008) suggest, non-disclosure may sometimes be the result of unintentional withholding, emanating from "the trainees' unsuccessful attempts to communicate the complexity of what is occurring in therapy or the trainees' uncertainty about what is appropriate to share in supervision." (p. 400).

Although including non-intentional aspects of non-disclosure in the definition may be an attempt at comprehensively defining it, this poses challenges for research. It does so particularly in relation to isolating and exploring

“unintentional non-disclosure” because this phenomenon typically occurs unconsciously or only becomes known once the supervisor or trainee becomes aware of such omissions. As a result, this had particular implications for my study. I therefore used videotape analysis in the third study presented to specifically help elicit unintentional non-disclosure in the supervision session.

Nielsen et al. (2009) offer the most recent definition of non-disclosure as “...every topic, significant or insignificant, that supervisees or supervisors reported that they do not talk about, including task oriented feedback, in the supervisory setting” (p. 50). This definition appears most comprehensive and inclusive and was accordingly adopted for the purposes of this research.

The aforementioned definitions bring into focus other important questions such as: When does intentional or unintentional withholding most likely occur? Is there a relationship between interpersonal dynamics and non-disclosure? Why are trainees likely to experience doubts about what to disclose in supervision? Do unintentional or intentional disclosures predominate in supervision? My research sets out to address some of these questions.

NON-DISCLOSURE IN CLINICAL SUPERVISION

Clinical supervision is generally founded on the expectation that trainees will comprehensively disclose what has occurred in the psychotherapy session, inclusive of related feelings and thoughts (Wallace & Alonso, 1994). However, the notion that all is disclosed within the supervisory session is not necessarily true, as a number of studies reveal a high proportion of trainee non-disclosures (Heru, Price, Strong, & Recupero, 2004; Hess et al., 2008; Reichelt et al., 2009; Yourman & Farber, 1996). Supervisor withholding behaviours are also found to be very prevalent (Ladany & Lehrman-Waterman, 1999; Ladany & Melincoff, 1999; Heru, Price, Strong, & Recupero, 2004; Hoffman, Hill, Holmes, & Freitas, 2005; Skjerve, et al., 2009).

To date, the limited empirical research in the area of non-disclosures has yielded some essential findings. A variety of reasons for non-disclosure in clinical supervision has emerged over the years, as well as particular influences for

withholding behaviour. These findings will be given more attention in the review of literature. However, despite the research already done, there are still a number of important questions, some of which were alluded to earlier, that remain unanswered.

RATIONALE

This dissertation is primarily a response to the lack of qualitative research available on non-disclosure in clinical supervision, an area identified and encouraged by leading empirical supervision researchers (Ladany, Walker & Melincoff, 2001), as a core area for further exploration. In general, empirical knowledge about non-disclosure in supervision has been gathered from survey and questionnaire research, with less attention given to the exploration of subjective experiences that underlie non-disclosure activity. Further qualitative research into this area is thus envisaged to offer a deeper understanding of the individual experience, as well as the process issues underlying non-disclosure.

In addition to a general lack of qualitative research, interpersonal processes in supervision specifically linked to critical incidents like non-disclosure, remain under-researched. In this thesis, a third study attempts to explore this by following four dyads over a six month period using Interpersonal Process Recall (IPR). By utilizing IPR as an interview method, Interpretative Phenomenological Analysis (IPA) as a research method and focusing on case studies of the supervisory dyad, it is hoped that this dissertation offers new insights into unexplored processes underlying non-disclosure in supervision. The research also attempts to embrace the relational nature of supervision, bringing relational theories together with a methodology informed by an intersubjective standpoint.

AIMS OF THIS DISSERTATION

The overall aims of the research were threefold:

1. To understand the trainees' and supervisors' experiences of non-disclosure;
2. To understand the underlying relational dynamics related to non-disclosure within the supervisory dyad, particularly in relation to the supervisory alliance, and

3. To understand if non-disclosure has any influence on psychotherapeutic practice or outcome.

By exploring the subjective experiences and dynamics related to withholding in clinical supervision, this dissertation aims to understand the processes underlying non-disclosure. In this way, it seeks to make an original contribution to:

- (1) Supervision practice - it is likely to benefit clinical supervisors and trainees to understand the essence of non-disclosures from both perspectives and how it could be optimally utilized within supervision;
- (2) Supervisors' development –by providing an understanding of how the supervisor influences trainee disclosures;
- (3) Supervision theory – by understanding non-disclosures in relation to the supervisory alliance from both supervisor and trainee perspectives; how it could be effectively managed and the implications this has for supervision practice, and
- (4) Therapeutic practice – by shedding some light on non-disclosures in supervision in relation to perceived therapeutic interventions and outcome from both trainee and supervisor perspectives.

OUTLINE OF THE THESIS

This thesis consists of three sequential research phases:

- 1) Study 1 explores eight trainees' experiences of non-disclosure within supervision. Semi-structured interviews with trainees were analysed using IPA.
- 2) Study 2 explores non-disclosures within supervision from eight supervisors' perspectives, again using semi-structured interviews and IPA.
- 3) Study 3 consists of a detailed examination of four supervisory dyads utilizing Interpersonal Process Recall (IPR) interviews at various stages of the six month supervisory relationship (i.e. beginning, middle and end). Thereafter, the dyad experiences were analysed over a six month period, utilizing IPA within a case study approach.

Chapter 2 of this dissertation provides a detailed review of relevant literature in the area of non-disclosure in clinical supervision. Chapter 3 hones in on relevant theory related to non-disclosure in supervision, while Chapter 4 explains the overall research process in further detail, with particular focus on the methodology, the participants, the research questions and ethical considerations taken into account throughout the study. It also addresses issues of rigour and trustworthiness. Chapter 5 is divided into three sections which respectively detail the findings of each of the three related studies. Finally, Chapter 6 provides an overview and integration of the findings, as well as the conclusion. It also highlights further areas of research.

CHAPTER 2

LITERATURE REVIEW

Non-disclosure of important information within clinical supervision has the potential to not only influence the trainees' professional development and the therapeutic relationship, it also impacts on the supervisory process and alliance in particular ways. However, despite theoretical postulations about what goes unsaid within clinical supervision, there is a relatively small body of empirical research that has actually researched this issue.

The present chapter aims to review and highlight relevant literature on non-disclosure in clinical supervision, giving attention to both empirical research and theory.

WHY IS NON-DISCLOSURE IN CLINICAL SUPERVISION IMPORTANT?

In a pioneering study, Ladany et al. (1996) surveyed the nature, extent and content of trainee non-disclosure in supervision and found that 97.2% of 108 trainees reported withholding moderately important information from their supervisors. He found that trainees were admitting to making an average of two¹ non-disclosures per supervision session. The study further revealed that trainee non-disclosures typically included withholding personal issues, clinical errors, observations about the client and countertransference issues (Ladany et al., 1996).

Other studies that followed the work of Ladany et al. (1996) also evidenced a high proportion of trainee non-disclosure (Heru et al., 2004; Hess et al., 2008; Reichelt et al., 2009; Yourman & Farber, 1996). These researchers found that non-disclosure was also related to the supervisory relationship or pertained to material trainees thought their supervisors would disapprove of.

These findings on non-disclosure were recently supported by Mehr, Ladany & Caskie (2010), who examined the non-disclosure of 204 trainees in a single supervision session. They found that 84.3% of their trainee sample withheld

¹ An average of 8.06 non-disclosures per trainee occurred over a mean of 15.73 supervision sessions.

information from their supervisors, with an average of 2.68 non-disclosures occurring in a supervision session. Their research also found that trainees generally withheld information rather than misrepresented information, so concealment of information rather than distortion appeared to be favoured (Yourman & Farber, 1996).

Ensuing discussion and research suggest that non-disclosure has negative effects on supervision in two different ways. Firstly, trainees withholding important information from their supervisors are envisaged to hinder the learning process (Gray et al., 2001; Ladany et al., 1996; Yourman & Farber, 1996). Secondly, it has been suggested that trainees who do not disclose important information actually increase exposure to risk for the client, trainee and the supervisor. As a result, serious ethical violations may arise (Pearson, 2000).

Following initial research endeavours, Ladany's research group has led the way for a number of initiatives addressing questions about non-disclosure. I will return to these later. They also specifically developed a model of supervision (Critical Events-Based supervision), in which the need to facilitate optimal disclosure of information in supervision is central. In personal communication, Ladany (2012) emphasizes the importance of the unsaid in supervision as follows:

[Non-disclosures] occur and are often more important than what is said in supervision [because they] keep meaningful work from being discussed. [My] model of supervision includes a factor that's that is related to the supervisory alliance. By strengthening the alliance, the most important non-disclosures should be disclosed. (N, Ladany, personal communication, 12 September, 2012).

Links between the alliance and non-disclosure, as Ladany (2012) alluded to above, will be explored later on in this dissertation.

WHAT ARE SOME OF THE PREDOMINANT REASONS FOR TRAINEE NON-DISCLOSURE IN CLINICAL SUPERVISION?

The reasons why non-disclosure occurs in supervision are numerous. Trainees report non-disclosure in order to avoid anticipated negative supervisory reactions, to conceal perceived mistakes and to avoid negative evaluation, as well as for the purposes of strategic self-presentation (Heru et al., 2004; Ladany et al., 1996; Mehr et al., 2010; Reichelt et al., 2009; Webb & Wheeler, 1998). Additional reasons for trainee non-disclosure have included problematic power relations between trainee and supervisor, or inhibiting demographic and cultural variables (Hess et al., 2008). Trainee non-disclosure also appears to have been related to problems in the supervisory relationship, such as issues related to the supervisor's theoretical orientation as well as the supervisor's perceived inability to manage the disclosure (Ladany et al., 2001; Hess et al., 2008).

Moreover, the perceived unimportance of the information, negative feelings about the non-disclosure or a perception of a poor supervisory alliance have been found to contribute to trainee non-disclosure (Ladany et al., 1996; Ladany et al., 2001). The trainee's need to conform to the supervisor's agenda in order to avoid 'political suicide' has also been cited by some trainees as a reason for withholding information (Yourman & Farber, 1996).

In terms of training issues, although researchers have theorized that lack of confidence in the training programme or the supervisor may also influence the way the trainee discloses information (Ladany et al., 1996), studies to date have not reflected this. Other reasons for non-disclosure in clinical supervision have been found to pertain to adequate orientation about supervision and other external influences which are discussed further later in this chapter.

Referring to factors in the supervisory alliance, relationships that elicit shame as well as evaluation anxiety were found to be a major reason for some trainee non-disclosure (Yourman, 2003). Yourman (2003) further found that the very nature of the supervisory relationship, which is usually between an admired superior and a trainee who is seeking support and validation, fosters "the shame affect" within the trainee. Non-supervision specific research further found that one of the difficult impulses associated with shame is the desire to hide or conceal aspects of the self

(Mollon, 1989). This may also be linked to Lewis's (1971) notion of "superego shame", which includes imagery of a punitive and judging *other*, alongside imagery of the *self* as weak and inadequate. Non-disclosure in supervision may very well serve to avoid shame or embarrassment.

Despite the research findings about the reasons why non-disclosure may take place, there remain a number of unanswered questions, such as: Do we have sufficient information to deduce whether non-disclosure is damaging or beneficial? Do we as yet understand the processes underlying non-disclosure? Does the model of supervision utilized impact on the frequency of non-disclosure? How do moment-to-moment interactions influence non-disclosure? What supervisor perceptions appear linked to non-disclosure? What more can we learn about non-disclosure through in-depth exploration of subjective experience? These are some of the pertinent questions to which this dissertation attempts to respond.

WHAT INFLUENCES SUPERVISORS' NON-DISCLOSURE?

Empirical research reveals that it is not just trainees who struggle to disclose essential information in supervision. In a national sample of 90 supervisors, Ladany & Melincoff's (1999) study (based on a self-reported questionnaire) found that 98% of the supervisors withheld critical information from their trainees. Predominant reasons cited for supervisor non-disclosure included supervisor uncertainty, concerns it would damage the supervisory relationship, and concerns about the mis-timing of the disclosures i.e. trainees may not have been developmentally ready to process the non-disclosure.

Other reasons for supervisor non-disclosure ranged from anticipated negative reactions from the trainee and withholding information about personal issues, to doubts about their own effectiveness (Ladany & Lehrman-Waterman, 1999; Ladany & Melincoff, 1999; Heru, et al., 2006; Hoffman et al., 2005; Skjerve et al., 2009). The supervisor's ability to disclose to trainees most frequently pertained to professional issues. As a result, disclosure of struggles and difficulties with clients were perceived to be creating strong emotional connections with trainees, thereby enhancing further trainee disclosure (Ladany & Lehrman-Waterman, 1999).

Gender also appears to have played a role in supervisor non-disclosure. Walker, Ladany, and Pate-Carolan (2007) found that 26% of female trainees identified gender-related stereotypes within supervision which negatively influenced the supervisory alliance as well as trainee disclosure. Heru et al. (2004) found that female supervisors had more stringent personal and professional boundaries, and subsequently made less use of disclosures (specifically with regard to personal material; professional experiences; therapy experiences, reactions to the trainee's clients and supervisory experiences), than men. They furthermore found that male and female supervisors differed significantly in their perceptions of appropriate boundaries in supervision. These researchers therefore suggested that traditional gender role behaviours and differential gender socialization patterns may be possible reasons for this (Heru et al., 2004). Given that gender is held as an important component of diversity competence within supervision (Fouad et al., 2009), further understanding of the interaction of self with others, in the context of gender becomes an essential component.

Supervisors' disclosure appears to be viewed by trainees as an important component in supervision. Trainees reported that helpful supervisor disclosure typically related to struggles the supervisor had in the therapeutic, professional or supervision realm (Ladany & Lehrman-Waterman, 1999). Conversely, the supervisors' "success" disclosure tended to reflect a supervisors' narcissism and were seen as less meaningful to trainees (Ladany & Lehrman-Waterman, 1999; Ladany & Walker, 2003).

In another study of non-disclosure with 137 supervisors in various settings, Ladany et al. (2001) utilized three different self-report questionnaires. Their research focused specifically on the supervisory style and its relation to the working alliance and supervisor disclosure. Their study found a positive relationship among supervisory style, supervisory working alliance, and supervisor self-disclosure (SRSD). SRSD was found to result in strong, emotional connections with trainees and increased the dyad's ability to form a positive working alliance, and thus better facilitation of trainee disclosure (Ladany et al., 2001).

The effects of the SRSDs were also positive in Knox, Edwards, Hess & Hill's (2011) study, which tended to allay trainees' concerns and resulted in the trainees' experience of stronger supervision relationships. They also subsequently disclosed

more. We do not as yet understand, however, if what remains unsaid necessarily has the opposite effect on the alliance (i.e. an experience of weaker relationships), and this is an area that requires further exploration.

Supervisors may also be anxious about their vulnerabilities which may then prevent them from disclosing to trainees. It has therefore been speculated that they may refrain from disclosing their countertransference, not in an attempt to protect trainees, but rather in an attempt to protect themselves (Frawley-O'Dea & Sarnat, 2001). The effect of these types of non-disclosure on the supervisory process have been largely unaccounted for in supervisory research

A number of additional factors related to the supervisory relationship have also been found to influence non-disclosure. Supervisor non-disclosure was found to ensue if trainees lacked openness or when the supervisory relationship was perceived to be at risk (Hoffman et al., 2005). Supervisors also tended to avoid difficult feedback when the supervisory boundary was ambiguous or if the supervisory relationship was weak (Hoffman et al., 2005). Thus negotiating the boundary between supervision and therapy in such feedback was also reported to be difficult (Hoffman et al., 2005). In contrast, it was found that supervisors who were able to judiciously disclose clinical information that was relevant to the trainees' presenting concerns, were perceived as particularly helpful (Ladany, Mori, & Mehr, 2013).

In general, supervisors' disclosure appears to have contributed to a good learning environment and enhanced trainee development and growth (Knox, Burkard, Edwards, Smith, & Schlosser, 2008). Studies further suggest that supervisor disclosure may also serve to normalize trainees' struggles and negative feelings, as well as improve the supervisory alliance (Ladany & Melincoff, 1999; Skjerve et al., 2009). As reported by Ladany and Melincoff (1999), there is general consensus that supervisor ability to disclose relevant information may in turn facilitate trainees' disclosure of information that would ordinarily be difficult to bring to supervision. These studies therefore reinforce the notion that strong supervisory relationships primarily determine non-disclosure and in this way support Bordin's (1983) theory that the supervisory alliance is fundamental to the supervision process.

Research overall indicates that just as trainees are keeping information from their supervisors (Ladany et al., 1996, Yourman & Farber, 1996), supervisors too, keep information from their trainees. However, there are a number of questions regarding supervisor non-disclosure that still remain, such as: How do trainees perceive supervisor non-disclosure? What are the implications of supervisors' non-disclosure on trainee learning? How does the supervisors' non-disclosure impact on the supervisory alliance and supervision process? Does supervisor non-disclosure impact on client care? Although these questions are likely to have important implications for supervision practice and training (Ladany, Walker, et al. (2001), research in this specific area has yet to materialize.

WHAT IS THE SIGNIFICANCE OF THE SUPERVISORY ALLIANCE AND WHAT ROLE DOES IT PLAY IN RELATION TO NON-DISCLOSURE?

When the concept of the alliance is applied to the context of psychotherapy, it is seen to pertain to “the extent to which the relationship contributes to and embodies purposive, collaborative work” (Hatcher & Barends, 2006, p.297). In addition, the quality of the working alliance in psychotherapy is seen to be strongly associated with therapy outcome and the strength of the association seems to hold across varying therapy orientations (Horvath, 2000). Consequently, with the increasing significance placed on the alliance in psychotherapy, the supervisory working alliance has also been gradually acknowledged more, as the basis for either effective or unproductive supervision (Constantino, Ladany, & Borkovec, 2010).

Given the considerable importance placed on the influence of the alliance, Bordin's (1983) pantheoretical model of the supervisory working alliance may serve to further our theoretical understanding. The model consists of three key elements (mutual goals, tasks and an emotional bond) that theorists have suggested are essential to optimize learning within supervision (Bordin, 1983; Ekstein & Wallerstein, 1972). Costigan (2004) also flags a central, yet implicit goal of clinical supervision, that of developing the trainees' professional identity. To avoid repetition, I offer a more detailed discussion of Bordin's (1983) model of the - alliance as well as other supervisory working alliance theory (such as the work of Safran and Muran (2000) in the next chapter.

Turning the current focus to empirical data on the supervisory alliance, recent research has found that the bond component of the supervisory working alliance, in particular, is significantly related to the probability of trainees disclosing clinically relevant events to supervisors (Ofek, 2013; Gunn & Pistole, 2012). This supports previous research findings that trainee perception of a better supervisory working alliance was related to more disclosure and a greater overall willingness to disclose (Mehr et al, 2010; White & Queener, 2003).

What unfolds in the supervision process appears to have a knock-on effect on the psychotherapeutic process: this is in keeping with the notion of parallel process (Doehrman, 1976). To this effect, Patton and Kivlighan (1997) found that a stronger supervisory alliance was significantly related to a positive working alliance within psychotherapy. Keeping the notion of parallel process in mind, we do not know as yet though, if non-disclosure in the supervisory relationship is related in any way to non-disclosure in the psychotherapeutic relationship, another area for further consideration.

Supervisors' disclosure is also believed to influence the supervisory alliance. Ladany and Lehrman-Waterman (1999) hold the view that the disclosure supervisors made had the potential to strengthen or weaken the supervisory alliance, by directly influencing the emotional bond component of the alliance. Another interesting finding is that the type of supervisory disclosure (i.e. supervisors' personal issues, counselling experiences and struggles), were found to predict the strength of the supervisory alliance (Ladany, Ellis, & Friedlander, 1999). Notably, although these findings make reference to the influence of supervisor disclosure on the alliance, there is no mention made as to whether specific types of non-disclosure had any particular impact on the alliance. This would have important implications for supervision practice and therefore may be a useful area to examine.

Racial identity interactions (the relationship dynamics between people of similar and dissimilar racial identities), have also been found to be related to aspects of the working alliance such that when the trainee and supervisor shared common racial identity attitudes, they were likely to agree about the supervision process and have a stronger emotional bond (Ladany, Brittan-Powell & Pannu, 1997). Although other literature suggests that supervisor disclosure, self-

awareness, as well as support and guidance can contribute to a culturally responsive supervisory relationship (Ancis & Ladany, 2010; Christiansen et al., 2011; Inman, 2006; Inman & Ladany, 2014), there is an absence of empirical research to support whether other differences such as ethnic background, religion, sexual orientation and lifestyle differences between supervisor and trainee, affect the supervisory alliance and disclosure within the relationship. Although these aforementioned factors would presumably influence withholding behaviours in supervision, research in this area appears lacking.

In relation to the supervisory alliance, research has also put forward the idea that trainee non-disclosure appears to occur in good supervisory relationships too (Hess et al., 2008). Notwithstanding the strength of the supervisory relationship, most studies have suggested that trainees withhold information from their supervisors (Ladany et al., 1996; Hess et al., 2008; Mehr et al., 2010; Yourman & Farber, 1996). This implies that trainee concealment from supervisors may be an inevitable aspect of supervision (Yourman & Farber, 1996).

Hess et al. (2008) further found that trainees in problematic supervisory relationships as well as those in good supervisory relationships described the negative effects of non-disclosure on themselves as well as their relationships with clients (Hess et al., 2008). These findings suggest important implications for trainee professional development as well as psychotherapeutic practice. However, corroborating research is absent in this regard. Further research becomes particularly important in view of the fact that Hess et al. (2008) explored 14 trainees' experience of the supervision relationship, without input from the supervisors. Inclusion of the supervisors' perspective may thus provide a more comprehensive picture.

Some qualitative studies offer a keen glimpse of some of the circumstances within the supervisory relationship that inhibit or encourage disclosure. Yourman (2003) presented four brief case studies of supervisory dyads that importantly illustrate how ruptures within the supervisory relationship either disrupted or restrained trainees from making full disclosure. This was particularly apparent when trainee shame was elicited (Yourman, 2003).

Yourman's (2003) case studies illustrated how ruptures that elicited trainee shame in the supervision relationship resulted in non-disclosure. He thus maintained that most trainees' non-disclosure related to what occurred between trainee and supervisor. In a similar vein to Yourman (2003), Strømme (2014) undertook to explore relational dynamics within two longitudinal case studies. She too concluded that relational scenarios in supervision may have influenced trainees' disclosure to their supervisors. These findings suggest that disclosures may be evoked by relational scenarios within supervision. This would presumably have important implications for the supervisory alliance; however, there is a marked absence of emerging research in this area.

HOW DOES TRAINING INFLUENCE NON-DISCLOSURE IN SUPERVISION?

As mentioned earlier, a number of issues that relate to training and supervision were found to contribute to non-disclosure. Firstly, Bahrack, Russell, & Salmi's (1991) study revealed that trainees' role induction for supervision resulted in them being able to more easily disclose their needs to their supervisors. Arguably then, the lack of role induction, combined with the finding that many trainees had no knowledge as to how to use supervision effectively (Sweeney & Creaner, 2014), appears a plausible reason as to why trainees may withhold information. Further research in this regard, however, is again absent.

The issue of "choice" in the allocation of supervisors also appears to have played a role in determining trainee disclosures. In Webb and Wheeler's (1998) study, the trainees who had selected their own supervisors were more able to reveal sensitive issues in supervision than those who had been allocated supervisors (Sweeney & Creaner, 2014; Webb & Wheeler, 1998). Presumably the trainees' choice of supervisor was influenced by whether they anticipated feeling comfortable with, or was able to trust, the individual. However, in a compulsory internship, trainees are unlikely to be afforded this choice.

The supervisory setting may also influence whether trainees adequately disclose, as research reveals that supervisees who offered counselling services in the same setting that they received supervision, tended to disclose less (Webb & Wheeler, 1998).

An unavoidable part of the trainee's developmental journey may include numerous challenges (Rønnestad & Skovholt, 2003; Stoltenberg, 1981) which result in performance anxiety, a tendency to regress and become helpless, or feeling vulnerable and exposed (Bernard & Goodyear, 2009; Skovholt & Rønnestad, 2003). Trainees may also struggle to gain a sense of competency, and their self-worth is likely to be fragile (Skovholt & Rønnestad, 2003). All these factors may influence their need to withhold information in supervision.

Supervisors are also faced with a number of challenges in this area. Within clinical supervision, supervisors are often presumed to be "the experts" (Ladany, Mori et al., 2013). As a result, new supervisors are likely to be more sensitive to perceived threats to their authority by trainees. With this in mind, beginning supervisors may exhibit a rigid and demanding interpersonal style as a way of establishing boundaries with their trainees (Muse-Burke, Ladany, & Deck, 2001). In line with this thinking, it has, as a result, been hypothesized that novice supervisors are therefore more likely to behave in an overly controlling and structured manner (Ellis & Douce, 1994).

Certain elements in the supervisory relationship, as a training medium, are theorized to arouse anxiety for both members of the dyad which may result in non-disclosure. Firstly, supervision may be perceived by trainees to be personally as well as professionally hazardous because it exposes clinical deficiencies and amplifies emotional states, such as shame and inadequacy (Yourman & Farber, 1996). Accordingly for the trainee, acknowledging what one does not know may increase anxiety and could be experienced as potentially humiliating. This may be linked to experiences of anticipated shame (Yourman, 2003; Yourman & Farber, 1996) raised earlier.

Secondly, one of the barriers to trainee openness in supervision has been related to the evaluation component of supervision (Hess et al., 2008; Ladany et al., 1996). The trainee's presentation within supervision may therefore be selective, coloured by the wish to make some special impression on the supervisor Goffman, 1953; Ladany et al., 1996). The maintenance of one's image as competent may extend into supervision to avoid narcissistic vulnerability. Here, disclosure in supervision, by either the trainee or supervisor, that could pose a threat to the *self* and result in a potential loss of respect or admiration of the other, may be side-

stepped (Wallace & Alonso, 1994). Thirdly, for the supervisor, the responsibility to evaluate the trainee may be anxiety provoking, calling into question his or her judgment, supervisor status and prestige within an organization (Morrissey & Tribe, 2001). Finally, anxiety may also be related to both the trainee or supervisors' performance and competence, as well as a shift in their roles (Bradley & Ladany, 2001).

There is an implicit assumption in much of the literature that trainee non-disclosure is problematic compared to supervisor non-disclosure. However, these negative assumptions appear to exist in the absence of conclusive research. Interestingly trainees in Hess et al. (2008) found that a good supervisory relationship did not weaken as a result of non-disclosure. However, trainees in problematic supervisory relationships did experience the negative effects of non-disclosure to the extent that they experienced frustration, disappointment and a lack of safety in the supervisory relationship. As a result, they became less disclosing or less invested in supervision (Hess et al., 2008).

Similarly, Strømme and Gullestad's (2012) case study revealed that despite the non-disclosure that occurred, the trainee's learning process progressed in a constructive manner throughout the supervision period. Non-disclosure thus did not affect the trainee's learning process. However, there has been an absence of other research that corroborates these findings. So we do not as yet conclusively understand the implications of non-disclosure on trainees' professional learning or psychotherapeutic practice. This becomes particularly pertinent if critical non-disclosure goes unattended in supervision. Further research in this area therefore appears essential.

POWER AND NON-DISCLOSURE

Research suggests that power imbalances have some influence on the dynamics of supervision, including the ability to be forthright and open in the supervisory relationship. It is generally agreed that the supervisor holds the lion's share of power in the relationship (Bernard & Goodyear, 2009; Gray et al., 2001; Hess et al., 2008; Mehr et al., 2010; Murphy & Wright, 2005). This imbalance of power manifests most clearly when trainees felt that supervisory style and focus are imposed upon them and that they were expected to fit into a pre-existing mould. In

such cases, the stability of the supervisory alliance appears to fluctuate and more withholding behaviours were apparent (Gazzola & Thériault, 2007). However, despite supervisors holding ‘formal’ power within the supervisory dyad due to the evaluative component of the training (Hess et al., 2008), it appears that power is not necessarily only the terrain of the supervisor alone.

It has been theorized that the supervisory alliance is largely a by-product of how control and conflict is negotiated through supervision (Quarto, 2002). Here, control within supervision is defined as “one’s perceived ability to define and influence how another person behaves with regard to the process of supervision” (Quarto, 2002, p.25). The inherent power differential, previous experience of power abuses by authority figures in the trainee’s life, as well as the trainee’s predispositions with respect to issues of authority, are some of the factors that are held to influence the perceptions of safety on the part of trainees (Worthington, Tan, & Poulin, 2002).

Empirical research established three key points in relation to power and non-disclosure: 1). By withholding information, trainees maintain some power in the supervisory relationship (Murphy & Wright, 2005); 2). Any relationship that is unequal in terms of the balance of power, results in the person with less power being more guarded about what they disclose (Mehr et al., 2010), and 3). More experienced trainees saw themselves as having more influence over how supervision proceeds (Quarto, 2002).

Only a few studies (e.g. Holloway, Freund, Gardner, Nelson, & Walker, 1989; Nelson & Holloway, 1990), have focused on issues of power and involvement in the supervision relationship in order to investigate the control aspect of the relationship in supervision (Chen & Bernstein, 2000). The issue of power in supervision within empirical research includes other perspectives such as power and affiliation (Nelson, 1997) and *complementarity*, that is, adapting one’s behaviour to fit or “complement” the behaviour of the other (Chen & Bernstein, 2000; Quarto, 2002). However, none focus on issues of power and non-disclosure, particularly from a relational perspective.

These power dynamics and a host of other issues probably influence what remains unsaid within the supervisory relationship. However, we do not know as yet if issues of power and non-disclosure are context driven, i.e. dependent on

trainee circumstances and this may be best answered by focusing on trainees' as well as supervisors' subjective reports.

Moreover, despite the emerging research on complementarity in counselling (Chen & Bernstein, 2000), the potential of this concept appears under-utilized in supervision both heuristically and empirically. The issue of non-disclosure appears very fitting to intersubjective theory, where, complementarity, as a process variable, provides a useful lens through which to identify interpersonal interactions. The concept of "interpersonal complementarity", as utilized by Chen & Bernstein (2000), is shaped by both Interpersonal Personality theory and Relational Communication theory. According to Sullivan's theory (as cited in Chen & Bernstein, 2000), "complementarity occurs when the need of one participant is met by the other's behaviour in the interaction, thereby contributing to the development of a harmonious relationship." (p. 486). Jackson's relational communication theory, (as cited in Chen & Bernstein, 2000) "concerns the recognition of the unequal status of participants, as well as the focus on the contextual basis of interpersonal interaction." (p. 486). The concept of complementarity within supervision is given more attention in the following chapter.

SUPERVISION MODELS AND NON-DISCLOSURE

Despite emerging research about non-disclosures in the supervisory relationship, there appears to be very little written about how supervision models conceptualize the disclosure/non-disclosure dynamic. It appears that some models such as the Critical Events-Based supervision (Ladany, Friedlander, & Nelson, 2005) and the relational approach to supervision (Frawley-O'Dea & Sarnat, 2001; Safran, 2003) emphasize the importance of developing a trusting and solid supervisory alliance and pay more specific attention to the importance of fostering greater disclosure. Literature reveals very little reference to problems related to withholding behaviour within other supervision models. Some of these models, such as the Integrated Developmental Model (Stoltenberg, 2005), or the Discrimination model (Bernard & Goodyear, 2009), do not appear to explicitly account for withholding behaviours within clinical supervision.

It also appears that both the Critical Events model and the Relational/Interpersonal approach to supervision have in common a more

relational focus. This is opposed to the *task focus*, adopted in the Discrimination model, or the developmental focus in the Integrated Development Model (IDM). As a result, both the Critical Events model and the Relational/Interpersonal approach to supervision are seen to be particularly useful in understanding the patient and trainees' emotional and relational needs. In so doing, it tends to normalize and encourage greater disclosure. The increase in emerging work on the benefits of interactive learning processes and relational processes in supervision practice (Ladany, 2004; Safran & Muran, 2000a; Strømme, 2014; Strømme & Gullestad, 2012), as opposed to instructive learning processes, also appears to be significant.

LIMITATIONS OF RESEARCH

There is an absence of research that suggests that the process underlying non-disclosure between supervisors and trainees and its relationship to the supervisory alliance has been meaningfully explored. With the exception of only a few of studies (Strømme, 2014; Strømme & Gullestad, 2012; Yourman, 2003), most supervision theory and research tends to focus on overt rather than covert supervision processes. A number of theorists therefore maintain that there is sparse empirical research concerning supervisory interactions (Davy, 2002), or the impact of individual and interpersonal factors on the supervisory alliance (Riggs & Bretz, 2006). Chen and Bernstein (2000) maintain that any supervision research that ignores the shared and intimate interaction between process and relationship is likely to result in only a partial view of how supervision facilitates trainee development.

Although important empirical studies on non-disclosure have been conducted (e.g. Heru et al., 2004; Hess et al., 2008; Ladany et al., 1996; Ladany & Melincoff, 1999; Mehr et al., 2010; Ofek, 2013; Webb & Wheeler, 1998; Yourman, 2003), Bernard and Goodyear (2009) maintain that more qualitative methods would essentially fill the gap and provide a rich source of information about the subjective experiences of supervisors and trainees. This is envisaged to offer an alternative means of understanding non-disclosure and its influence on the supervision alliance and therapeutic outcome (Ladany et al., 2001).

Most research in the area of clinical supervision tends to rely on a single source of information, such as either the supervisor or trainee's reports, inviting reporter

bias. This is problematic, given the discrepancy between what respondents say they do and what they actually do. It furthermore neglects the focus on how the trainee-supervisor interaction itself may influence non-disclosure. Researchers have also noted that few studies have examined difficulties in supervision from the perspective of supervisors (e.g., Nelson & Friedlander, 2001). Angus and Kagan (2007) therefore suggest that the nature of the supervisory relationship ought to be explored from different role perspectives. Notably, there is also little research attention paid to the supervisor's unconscious influence on supervision.

A further important limitation of the majority of existing research (e.g. Heru et al., 2004; Ladany et al., 1996, Ladany & Lehrman-Waterman, 1999, Ladany et al., 2001; Webb & Wheeler, 1998 ; Yourman & Farber, 1996), is that other than most of them being dated, the dynamics of supervisory experiences do not appear to be addressed (Spence et al., 2001). Research therefore points to the need for close examination and exploration of process issues in the supervision alliance (Coburn, 1997; Ladany et al., 1996, Ladany & Lehrman-Waterman, 1999; Ladany et al., 2001; Ladany, 2004; Pearson, 2004; Strømme, 2014).

Aside from Strømme & Gullestad (2012) and Strømme (2014), there appears to be a marked absence of longitudinal studies of supervision. As a result, we do not know how participants' recall of their supervision experience may change. More specifically, it would be interesting to study how supervision relationships change over time. Limited studies have used actual supervision sessions as a source of data, relying instead on participants' retrospective accounts (Wheeler & Richards, 2007).

Although some research has considered non-disclosure in relation to the significance of the supervisory alliance (Falender & Shafranske, 2010; Heru et al., 2004, Hess et al., 2008; Ladany et al., 1996; Ladany et al., 2001), it is evident that further work exploring these concepts from both the supervisor and trainee perspectives is necessary. Research that accounts for the intersubjective nature of the supervisory dyad may be particularly useful for understanding non-disclosures as part of a relational dynamic (Chen & Bernstein, 2000), and opens up the possibility of non-disclosure having both positive and negative effects on supervision. These aspects deserve future consideration in empirical research.

With particular reference to the learning process, contemporary supervision discussion and research suggest that non-disclosure has negative effects on supervision and, as a result, may hinder the trainees' learning process (Ladany et al., 1996; Ladany et al., 2013). There is an implicit assumption in much of the literature that trainee non-disclosure is especially problematic compared to supervisor non-disclosure. However, these negative assumptions appear to exist in the absence of research on the meaning of non-disclosure. Thus more information is needed about non-disclosure, specifically in relation to the influence of interpersonal dynamics in supervision. This would facilitate further understanding of non-disclosure as part of a relational dynamic which may in turn shed light on the possible benefits or damaging effects of different forms of non-disclosure.

Finally, it is worth pointing out that the research in this review is largely dominated by a particular cohort of researchers (e.g. Ladany, et al., 1996; Ladany & Lehrman-Waterman, 1999; Ladany et al., 2001; Ladany et al., 2009; Ladany et al., 2013), and it would therefore be interesting to see what broader research initiatives in this field would bring. As noted, through the review of literature, there are evidently various facets to non-disclosure that have yet to be understood. It is thus important to be open to the possibility of non-disclosure having both positive and negative effects on supervision.

SUMMARY AND CONCLUSION

The most prominent findings from empirical research appear to be that non-disclosure in clinical supervision occurs often and is related to the strength of the therapeutic alliance. There is also evidently more of a tendency to withhold information than misrepresent information (Ladany et al., 1996; Ladany et al., 2001; Mehr et al., 2010; Sweeney & Creaner, 2014; Yourman & Farber, 1996), and that trainee shame and anxiety appear related to greater non-disclosure and a lower overall willingness to disclose in supervision (Hess et al., 2008; Strømme & Gullestad, 2012; Yourman, 2003).

Furthermore, stronger supervisor attachment, higher levels of mutuality and discussion of countertransference within the relationship are associated with more trainee disclosure (Gunn & Pistole, 2012; Knox et al., 2008; Ladany et al., 2001). Supervisor disclosures are also found to be influenced by their supervisory style

and gender (Heru et al., 2006; Ladany, et al., 2001). They are thus seen to play an important role in normalizing trainees' struggles and negative feelings, serving to enhance the supervisory alliance (Ladany & Lehrman-Waterman, 1999).

Importantly, supervisor's non-disclosure has thus far been thought to contribute negatively to the supervisory alliance and the sense of trust established (Ladany et al., 1996; Ladany & Lehrman-Waterman, 1999; Ladany et al., 2001). As a result, non-disclosure has generally been assumed to be a negative experience for supervision and trainee learning. A few studies that have explored the process issues underlying withholding in supervision (Strømme, 2014; Strømme & Gullestad, 2012; Yourman, 2003) have underscored the relational dynamics that unfold, and further research in this area is considerably lacking. In light of the aforementioned limitations and the absence of sufficient research noted through the course of this review of literature, further qualitative analysis of the process issues is clearly warranted.

CHAPTER 3 REVIEW OF THEORY

“The supervisory relationship is a relationship about a relationship about other relationships” Fiscalini (Psychoanalyst, 1997 p.30).

The purpose of this chapter is to attempt to ground non-disclosure within supervision theory. As discussed in the review of literature (Chapter 2, p.11), non-disclosure in supervision appears to be influenced by factors related to the supervisory alliance. For this reason it is pertinent to draw on alliance theory and relational² theory to further develop an understanding of various aspects of non-disclosure in supervision in this dissertation. Such theories appear useful given that non-disclosure is not only influenced by the quality of the supervisory relationship, it also appears to impact further on the ability to build a robust supervisory alliance.

Supervision as a process is concerned with the interaction of supervision participants, who reciprocally negotiate, shape and define the nature of their relationship (Chen & Bernstein, 2000). Literature to date reflects that there has been insufficient attention given to investigating supervision as both a relationship and a process. Consequently, more attention needs to be given to the underlying dynamics of supervisory experience (Angus & Kagan 2007; Davy 2002; Spence et al., 2001; Strømme, 2014; Tromski-Klingshirn & Davis, 2007).

Relational theory offers a means of addressing this concern. Broadly, relational theory centres on a number of core ideas. It emphasizes the idea that all relationships are *co-constructed* giving rise to particular relational patterns and positions in the relationship. Relational theory further emphasizes bi-directional and mutual influences. Here, relatedness involves a process in which both persons in a dyad mutually regulate and influence each other, both consciously and unconsciously. Relational theorists often also emphasize that idea that relationships involve the dynamic inter-play of multiple subjectivities and multiple self-representations (Aron, 2006; Benjamin, 1995; Bromberg, 2012; Greenberg & Mitchell, 1983; Safran & Muran, 2000b).

² For the purposes of this article, I broadly refer to interpersonal, relational and intersubjective views collectively as “relational theory”.

The current studies presented in this dissertation utilize a relational focus as a guiding principle for exploring non-disclosure, with the supervisory relationship presenting an opportunity to understand interpersonal experiences and processes that may be linked to non-disclosure. This, however, is not just an interpersonal process, as disclosure during supervision is inevitably an intersubjective experience that requires a recipient as well as a source (Wallace & Alonso, 1994). Accordingly, it is assumed that someone who is withholding information in a relationship is engaged in an intersubjective act.

In order to comprehensively appreciate the underlying processes in the supervisory relationship, this chapter reflects on the supervisory alliance and the theory that guides it. I then move on to consider relational theories that appear to offer further understanding of how withholding behaviour tends to develop within the relationship. In addition, I use developmental theory, particularly from the psychoanalytic perspective, to help understand the dynamics of interaction in supervision.

ALLIANCE THEORY

The therapeutic alliance has been the subject of theoretical speculation since the early days of psychoanalysis. Zetzel (1956), first used the term *therapeutic alliance*, in 1956, to outline the patient's ability to utilize the healthy, functional parts of the ego in collaboration with the analyst. She used the term primarily to refer to the positive affectionate attachment of the patient to the therapist (Saketopoulou, 1999).

Later, Greenson (1965), influenced by Zetzel's conceptualizations, coined the term "*working alliance*". He maintained that it represents an emotional association between the therapist and the aspects of the patient that desire to achieve therapeutic change. He further put forward the idea that within the working alliance, the primary emphasis is on the patient's ability to work purposefully in treatment, creating mutual concern aimed at encouraging "*self-scrutiny and trust*" (p.209). He separated this from the "*therapeutic alliance*", which he saw as emphasising the bond aspect of the relationship (Greenson, 1965). Greenson thus suggested that the working alliance represents a neutral area uncontaminated by

intrapsychic processes and occurs in the context of other types of interpersonal interactions (Greenson, 1965).

Bordin (1979) built on the work of Greenson and proposed a tripartite model of the therapeutic alliance. The three components comprised (1) the emotional bond within the therapeutic dyad; (2) the agreed therapeutic goals and (3) the tasks to accomplish these therapeutic goals. Bordin's theory is founded on two central assumptions: the first concerns the idea that the alliance is closely aligned with the purposive work of therapy and the second assumption holds that the alliance is interpersonal, developed and expressed as a reciprocal, interactive relationship (Hatcher & Barends, 2006).

Bordin (1983) later maintained that the qualities of the alliance can occur in many places besides psychotherapy, and proposed the *supervisory working alliance*. This consists of the three common elements of the therapeutic alliance just mentioned. In his words, the alliance constitutes: "(1) mutual agreements and understandings regarding the goals sought in the change process; 2) the tasks of each of the partners; and 3) the bonds between the partners necessary to sustain the enterprise" (p.35).

For Bordin (1983), the mutual agreement revolves around a "basic level of understanding and agreement between the principles involved" (p.35). He maintained that the strength of the working alliance is dependent on how well the link between the goals and task is understood. In a well-functioning relationship, both parties within the dyad must perceive these tasks as relevant and efficacious. In addition, each must accept the responsibility to perform these acts (Horvath & Symonds, 1991). The bond component of the alliance, for Bordin (1983), revolves around the "feelings of (mutual) liking, caring and trusting that the participants share" (p.36).

Bordin (1983) lists the goals of the supervisory working alliance as follows:

- (1) *Mastery of specific skills;*
- (2) *Enlarging understanding of clients;*
- (3) *Enlarging awareness of process issues;*
- (4) *Increasing awareness of self and impact on process;*
- (5) *Overcoming personal and intellectual obstacles towards learning and mastery;*
- (6) *Deepening understanding of concept and theory;*
- (7)

Providing a stimulus to research; and (8) Maintaining the standards of service
(p. 38)

Within his theory, Bordin emphasised the supervisory contract as well as the importance of “providing mutual, ongoing feedback and evaluation” (as cited in Fleming & Steen, 2011, p.44). His vision of the supervisory process emphasises its one-to-one character, where evaluation is ongoing. As many have pointed out, Bordin maintained that establishing clear roles and expectations for both the supervisor and trainee, inclusive of the structure and boundaries of supervision, is fundamental to building a positive supervisory working alliance (Bernard & Goodyear, 2009; Borders & Brown, 2005; Muse-Burke et al., 2001).

Accordingly, Bordin (1983) further elaborated on three primary tasks for trainees which involve selection of issues for presentation in supervision, observation of therapeutic work and reporting of their own work. He also maintained that the supervisors’ primary tasks consist of: “focusing on areas of trainee difficulty or deficits, facilitating trainee development and personal understanding, trainee feedback and coaching” (Bordin, 1983, p. 39).

From Bordin’s perspective, alliance building is seen to involve a co-operative *giving and taking*, as Havens (2000, p. 57) points out. The relationship between the components of the alliance is understood to be reciprocal in nature. For example, the quality of the supervisory bond can be seen to mediate the extent of negotiation about the task and goals, while the negotiation of the tasks and goals can be seen to mediate the quality of the bond (Safran & Muran, 2000b).

Bordin’s theory privileges the personal contribution of both the trainee and supervisor and views each working alliance as relative to the dyad, differing in strength and kind. Moreover, he importantly formulated the idea that “*the amount of change that occurs in the relationship is based on the building and repair of strong alliances*” (Bordin, 1983, p.36).

With the notion of different types of alliances, Bordin distinguished between bonds that result *from* collaboration and those that contribute *to* collaboration. Accordingly, he maintained that the alliance can equally be the result of “collaborative success and a mechanism of subsequent change” (Constantino et al.,

2010, p.9). Furthermore, Bordin's theory highlights mutuality in terms of supervisory goals and tasks based on the personal needs of the trainee, and emphasises that differences in the types of goals and tasks tend to lend themselves to each trainee (Constantino et al., 2010).

Bordin (1983) proposed a link between the quality of the alliance established and the trainee development that occurs. He also put forward the notion that the supervisory relationship emphasizes collaboration and is based on perceptions of mutual, negotiated trust, between supervisors and trainees. This appears essential to optimize learning within supervision (Bradley & Ladany, 2001). Bordin's model has thus offered researchers a valuable and convincing conceptualization of the supervisory relationship (Bernard & Goodyear, 2009; Muse-Burke et al., 2001), and suggests that the clarity and mutuality of the supervision agreement contributes to the potency of the supervisory alliance (Fleming & Steen, 2011).

Although Bordin asserts that 'bonding' is one facet of the working alliance in supervision, he does not, however, present bonding as a focus in his conceptualization (Abernathy & Cook, 2011). Accordingly, the greater part of the supervision literature which emerged thereafter, focuses on formulating developmental models to explain the tasks and goals of both trainee and supervisor development (Bernard & Goodyear, 2009; Borders & Brown, 2005; Hess, 1987a; Muse-Burke et al., 2001; Stoltenberg, 2005). With a primary focus on accomplishing the tasks of supervision, the bonding component of the relationship, or the subsequent interpersonal factors that play out in the supervisory alliance, as Greenson (1965) initially theorized, appear to have been neglected.

Horvath and Symonds' (1991) study importantly relates the quality of the therapeutic alliance to therapy outcome. They subsequently present a definition of the working alliance with two major elements: "(a) The working alliance captures the collaborative element of the client-therapist relationship; and (b) it takes account of both therapist's and client's capacities to negotiate a contract appropriate to the breadth and depth of therapy" (p. 139). One could assume that those same collaborative elements are important in the supervisory relationship.

Safran and Muran (2000a) highlight four aspects of Bordin's concept of the supervisory alliance. "Firstly, the trainee's ability to trust the supervisor is an

important part of the alliance building process. Secondly, different types of alliances may be formed which underscore negotiation between the supervisor and trainee. Thirdly, Bordin's concept provides a framework for guiding supervisors' interventions, and lastly, understanding ruptures that emerge in the relationship is an important part of the supervisory process." (p. 166). These implications consequently highlight relational aspects such as trust, negotiation and ruptures within the relationship which appear importantly linked to non-disclosures in supervision. These are issues I return to later.

As emphasized above, Safran (2003) also perceived the alliance to be a relational construct and refined Bordin's concept of the alliance by replacing the notion of "agreement" with that of "negotiation" (p. 456). The concept of *negotiation* laid emphasis on the relational process in which the tasks and goals of supervision develop. It also alerts one to the idea that when overt ruptures in the supervisory alliance occur, the process of negotiation needs to be fore-grounded.

According to Safran (2003), the process of negotiation is critical in fostering an alliance that enables the trainee and supervisor to collaborate constructively about each other's specific supervisory needs, tasks or goals. With this in mind, the supervisory alliance is seen to involve ongoing intersubjective negotiation. For Coutino, Ribeiro and Safran (2009), Bordin's theory thus "offers the opportunity to learn how to negotiate the needs of the self-versus the needs of the others" (p.483). This essentially means considering fulfilling one's own personal needs as well as one's relational needs with respect to the supervision process, and involves balancing one's sense of agency with the other's needs. Safran (2003) asserts that negotiation is continually occurring, at times explicitly, but often implicitly.

In keeping with this idea, Safran (2003) argues that strains in the supervisory alliance are caused by a "fundamental dilemma of human existence - the tension between the need for agency and the need for relatedness" (Safran, 2003 p.165). There is a strong pull to seek out and connect with another, but there is an equally strong pull towards asserting one's own individual needs. The actual process of working through these strains in the relationship is envisioned to result in participants constructively negotiating their needs. For Safran (2003), these aspects emerge as a critical component of relationship building in both the therapeutic process and supervision.

In discussing the therapeutic alliance, Safran & Muran (2000a) maintain that “periods of rupture in the alliance vary in intensity from relatively minor tensions, of which one or both of the participants may be only vaguely aware, to major breakdowns in understanding and communication. If these are not addressed, they speculate that it may lead to further problems in the relationship. These alliance ruptures may also vary in duration and form” (p.168). Applied to the supervisory context, ruptures may occur in many ways, ranging from misunderstandings between trainee and supervisor that can be quickly clarified, to cases where there may be deeper conflicts at play concerning differing values or belief systems that make ruptures more difficult to resolve.

Applying Safran & Muran’s (2000b) theory of ruptures to the supervisory relationship, two primary types are stipulated: *withdrawal ruptures* and *confrontation ruptures*. “In withdrawal ruptures, the trainee and/or supervisor are likely to deal with tension in the supervisory relationship by withdrawing, withholding or partially disengaging. In confrontation ruptures the trainee and/or supervisor directly expresses anger, resentment or dissatisfaction with some aspect of the supervisory process” (p. 167)

Safran (2003) held that many ruptures contain both withdrawal and confrontation features. However, individuals who characteristically present with withdrawal ruptures tend to have difficulty directly expressing their needs for agency, whilst individuals who present with confrontation ruptures tend to have difficulty expressing their needs for relatedness. Given the nature of non-disclosure in supervision, it may be the case that withdrawing ruptures can be more readily linked to withholding behaviour. We shall return to this issue when considering the types of non-disclosures made by research participants in the studies to follow.

As a way forward, Safran (2003) developed a model to explore ruptures therapeutically, which he then adapted for supervision purposes. The model consists of five states, each state consisting of a distinctive supervisor-trainee interactional pattern. These five states broadly include: “(1) enacting the alliance rupture; (2) attending to the rupture and initiating the disembedding process; (3) exploration of the trainee’s experience; (4) exploration of the avoidance, and (5) emergence of the underlying wish” (p.459). Although the rupture resolution

process typically involves a progression from the first state (attending to the rupture), to the last state (emergence of the underlying wish), there tends to be considerable cycling back and forth between the states over time. Safran (2003) particularly lays emphasis on the resolution which tends to cycle back and forth between greater and lesser degrees of embeddedness in the particular relational configuration out of which the rupture emerges.

Alliance theory appears to offer some understanding of how non-disclosures are likely to occur when the collaborative element within the supervisory relationship is not strengthened or is lacking. Alliance theorists such as Safran and Muran (1996) generally tend to hold the view that working with the alliance is curative. However, for the purposes of this research, the question of whether the alliance has a perceived effect on non-disclosures, or *vice versa*, will be the main focus. This appears to have been relatively less explored in the literature.

In addition, other important questions related to the alliance are also prompted, such as: What ensues when the tasks or goals are not discussed within supervision? Do trainees make explicit links between non-disclosure and the bond or trust? What can exploring the experiences of supervisor and trainee tell us about this? Are there particular trainee obstacles in the way of negotiating a more trustworthy relationship? We also do not know as yet if certain kinds of non-disclosure are more damaging to the alliance. Conversely, it may be the case that some non-disclosures may indeed foster the supervisory alliance for particular reasons. Moreover, we do not know as yet if non-disclosure occurs as a result of different forms of the supervisory alliances that may exist, or alternatively, if a negative alliance is the result of non-disclosure. These may be just a few of the possible questions on which this research may be able to shed more light.

RELATIONAL THEORY AND SUPERVISION

Following on from the idea of the alliance being interactive, relational theory introduces the notion of two subjectivities working together with mutual influence. This is often referred to as the *two-person approach* (Aron, 1996; Greenberg & Mitchell, 1983; Mitchell, 1988). It suggests a complex interwoven relationship, where the emphasis is more on process, and on how things are related or interact.

With this in mind, the supervisor and trainee become part of a relational system where their experiences, personal and professional, interact in complex ways (Kron & Yerushalmi, 2000).

According to Frawley-O'Dea and Sarnat (2001), a relational model of supervision is defined by “mutuality, shared and authorized power, and the co-construction of knowledge” (p. 24). Thus the supervisor and trainee are seen to “co-construct, mutually derive, and negotiate meaning about the process and data of both the therapeutic work and the supervision” (p. 59). In Frawley-O'Dea and Sarnat's (2001) words, the relationally aware supervisor “sees both the patient's conscious and unconscious expression of his psychodynamics and the supervisee's conscious and unconscious expression of his experiences of the patient, of himself, and of the supervisor as relationally mediated phenomena embedded within the supervisory matrix” (p. 62).

Relational theory views psychic activity as primarily dyadic and collaborative in nature. Intrapsychic content is believed to be moulded and modified through relational interactions and conflict is understood as both intrapersonal and interpersonal. From the relational perspective, when conflict occurs, it is located primarily in the interactions with others. In the therapeutic setting the analytic situation is seen to be shaped by the participation of both patient and analyst, as well as by the co-construction of meaning, authenticity, and new emerging relational interactions.

Old relational patterns are inevitably repeated but are seen to be constantly influenced by the current relational context. When relational theory is extended to the supervision process, there is a shift in focus from ‘trainee problems’ to the supervisory space between supervisor and trainee. For instance, trainee's problems with empathy, or the ability to learn, are not just seen to be due to the trainee's personal difficulties (in isolation) but are understood in relational context, including how the supervisor may be contributing to the issue.

Mitchell (1988) eloquently elaborated further on the “two-person psychology” approach:

The basic unit of study is not the individual as a separate entity whose desires clash with an external reality, but an interactional field within which the individual arises and struggles to make contact and to articulate himself. Desire is experienced always in the context of relatedness, and it is that context which defines its meaning. Mind is composed of relational configurations. The person is comprehensible within this tapestry of relationships, past and present....the most useful way to view psychological reality is as operating within a relational matrix which encompasses both intrapsychic and interpersonal realms. (p. 9).

Keeping in mind both the intrapsychic and interpersonal realms within supervision, raises questions about what supervisors and trainees are expected to know about each other. It also raises questions about how authoritative power is shared and negotiated within the relationship and the implications of this in terms of non-disclosure. Furthermore, it raises questions about how knowledge is co-constructed in the supervisory dyad and how this process unfolds in light of either the supervisor or the trainee withholding information.

In order to better understand the relational dynamics that are likely to arise in the context of withholding behaviour within supervision, the remainder of this chapter expands on a number of relational theories. I focus on Sullivan's interpersonal theory, Winnicott's Developmental Theory and Benjamin's Theory of Intersubjectivity and apply them to the supervision context.

Sullivan's Interpersonal Theory

Sullivan (1953), a key figure in the interpersonal and relational movement, maintains that all knowledge of another person is mediated through interaction. Coutino et al. (2009) emphasize Sullivan's belief that "people learn to relate to themselves the same way significant others related to them" (p. 480). Sullivan (1953) views people as possessing a driving need for intimacy, which is the "principle source of satisfaction in life" (p.34). He introduced self-system theory, a developmental theory, which conceptualizes anxiety as the key psychological factor that shapes personality and regulates interpersonal interactions (Sullivan, 1953).

Sullivan (1953) considered *dynamisms*, “a relatively enduring pattern of energy transformation” (p. 109), to protect the infant³ from dangerous coincidences. For Sullivan, there are two types of dynamisms, or behaviour patterns: firstly those related to specific zones of the body (e.g. the mouth, genital and anus), and secondly, those related to tensions. For the purposes of this dissertation, I focus on the behaviour patterns related to tensions, and more specifically the category of dynamism referred to as the *Self-system*. This is explained in more detail below.

Sullivan (1953) believed that from infancy and throughout life, people form particular images of themselves and others. These images he termed *personifications*, describing three basic personifications that develop during infancy: the *bad-mother*, the *good-mother*, and the *me* (Sullivan, 1953). According to Sullivan, this personification is a representation of Self, “...that which is invariably connected with the sentience of my body” (Sullivan, 1953, p. 161). Sullivan (1953) goes on to say:

Among the things this conception explains is something that can be described as a quasi-entity, the personification of the self. The personification of the self is what you are talking about when you talk about yourself as "I", and what you are often, if not invariably, referring to when you talk about "me" and "my". But I would *like to make it forever clear that the relation of personifications to that which is personified is always complex and sometimes multiple and that personifications are not adequate descriptions of that which is personified* (emphasis by the author, p. 167).

Sullivan maintains that the basic personifications related to the mother figure are central and common to all infants. The infant's first experiences then, are those of being nurtured by the mother figure. From these experiences, the infant develops a personification of the mother figure, or an "elaborate organization of (his/her) experience (of her)" (Sullivan, 1953, p. 112). Sullivan (1953) asserts that the infant organises this information into two factions, one representing the “good mother” and the other the “bad mother”. (p.112).

³ For the purposes of this study, the ‘infant’ is referred to as female.

Early in the infant's life, the mother figure is usually preoccupied with catering to the infant's needs such as feeding and cleaning. From these experiences, the child develops the personification of the *good mother* as one who gives satisfaction to the infant. However, when the mother figure imposes restrictions on the infant's behaviour, she induces tension and anxiety within the infant. These negative experiences result in another personification, that of the *bad mother*, which is an inner representation of the one who induces tension and anxiety (Sullivan, 1953).

Underlying these fundamental personifications is the factor to which Sullivan (1953) attributes the most importance, that of anxiety. The infant, in her striving to have her needs gratified, learns to circumvent anxiety-provoking behaviours as far as possible. Sullivan (1953) believes that this learning state to which she is exposed tends to take place in three ways. Firstly, it occurs through the administration of rewards, and secondly, through the induction of different levels of anxiety, or what Sullivan refers to as the *anxiety gradient*. The third concerns the administration of severe anxiety. At this highest level, intense anxiety is seen to prevent learning from occurring (Sullivan, 1953).

According to Sullivan (1953), the child's self-consciousness is triggered by the discrimination of two states: regular fluctuations between tensions and euphoria (linked to the good mother) and the recurring disturbing spells of anxiety (bad mother). Thus the infant begins to become aware of herself by discovering the types of interactions she finds herself immersed in and this sets the context within which the child comes to experience herself. Sullivan called these early images and sensations, which are retained although not clearly formulated, "prehensions" (p.76). He considers these *prehensions* to be a rudimentary form of perception.

Sullivan's considers the infant's prehensions of the bad mother linked to anxiety, whereas the experience of the "good mother" evokes tenderness and responsiveness to every need (as cited in Greenberg & Mitchell, 1983, p. 95). Freedom from anxiety was a defining feature of security for Sullivan and is considered to be a dominant concern throughout life. He maintains that the infant's earliest organization of experience is based on the distinction between anxious states (*bad mother*) and non-anxious states (*good mother*).

This basic personification of 'me' develops into a *secondary dynamism*, comprising three phases which form the building blocks of the self-personification. It is based on mothering experiences, and consists of three phases of 'me': *good-me*, *bad-me* and *not-me*. *Good-me* "organizes experiences in which satisfactions have been enhanced by rewarding increments of tenderness..." (p. 161-162). Sullivan (1953) further maintains that these three aspects, essential for interpersonal cooperation, are necessary for the infant's psychic survival, each having different impacts on learning. For Sullivan (1953), on the one hand, the *good-me* is ultimately what we mean when we address ourselves as "I". On the other hand, for Sullivan (1953), the *bad-me* "organizes experiences in which increasing degrees of anxiety are associated with behaviour involving the mothering one... Bad-me is based on this increasing gradient of anxiety..." (p.162). This appears to be characterized by increased levels of discomfort and tension on the infant's part and increased levels of forbidding on the part of the mother. Sullivan's third phase of *me* is *not-me*, which he considers to be "very striking in its indirect manifestations (dissociated behaviour), in which people do and say things of which they do not and could not have knowledge, things which may be quite meaningful to other people, but are unknown to them." (p. 163).

The basic personification of *not-me* results from experiences of severe anxiety. The consequence of such high levels of anxiety tends to impede most, if not all, learning that may take place (Sullivan, 1953). Sullivan asserts that infants exposed to parents who are severely anxious develop *not-me* personifications. The essential desirability of being *good-me*, effectively highlights the undesirability of being anxious. To quote Sullivan (1953), "The self-system is thus an organization of educative experiences called into being by the necessity to avoid or minimize incidents of anxiety". (p. 165). With time, the functioning of the *Self-system* becomes more complex and employs what Sullivan calls "security operations". (p. 373).

The primary purpose of *security operations* is to distract attention from anxiety onto other issues which feel safer and more secure. Sullivan (1953) maintains that two important security operations are *dissociation* and *selective inattention*. According to Sullivan (1953), *dissociation* is inclusive of impulses, desires or needs that an individual rejects from consciousness. *Selective inattention* is seen to control focal awareness and is a refusal to acknowledge experiences that are not

consistent with the existing Self-system. Sullivan (1953) maintains that both security operations remain active throughout one's life although they may not be fully conscious. It ultimately tends to determine which experiences are disregarded or denied.

According to Greenberg & Mitchell (1983), Sullivan further maintains that people are motivated by needs which fall into two categories: *needs for satisfaction* and *needs for security* (p. 95). He views the balance between these two needs as a key factor in determining emotional richness and health.

Sullivan (1953) believes that the *Self* serves a preservative function and operates primarily on the need for security. This is based on avoiding anxiety as far as possible. Sullivan also believes that the *Self* navigates away from anxiety by creating an illusory sense of power and control over life. All security operations start with the sense of "I" and the "power of I" imparts a false domination (as cited in Greenberg & Mitchell, 1983, p.99). The primary goal in the pursuit of security is to strengthen and protect this "cherished self". As a result, there is recurrent tension between the *pursuit of satisfactions* and the *pursuit of security*. However, Sullivan maintains that if the *pursuit of security* is not given due attention, then the enjoyment of the pursuit of satisfactions is reduced and "the content of consciousness pertaining to the pursuit of satisfaction and the enjoyment of life is at best marginal. It is one's prestige, one's status, the importance of which people feel one is entitled to...that dominate awareness" (as cited in Greenberg & Mitchell, 1983, p.100).

Sullivan (1953) maintains that we are all born into a relationship, upon which we are dependent for our survival. His theory thus suggests that deprivation of caring relationships in infancy have detrimental effects on present and future psychological functioning. Although discussion thus far has been about rudimentary relational process in infancy, they have relevance for understanding relational dynamics within all relationships (as Sullivan indicates), hence their applicability to understand relational factors in supervision.

Applying the above relational dynamics to supervision may have particular relevance to non-disclosure in supervision. For instance, it may be the case that non-disclosure is linked to the need for what Sullivan termed "security operations".

As discussed earlier, non-disclosure might be best understood to be defensive (and covert) interpersonal strategies which, in the supervision context, function to divert attention away from anxiety onto other matters that feel less harmful. If this is the case, non-disclosure is therefore likely to result in the trainee or supervisor feeling less vulnerable or anxious.

Non-disclosure, as a way of withholding or hiding information in supervision, would thereby be a strategy employed by trainees or supervisors to safeguard themselves. In this light, trainees and supervisors are unlikely to disclose material that stirs up anxiety, with the ultimate goal of this strategy being to strengthen and protect their perceived professional selves. Put another way, their self-system strives to maintain safety and control in the face of co-constructed experiences that generate anxiety (based on both past and current relational dynamics). There is therefore an expectation that new experiences with others in supervision will be the same as relational patterns of the past. It would also be useful to consider how the security operations *selective inattention* and *disassociation* may also be utilized by trainees and supervisors in an effort to avoid anxiety.

In addition to the tensions between the sense of agency and relatedness (Safran, 2003), mentioned earlier, Sullivan's theory highlights the potential conflict between the pursuit of satisfactions and the pursuit of security within the supervision context. Both concepts notably appear to revolve around conflicting needs, which if unresolved, is likely to amplify anxiety in the individual. From this perspective, taken a step further, a trainee's or supervisor's security needs may, at times, be motivated by a need for relatedness in the supervision context, whilst the need for satisfaction may be motivated by one's own individual needs within the relationship, their sense of agency.

Sullivan's (1953) theory also raises two other critical questions: 1). What links are evident in withholding behaviours and *good-me, not-me, bad-me*? 2). Does non-disclosure, if seen as linked to 'security operations', diminish satisfaction in the supervision process?

Winnicott's Theory of Development

Aspects of Winnicott's developmental theory could also be considered 'relational' by virtue of his attempt to include both the infant and the parents' point of view. Winnicott emphasizes how we come to see others as independent selves, outside our control and yet still connected to us. His focus was specifically towards a shared reality in which both the infant and parents can participate. In line with Sullivan's thinking, the most noticeable element of Winnicott's theory is the ways mother and infant reciprocally constitute each other. In his often quoted words:

[T]here is no such thing as an infant, meaning, of course, that whenever one finds an infant, one finds maternal care, and without maternal care, there would be no infant. (Winnicott, 1965, p. 39).

Winnicott (1965) holds the view that the infant enters the world in a state of complete dependence on the mother figure for both physical and psychological care. The Winnicottian infant enters the world with no understanding of what is "me" and what is "not-me". The infant feels merged with her environment which enters her consciousness through the mother. At this stage, she is unable to perceive the boundaries between herself and the world and is not aware of herself as a *self*.

The *holding* phase occurs when the infant begins to build up a sense of "I am", which refers to both the literal holding of the infant by the mother as well as the psychological act of holding the infant in mind and accommodating to her needs. In the holding phase, the infant is seen to be extremely dependent (Winnicott, 1960). For Winnicott (1960), the holding environment's central purpose is the reduction of impingements to which the infant must react.

As the mother *holds* the infant she also holds together a person who is in the process of 'becoming', and as she grows, the infant begins to perceive herself as *me* and *not-me* (Winnicott, 1965). In this way she begins to understand the difference between inside and outside herself. During the stage of *absolute dependence*, the infant does not comprehend the difference between good and bad maternal care.

However, the infant does possess the ability to control negative self-experience. She does so by developing a compliant, *False self*, in an effort to avoid conflict. Initially, with the mother and then later with others, “*The False self is built up on a basis of compliance*” (Winnicott, 1965, p. 133). As opposed to the development of a false self, Winnicott put forward that idea that the *True self* develops out of the mother’s ‘good-enough’ capacity to accommodate to the infant’s omnipotent needs.

Winnicott (1965) asserts that:

...where the mother cannot adapt well enough, the infant gets seduced into compliance, and a compliant False Self-reacts to environmental demands and the infant seems to accept them. Through this False Self the infant builds up a false set of relationships, and by means of introjections even attains a show of being real, so that the child may grow to be just like mother, nurse, aunt, brother, or whoever at the time dominates the scene. The False Self has one positive and very important function: to hide the True Self, which it does by compliance with environmental demands. (p. 146-147).

Winnicott (1965) maintains that the *False self* emerges to protect one's *True self* from pain, rejection, abandonment and annihilation. Unless the infant is afforded the opportunity to grow without such impingements, the *False self* predominates and the true self diminishes. *False self*-development is thus moulded from the infant’s various responses and experiences to a succession of failures of the mother’s ability to adapt. Accordingly, “the *True self* does not become a living reality except as a result of the mother’s repeated success in meeting the infant’s spontaneous gesture or sensory hallucination” (p. 145).

Winnicott (1965) refers to the mother’s attitude during the infant’s absolute dependence as *primary maternal preoccupation*, where the mother is primarily preoccupied with the infant and in so doing identifies the infant as a part of herself. Primary maternal preoccupation permits the infant to feel that she has complete control of her environment. Winnicott (1965) refers to this feeling as *omnipotence*, a state of illusion that the infant needs to experience before a *process of gradual disillusionment*. For Winnicott, omnipotence allows the infant to begin to feel like a self. Once a child thinks she can make things happen (when actually someone else

does), she begins to experience a "me" that she is later able to contrast with "not me." (Hoechst, 2008).

Winnicott (1965) terms this phenomenon "*going on being*" (p. 586). Ideally, the illusion of omnipotence for the infant is short-lived, because as she develops, the mother's task becomes one of gradually disillusioning her from a feeling of omnipotence. The infant naturally feels rage and aggression when she realizes that the world does not conform to her demands (Winnicott, 1965).

However, by being there to recognize the infant's frustration, whilst remaining in one piece in the face of it, the mother figure and other adults take on a more concrete, realistic existence from the infant's perspective. Here, adult figures begin to represent the outside world for the infant and confirm for her their separateness from what she feels inside. The infant tests the boundaries between herself and the world when she pushes against them, physically and emotionally. She tends to actively probe and test what is out there, sometimes with anger, and at other times with active inquiry.

As the infant accepts that omnipotence is an illusion, moving toward gradual disillusionment, she has to also recognize that other objects are actually outside of her magical control. In expecting the child to take on some responsibility for her anxiety by recognizing the mother as a separate subject, lies the suggestion that Winnicott also recognizes the shared space between two subjectivities. This importantly raises the issue of intersubjective space (Hoechst, 2008).

The infant's recognition, however, is accompanied by frustration, anxiety, and anger as her world changes around her. Winnicott (1965) believes that childhood aggression is critical in order to differentiate between internal feeling and external reality. The mother's holding function alters at this point from holding the infant's subjectivity together, to managing the infant's aggression and anger without retaliating.

Winnicott's ideas are developed using primary relationships between infant and mother; however, the basic relational dynamics mentioned here are lifelong. They can also be usefully applied to other relationships. It is also likely that the

supervisory relationship, similar to the psychotherapy relationship, may be reminiscent of early care-taking relationships (Jarmon, 1990).

In applying some of the above ideas to non-disclosures in supervision, it appears that the *False Self*-concept may help in understanding states of self-presentation linked to concealing aspects of clinical work for the purpose of self-protection. This is likely to have consequences for the supervisory dyad, as it results in inauthentic engagement and loss of agency within the supervision relationship.

In relation to supervision, the concept of *holding* appears useful in order to understand how the alliance is fostered. In relation to supervision, the supervisory frame would be considered a fundamental feature of the *holding* function which helps ensure a safe space for trainee development and learning. Holding would also extend to the supervisor setting limits and being able to attend to the trainee's negative feelings and difficulties without retaliating or withdrawing.

The role of *holding*, however, also raises interesting questions about non-disclosure that may not necessarily cast withholding in a negative light but rather in the service of achieving a relational goal later on. For example, rather than raising what appears to be a sensitive issue for the trainee, the supervisor may choose to withhold some observations about the trainee in order to accommodate to the trainee's needs and capacities in order to build the supervisory alliance.

Winnicott's concepts also raise the question whether the process of *gradual disillusionment* may be linked to an intention to disclose on the supervisor's part. So following on from the previous example, rather than discuss very sensitive information immediately, it may be possible that the supervisor bides her time and intends to raise this later, when the trainee is more able to accept it. This is more likely to pertain to the trainee being psychologically ready to accept the disclosure. In other words, 'holding' may explain the need to see the impact of non-disclosure as having a developmental dimension, where 'disillusionment' (disclosures) can only meaningfully occur once 'holding' has been adequate.

Winnicott's reference to shared space between mother and child also underscores the importance of intersubjective space, and by implication, intersubjective issues, which is the focus of the next section.

INTERSUBJECTIVE THEORY

Although intersubjectivity theory is a contemporary addition to psychoanalytic and psychotherapeutic understandings of human experience, its origins appear in the early phenomenological works of philosophers like Husserl and Heidegger (Smith, Flowers & Larkin, 2009). This has been taken up by the relational and intersubjective schools of psychoanalysis (Aron, 2006; Benjamin, 1990; Bromberg, 2012; Stolorow & Atwood, 1992).

Rather than focusing on the individual's drives, intersubjectivity theory sees the human mind as fundamentally interactive with the relational process occurring between individuals rather than solely within individuals (Benjamin, 1990). Stolorow (1997) maintains that all human contact is intersubjective, and intersubjectivity is seen to bridge the gap between the interpersonal and intrapsychic (Stolorow & Atwood, 1992). Intersubjectivity is seen to apply whenever "two subjectivities constitute the field, even if one does not recognize the other as a separate subjectivity" (Stolorow & Atwood, 1992, p.139).

The intersubjective field, according to Stolorow and Atwood (1992), is "any psychological field formed by interacting worlds of experience, at whatever developmental level these worlds may be organized" (p. 2-3). They also importantly view intersubjectivity as being associated with the principle of mutual regulation and unconscious influence (Aron, 2006). Considered a meta-theory for psychoanalytic practice, intersubjectivity theory comprises the belief that intrapsychic phenomena must be understood within the intersubjective context within which it is embedded.

When this perspective is applied to supervision, it suggests that non-disclosures are likely to arise as a result of the co-participatory nature of supervision (Frawley-O'Dea & Sarnat, 2001; Safran & Muran, 2000b). It highlights the possible reciprocal and mutual processes that unfold within supervision. Mutual influence

suggests a communication process in which influence flows in the dyad bi-directionally; however, it does not signify equal influence. Instead, each contributes to the regulation of the other's behaviour in different ways supervision (Frawley-O'Dea & Sarnat, 2001).

Benjamin's concept of split-complementarity

In contrast to Stolorow and Atwood's (1992) view, Benjamin (1995) considers intersubjectivity to be a developmental achievement. She emphasizes the idea that intersubjectivity occurs through "a relationship determined by mutual recognition" (p.2). For Benjamin (1990), intersubjectivity "refers to that zone of experience or theory in which the other is not merely the object of the ego's need/drive or cognition/perception, but has a separate and equivalent centre of self" (p.42).

In the context of developmental theory, Benjamin (1995) holds that the ability to recognize the mother figure as a separate subject is a critical component of early development. The process of recognition for her, however, is a reciprocal one: just as the mother's recognition is the source for the infant's sense of agency, so too, the mother is dependent to some degree on the infant's recognition. Building on the work of Winnicott, Benjamin maintains that the infant's total helplessness in early life often fosters a dread of maternal power and an experience of the mother as a major force. In her words:

How the mother responds to her child's and her own aggression depends on her ability to mitigate such fantasies with a sense of real agency and separate selfhood, on her confidence in her child's ability to survive conflict, loss, imperfection. The mother has to be able both to set clear boundaries for her child and to recognize the child's will, both to insist on her own independence and to respect that of the child--in short, to balance assertion and recognition. If she cannot do this, omnipotence continues, attributed either to the mother or the self; in neither case can we say that the development of mutual recognition has been furthered. (Benjamin, 1995, p.5)

According to Benjamin (1988), when the infant's imagination is caught up in the omnipotent state, powerful and conflicting fantasies surround the mother figure,

and she thinks in split terms, alternating between complementary ideas of good and bad, powerful and powerless. Accordingly, when the infant feels secure in her "ownership" of the mother, her feeling of omnipotence is reinforced. When the mother figure asserts her own will, or if the infant has to share her with others (siblings, father), then she appears as the omnipotent one.

Benjamin maintains (1988): "The moment in which omnipotence is continually recharged is that of facing the fact of dependency on others outside our control" (p. 88). In the context of supervision, feelings of omnipotence are therefore likely to reappear every time the trainee or supervisor comes across new circumstances or situations that they perceive as potentially threatening to their sense of control. For example, if a new supervisor's conceptualization of a patient is disputed by a trainee, this may result in the supervisor (who faces his dependency on the trainee for recognition), feeling as if his authority is being challenged.

Benjamin's (2006) notion of the complementary structure discussed above accordingly organizes relationships into polar positions of "*giver and taker, doer and done to, powerful and powerless*" (p.121). Once the infant is able to assert her will against her mother figure, Benjamin (1996) explains, power struggles emerge which result in a breakdown in the mutual *attunement* between the mother figure and infant. The infant becomes aware of a difference between *Self* and other. Following this claim, Benjamin (1995) emphasises "... a breakdown of recognition between self and other: 'I insist on my way, I refuse to recognize you, I begin to try to coerce you; and therefore I experience your refusal as a reversal: you are coercing me'" (p.7).

Destruction in this case, according to Benjamin (2005), tends to be an act of negation - which may consist of an attack, or a refusal to comply. For Benjamin (2005), defiance, resistance, aggression and conflict all play an essential part in the *recognition of the other*, and in our construction of a shared space. To survive means to simultaneously recognize the negation and yet not succumb to it. Benjamin (2005) maintains that this cycle continues to repeat itself throughout our lives, whenever we are confronted with difference or otherness.

Her notion that "*we are dependent on others to recognize who we are*" is an appropriate description of the relationship between supervisor and trainee.

Therefore by acknowledging the other “object” as a subject in and of itself, the focus shifts to the collaborative, but necessarily conflictual dynamics of two people rather than only the relationship the self has with an internalized object. Accordingly, each person (in the supervisory relationship) is capable of both recognizing and negating the other (Benjamin, 1995).

Benjamin’s theory of “*mutual recognition*” is used to describe a developmental achievement in which recognition of each other’s subjectivity can be applied meaningfully to the supervisory relationship, where the attempts to influence each other have both positive and negative outcomes (Benjamin, 1995). Here, through “attunement” and using supervision as a “holding environment” (Winnicott, 1965), the supervisor maintains and strengthens the working alliance by providing warmth and confrontation as needed (Benjamin, 2005). Misattunements, however, are an evitable part of interaction (Heron & Teitelbaum, 2001). Benjamin (1995) pointed out that “...breakdown is a common feature within intersubjective relatedness – what counts is the ability to restore or repair the relationship” (p.47).

Applied to the supervision context, it suggests that supervisor and trainee may struggle to meet one another and to know one another. Periodically they may feel the need to destroy this connection out of the desire for autonomy or power (Aron, 1996). When this occurs, it becomes imperative that they work towards repairing ruptures, which is inevitable and ongoing within the relationship.

Benjamin (2006) put forward the idea that the intersubjective dyadic system is “strained by individuals’ competing needs to be both dependent and independent in their relationships, to receive recognition each from the other” (p.122). In order to do this, according to Benjamin (2006), the two parties have to weather a ‘*clash of wills*’ so both can be seen as separate subjects. Failure to contain the strain of opposing needs results in what Benjamin (2006) calls *split complementarity relationships*, where there is a clear power differential emphasized in the relationship. Benjamin (2006) refers to this as the relational position of “*doer and done to*” (p.121).

If we apply Benjamin’s theory to the supervisory context, it is likely that the trainees’ lack of confidence and deference to the supervisor as ‘all knowing’ often adds to the power differential leading to a *split complimentarity*. Here, ‘all knowing’

and 'not knowing' may become the dominant relational positions. Should this dynamic persist, or be realized by the supervisor (she plays the role of 'all knowing'), it is likely to exacerbate a sense of powerlessness and acknowledgment, as well as a loss of agency in the trainee.

In this position, and feeling unable to challenge the supervisor (Benjamin's 'clash of wills'), the trainee is likely to feel driven to either submit (be '*done to*') or seek alternative means of controlling the relationship. Put another way, in the supervision setting, the essence of complementary relations is submission or resistance to the *other's* demand (Benjamin, 2006). In a complementary structure there is an underlying symmetry where both individuals in the supervisory dyad feel done to, pushed out or put into: each person feels "*The other is doing something to me, whereas I am merely trying to communicate an idea or feeling*" (p.450). However, according to Benjamin (2005):

...while this symmetry is occurring, each person feels the asymmetry - each tends to punctuate his or her response as a reaction to the other's action ("I am helpless; you are dictating what happens here") or as an action controlling the situation ("I am omnipotent; you are helpless"). What becomes interesting then, from my point of view, is how we shift from this complementary structure, with its features of omnipotence and helplessness, into a more recognizing relation in which it feels possible to communicate rather than push or pull. (p.430).

It remains to be seen in the supervision context if '*a more recognising relation*' leads to a lesser need to withhold information as part of a power dynamic. In terms of the complimentary structure, however, if the supervisor holds on to a need to be objective and "the one who knows", this is likely to tip the relationship toward promoting submission or defiance and this is likely to undermine collaboration in the relationship (Benjamin, 2005).

Based on this conceptualization and for the purposes of this study, the pertinent question becomes whether non-disclosure in supervision is possibly the result of submission or resistance within the relationship. Furthermore, and in line with alliance theory, the question arises about how non-disclosures are negotiated within supervision to ensure a collaborative relationship in which both participants mutually recognize each other.

From Benjamin's perspective, a way forward would be to move beyond the power struggle to a level of "*metacommunication*" which enables the dyad to return from complementarity to mutuality and recognition (Aron, 2006). Her way forward would involve making use of "*the third*" (Benjamin, 2005, p. 449), an intersubjective mental space co-created by both participants in the relationship. This concept is similar to Winnicott's (1965) idea of transitional space and hinges on the ability to surrender.

For Benjamin (2005), this entails consenting to a certain letting-go of the self and adopting the view of the "other". Benjamin differentiates this form of relationship from the complementary relationship in which the subject-object principle prevails. One acts, the other is its object, i.e. both partners are located in the "*orbit of the other's escalating reactivity*" (2004, p. 9). In psycho-social development, the space of the third has to originally be created by the mother figure as she adjusts to the infant and affectively understands or mirrors her emotional state. This provides the infant with the option of identifying with this third and occupy a co-constructed mental space (Aron, 2006).

Bromberg (2012) also cites Benjamin's (2007) argument that:

...the experience of internal wholeness based on recognition is the principle that supports the space of thirdness, of shared reality. It is the principle constituting the containing space that allows realities to be negotiated, failures to be recognized and ruptures to be repaired; it is what makes intersubjective meaning possible and what allows us to trust the process of knowing and being known. (p. 676–677).

Benjamin (1996) maintains that this follows a comparable pattern in psychotherapy treatment. The therapist has to first make the "*one in the third*", that portion of the third that is created by oneness, i.e. the therapist has to identify deeply with the patient from which the "*shared third*" of the therapist and the patient can then be derived. This shared third frees up mental space for the possibility of experiencing "*mutual recognition*" (p. 2). However, the therapist accepting the necessity "of becoming involved in a process that is often outside of our control and understanding" has to offer this first (Benjamin, 2004, p. 41).

This means that the therapist inevitably gets into enactments or therapeutic impasses, i.e. complementary forms of relationship. According to Benjamin (2004), this can only be resolved if she accepts her own feelings of shame, inadequacy and guilt, and acknowledges and takes responsibility for her contribution to the enactments and what the patient feels. She thus constructs a further form of the third, namely a "*moral thirdness*", which creates a "connection to a larger principle of necessity, rightness, or goodness" (2004, p. 26).

In relation to supervision, Benjamin's (2005) concept of "*thirdness*" allows the supervisor to "*restore a process of identification*" with the trainee without leaving behind her own perspective, thus reviving the intersubjective space, beyond submission or negation (Aron, 2006). This third, as Benjamin (2005) maintains, is likely to facilitate the steady transformation from relations of complementarity to relations of mutuality. In terms of the supervision relationship, this could be linked to the supervisor taking responsibility for contributing to the push-pull relationship by having said or done something that influenced it. This relates to the recognition that enactment and co-participation are essential aspects of the supervision process (Aron, 2006).

CONCLUSION

This chapter has reviewed theory that appears useful in further understanding non-disclosure in supervision. Some key concepts have also been highlighted. Alliance theory emphasises the collaborative and purposeful elements of the supervisory relationship in relation to the goals, tasks and the bonds of supervision. Bordin's (1983) perspective also emphasises co-operative *giving and taking* within the supervisory relationship, and provides us with an understanding of how non-disclosure in supervision is likely, particularly when collaboration within the supervisory relationship is not nurtured.

Safran & Muran (2000a) elaborate on Bordin's theory and underscore the significance of negotiation within the alliance. Furthermore, the theory of ruptures from Safran (2003), with specific reference to withdrawal ruptures in the supervisory relationship, puts forward the possibility of non-disclosure manifesting particularly when the trainee and supervisor are confronted with tension in the supervisory relationship. Following from this, Sullivan's (1953) theory of

interpersonal relationships focuses on the significance of the interpersonal situation to the development of Self.

Applied to the supervision context, Sullivan's (1953) concept of "security operations" suggests that non-disclosure might be best understood to be a defensive interpersonal strategy which diverts focus away from anxiety onto other less harmful issues. If this is the case, non-disclosure is therefore likely to result in the trainee or supervisor feeling less vulnerable or anxious. From this perspective, non-disclosures may be a protective strategy on the part of both trainees and supervisors.

Following the relational theme, Winnicott's (1965) focus was specifically towards a shared reality. His concept of the *False self*, if applied within the supervisory context, may explain strategic self-presentation and the ensuing non-disclosure as a strategy to protect one's true self from rejection or pain. His concept of 'holding' may also pertain to the supervisory frame as a safe space for trainee development. In the absence of this, it is understandable how non-disclosure within supervision is likely.

Benjamin (2005) places the notion of recognition at the centre of her theory on intersubjectivity and emphasises patterns of mutual engagement. This can be applied meaningfully to the supervisory relationship, where trainee and supervisor attempts to influence each other have both positive and negative outcomes. If Benjamin's (1996) concept of split-complementarity in relationships is applied to the supervision context, non-disclosure may then be understood as either submission or defiance to the power differential in the relationship.

General relational concepts have been discussed in this chapter with a focus on drawing some links as to how they might be applicable to supervision and specifically to non-disclosure. These concepts will be returned to later in the dissertation.

CHAPTER 4

RESEARCH METHODOLOGY

RATIONALE

The current research offers a detailed understanding of non-disclosure in clinical supervision from supervisor and trainee perspectives. This research project is somewhat unorthodox in design for a PhD undertaking, in that it comprises three self-contained but related qualitative studies that address different research questions in relation to non-disclosure as a phenomenon. Accordingly, the studies were conducted in three sequential phases. Study 1 explores trainees' subjective experiences and perceptions of non-disclosure in clinical supervision using Interpretative Phenomenological Analysis (IPA). This exploration, however, raises a number of critical questions about the supervision process and supervisors' perspectives and experiences of non-disclosure. It thus provides the focus for Study 2 of the project.

Similar to Study 1, Study 2 also utilizes IPA; however, it focuses on supervisors' subjective experiences of non-disclosure within the supervisory dyad. After completing the first two studies exploring trainee and supervisors' experiences and perspectives of non-disclosure, the final phase, Study 3, focuses on exploring underlying relational and interactional dynamics within the supervisory dyad, in an effort to understand the processes that may influence or be influenced by non-disclosure. This was done using Interpersonal Process Recall (IPR), following four supervision dyads over a six month period.

In order to manage the high volume of data generated by the three studies but still ensure essential and accurate reporting of findings and experiences, I have taken a number of steps. In Study 1 and 2, these include: 1) Utilizing a summary of findings in table format for each of the super-ordinate themes, 2) Making use of exemplar quotes in the body of the dissertation, and 3) Utilizing excerpts for each theme in table format within the appendices (Appendix B and Appendix C). For Study 3, I utilized verbatim excerpts in the body of the dissertation and made reference to supporting excerpts located in the appendices (D1, D2, D3 and D4).

As discussed in Chapter 2, this study is primarily a response to the lack of qualitative research available on non-disclosure in clinical supervision. In particular, there appears to be a specific deficiency in research concerning the process issues that unfold, particularly in relation to the supervision alliance. Information about how the supervisory alliance develops over time and how non-disclosure and other issues may impact on and influence it, are also still markedly absent. Similarly, research on the relationship between withholding in supervision and psychotherapy practice and outcome, is scarce.

As the aim of the study was not to confirm (or to deny) the existence of non-disclosure, but rather to establish a body of knowledge in relation to non-disclosure in clinical supervision, working from a qualitative perspective made eminent sense. Accordingly, the research explored with supervisors and trainees their understanding and experiences of non-disclosure. It furthermore sought to understand the processes that led to non-disclosure or unfolded as a result of it.

THE QUALITATIVE RESEARCH PARADIGM

As a “basic set of beliefs that guides action” (Guba, 1990, p. 17), a paradigm may be seen as a “net” accumulatively comprising the researcher’s ontological, epistemological, axiological rhetoric, as well as methodological assumptions (Morrow, 2007, p.212). I will discuss these areas in more detail in this chapter under each of the relevant titles.

I choose here to explore and understand the issue of non-disclosure in supervision through the participants' own perspectives. Explanations are thus offered at the level of meaning rather than merely establishing cause. The research design is accordingly located in the constructivist-interpretivist paradigm, where “truth” is believed to be subjective and dependent on multiple perspectives. As emphasised by Ponterotto (2005), my research participants and I jointly co-constructed the findings from our interactive dialogue and interpretation. The objectives of constructivism–interpretivism are also seen to be both idiographic and emic (Ponterotto, 2005), issues which I revert to in further detail later in this chapter.

Advocates of constructivism–interpretivism also emphasize the primary goal of understanding the “lived experiences” from the point of view of those who live it day to day (Schwandt, 1998). Furthermore, the constructivist - interpretivist position is seen to champion a hermeneutical approach, which maintains that meaning is hidden and must be brought to the surface through deep reflection (Ponterotto, 2005).

Ontological assumptions

Ontology involves one’s view of the nature of reality (Morrow, 2007). An interpretivist-constructivist paradigm has a relativist ontology in which there are numerous, constructed realities (known as the relativist position), where meanings are often co-constructed by both participants and researchers (Guba & Lincoln, 1994). In this paradigm, researcher values are assumed to exist (and often embraced), and subjectivity is central to the research (Morrow, 2007).

According to the constructivist position, besides reality being subjective, it is also seen to be influenced by individual context, specifically the experience, perceptions, social environment, as well as the interaction between the individual and the researcher (Ponterotto, 2005). For Ponterotto (2005) a constructivist–interpretivist researcher is likely to interview only a few participants over a longer period and is unlikely to seek other researcher consensus on analysis of data. He thus makes the following point:

There are multiple meanings of a phenomenon in the minds of people who experience it as well as multiple interpretations of the data (multiple realities); the researcher neither attempts to unearth a single truth from the realities of participants nor tries to achieve outside verification of his or her analysis. Thus, it is irrelevant whether a different researcher looking at the same typed interview transcripts arrives at different themes. Both may be correct, and the reader should judge the rigor of the study on the basis of its thick description. (p.130)

By utilizing thick descriptions, the research aims to illuminate one version of “truth”, to deepen our understanding of how participants construct individual and shared meanings around the issue of non-disclosure in clinical supervision.

Epistemology

Epistemology is concerned with the theory of knowledge utilized in the research. According to Ponterotto (2005), constructivists–interpretivists “advocate a transactional and subjectivist stance” about reality being socially constructed. Therefore, the research interaction is dynamic and central to capturing and describing the “lived experience” of the participant.

Prolonged interpersonal contact with research participants is essential in order to reach a deeper understanding into the participants’ lived experience. Hence in my research, I tried to be as accommodating as possible so that interviews were conveniently scheduled and sensitively conducted in order to deepen the rapport between participants and myself. In this way I hoped to gain a genuine, subjective account of experiences.

Axiology

Axiology has to do with the “place of the researcher’s values in one’s research” (Morrow, 2007, p. 212). Constructivist–interpretivists maintain that the researcher’s values and lived experience cannot be separated from the research process. The researcher is therefore encouraged to acknowledge, describe and “bracket” his or her values, but not eliminate them. My own experiences are elaborated further, later in this chapter.

Rhetorical Structure

According to Ponterotto (2005), rhetoric involves the language used to present the research process and findings. Rhetoric is thus seen to flow closely from one’s epistemological and axiological stance. In this research, in which a subjective and interactive researcher role prevails, the rhetoric of the research is in the first person and my own experience, expectations, biases, and values are comprehensively detailed (p.63).

Methodology

Methodology is seen to emerge from the ontology, epistemology, and axiology of the research and attends to the question of how we gain knowledge (Guba & Lincoln, 1994). Given my personal views on the importance of strong researcher–participant interaction and rapport, as well as the need to be immersed over a sustained period of time in the participants’ world, it is unsurprising that I was drawn to qualitative research methods such as in-depth, face-to-face interviewing, Interpretative Phenomenological analysis (IPA), as well as Interpersonal Process Recall (IPR).

HISTORICAL ROOTS OF QUALITATIVE RESEARCH

Qualitative research has roots in many disciplines, and as a result, many different qualitative approaches have dominated the literature over the last century (Denzin & Lincoln, 2000). Increasing dissatisfaction with the quantitative research paradigm (based on positivistic principles) gave rise to the development of the qualitative research paradigm (Flick, 2002). This development initially began as a shift in the research orientation from an “outsider” perspective to an “insider” perspective. It thus emphasised a shift from working with second-hand accounts to gaining first-hand accounts of experiences.

Dilthey, an important figure in the development of constructivism, laid emphasis on the importance of 'understanding' (or *verstehen*, in his native German) and studying people's 'lived experiences' which occur within a particular historical and social context (as cited in Richie, Spencer & O’ Connor, 2003). Weber, influenced by Dilthey's views on 'understanding', emphasized the importance of understanding the meaning of social actions within the context of the material conditions in which people live (as cited in Richie et al., 2003).

Since the 1960s, qualitative research has experienced further development, particularly with the emergence of symbolic interactionist approaches. A second shift in the development of qualitative research occurred due to emphasis on the participant *observer* role of the researcher. With this, an understanding of the researcher as embedded in the research situation began to take root. Although the

shift first started in anthropology, it rapidly permeated to other disciplines (Richie et al., 2003)

CHARACTERISTICS OF QUALITATIVE RESEARCH

As a research strategy, qualitative research generally emphasises words instead of quantification (Bryman, 2008). Qualitative research comprises a large body of methods and practices, which intersect several disciplines (Lee, 2012). Denzin & Lincoln (2000) offer the following definition:

Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices...turn the world into a series of representations including field notes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. (p. 3).

Qualitative research is generally characterized by its objectives, which usually involve understanding a facet of social life and its process (Bryman, 2008). In so doing, qualitative researchers accept that rather than just one objective reality, there are in fact multiple realities; they hence focus on developing an in-depth understanding of particular phenomena or circumstances (Kisely & Kendall, 2011).

According to Wicks & Whiteford (2006), there are four conceptual dimensions that make qualitative research distinct. The first dimension is that qualitative research tends to be context specific and captures context-bound narratives. This importantly helps us to understand the “life world” of the research participants as well as the numerous influences upon it. The second dimension of qualitative approaches is referred to as an emic or insider’s perspective. In the case of this research, an insider’s perspective is crucial in understanding the meaning constructions of the individual in relation to non-disclosure.

The third characteristic of qualitative research is that it is iterative in nature, which allows for new and, at times, unexpected findings to emerge. Finally, Wicks

and Whiteford (2006) maintain that qualitative research approaches afford participants an opportunity to have possession or control over data and findings. These power relations are held to be markedly different from those in quantitative research approaches, which tend to operationalize concepts in order to measure them, often resulting in concepts that are framed from the perspective of the researcher. Thus qualitative research tends to not only generate data to serve as an evidence base for practice, but to focus on empowering its participants through its process and outcomes (Wicks & Whiteford, 2006).

Qualitative research is thus frequently portrayed as being attuned to the unfolding of events over time as well as to the interconnections between the actions of participants of social settings (Bryman, 2008). Accordingly, a qualitative approach was considered most suitable for this research project.

PURPOSE OF QUALITATIVE RESEARCH

The purpose of qualitative research is to describe in detail some of the essential qualities of complex social phenomena (Dougherty, 2002). Qualitative research is particularly suitable to answering questions of “How?” or “What?” as opposed to “Why?” (Creswell, 1998). It is also the most valuable approach to understanding the meanings individuals make of their experiences (Morrow, 2007).

Qualitative inquiry is designed to study the “experiential life of people” (Polkinghorne, 2005, p. 138). For Polkinghorne (2005), “a primary purpose of qualitative research is to describe and clarify experience as it is lived and constituted in awareness” (p. 138). Qualitative research is also appropriate when one needs to present a detailed and in-depth view of a phenomenon, in this case, non-disclosure, as it enables the researcher to explore complex processes and in so doing, illuminate the multifaceted nature of human phenomena (Morrow, 2007).

Qualitative research methods in psychology have been found particularly useful for developing guiding principles for psychotherapy in view of the fact that they are able to capture the client’s experience as well as the therapist’s intent (Levitt, 2015). This idea can be equally applied to the supervision context, where the account of subjective experience within an interpersonal context contributes to key instances in the session being identified (Kisely & Kendall, 2011; Levitt, 2015).

Accordingly, when a qualitative approach is applied to supervision, it has the potential to enhance our understanding of trainee and supervisor experiences as well as the process of supervision. Elliott (1986) asserts that the main intention of qualitative research is to offer a process of revision and enrich understanding of issues being studied, instead of validating previous findings or notions.

RESEARCH METHODOLOGY

In this dissertation, I address some of the research problems discussed in Chapter 2, exploring the perspectives of experienced supervisors and trainees and through the use of recorded supervision sessions to elicit more in-depth reflective data. The methodology utilized embraces the intersubjective nature of supervision, bringing theories from intersubjectivity together with a suitable methodology. Although IPA has been used to explore a wide range of psychological topics, it has not as yet been evidenced in studies of clinical supervision. IPA encourages an open-ended dialogue between the researcher and participants in order to explore new perspectives on the research questions (Smith, Flowers and Larkin, 2009).

Utilizing interpersonal process recall (IPR) interviews and interpretative phenomenological analysis (IPA) in this dissertation attempts to respond to the aforementioned research questions and generate rich information about the unspoken, subjective dynamic experiences and processes of non-disclosure within supervision. The aim was also to explore non-disclosure and perceptions of the therapeutic alliance and the therapeutic outcome as perceived by the supervisor and trainee. Focusing on both supervisor and trainee perspectives is, in part, an attempt to address problems of reporter bias and offer a more comprehensive perspective on non-disclosure (Hoffman et al., 2005).

To date, supervision research has mainly used normative approaches and idiographic research has, as a result, been markedly absent. This appears to be an oversight on the part of supervision research thus far, since idiographic research, as evidenced by Strømme (2014), for instance, is best suited to look at the particulars of experiential phenomena.

INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Phenomenology is concerned with the way things appear to us in experience; the reality that we live is an experiential one and it is experienced through practical engagements with things and others in the world, and it is inherently meaningful. Husserl's rallying call 'To the things them-selves' (Zu den Sachen) expresses the phenomenological intention to describe how the world is formed and experienced through conscious acts. (Eatough Smith & Shaw, 2008, p.180).

Interpretative Phenomenological Analysis (IPA) is “an approach to qualitative, experiential and psychological research which has been informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography” (Smith et al., 2009, p.11). IPA as a form of phenomenological enquiry aims to explore participants' personal experiences or life world.

The phenomenological component of IPA accordingly maps out participants' experiences and the interpretative component, contextualizes these claims and then makes sense of the mutually constitutive relationship between “person” and “world” from within a psychological framework (Larkin, Watts and Clifton, 2006, p.117). In terms of the present dissertation, ideally the overall outcome is an attempt to gain renewed insight into the phenomenon of non-disclosure in supervision, informed by participants' own relatedness to, and engagement with, the phenomenon.

Hermeneutics is the second major underpinning of IPA and is the theory of interpretation. Heidegger, an important hermeneutic theorist, maintained that appearance has a dual quality (as cited in Smith et al., 2009). For Heidegger, this meant that although things have certain visible meanings, it can also possess concealed or hidden meanings (Smith and Osborne, 2003). Heidegger's concept of phenomenology is thus concerned with exploring latent or disguised issues, as much as it is interested in examining the manifest issues (as cited in Smith et al., 2009). Smith et al. (2009) maintains that IPA has a double hermeneutic, in that it involves the researcher trying to make sense of the participant and his/her experience.

IPA's idiographic approach emphasizes the value of understanding detailed individual experiences in order to "produce psychological research which matches and does justice to the complexity of human psychology itself" (Smith et al., 2009, p. 38). Investigating how events and objects are experienced and given meaning requires interpretative activity on the part of the participant and the researcher.

Both Studies 1 and 2 involved a detailed exploration of trainee and supervisors' subjective experiences of non-disclosure in clinical supervision. Study 3 tracked participants' experiences of these non-disclosures in a case study context, over a six month period. This research thus involves a strong idiographic focus.

Smith (2004) described IPA as inductive, as there is no attempt to test a pre-determined hypothesis: "...the aim is to explore, flexibly and in detail, an area of concern" (p. 53), and so theory is evolved from the meanings derived from individual accounts. The second aim would be to develop an interpretative analysis which positions the participants' descriptions in relation to a wider social, cultural and theoretical context. This second order account aims to "provide a critical and conceptual commentary on the participants' personal sense making activities" (Larkin et al., 2006, p. 104). IPA is also considered to be interrogative in its capacity to contribute to and question existing psychological research (Smith et al., 2009).

During the development of this research project, IPA was considered an approach of choice because it encourages an open-ended dialogue between the researcher and participants in order to foster new perspectives on the research questions (Smith et al., 2009). IPA was chosen over Grounded theory (GT) because the categories derived from GT often do not capture the essence of a concept in its entirety. Willig (2001) also puts forward a compelling argument that when applied to questions about the nature of experiences, GT tends to be reduced to a "technique of systematic categorization" (p.46). The phenomenological component of IPA is envisaged to map out the participants' experiences and the interpretative component to contextualize these claims and then make sense of the mutually constitutive relationship between "person" and "world" from within a psychological framework (Larkin et al., 2006, p.117). IPA is therefore regarded as particularly suitable for understanding personal experiences (Willig, 2001) and to capture the subjective dynamic experiences and processes related to those experiences.

In addition, IPA acknowledges that “access depends on and is complicated by the researcher’s own conceptions...required in order to make sense of that other personal world through a process of interpretative activity” (Smith, Jarman, & Osborn, 1999, p.218-219). IPA was thus utilized to indicate the dual facets of the approach (Smith et al., 1999), as well as the joint reflections of both participant and researcher from the analytic account produced (Osborn & Smith, 1998; Smith, Flowers, & Osborn, 1997).

It is important to bear in mind that most papers employing IPA do not aim to achieve a representative sample in terms of either population or probability (Bramley & Eatough, 2007; Brocki & Wearden, 2006; Cassar & Shinebourne, 2012). Instead, IPA seeks to produce in-depth analyses of a small number of accounts in order to elucidate how individuals interpret and make sense of a particular phenomenon (Bramley & Eatough, 2007; Touroni & Coyle, 2000). For a review of work using IPA, see Brocki and Wearden (2006) and Reid, Flowers & Larkin (2005). As far as possible, excerpts have been presented that facilitates transparency by enabling the reader to interpret the participant's meaning and place in the research process (Yardley, 2000).

INTERPERSONAL PROCESS RECALL: OVERVIEW AND RATIONALE

I chose to collect data in the third study using a qualitative interview method known as Interpersonal Process Recall (IPR), which allows for open-ended inquiry (Elliott, 1986; Kagan & Kagen, 1997; Larsen, Flesaker, & Stege, 2008). The central idea of IPR is to use video-playback to facilitate recollection of specific events in the training process. For the purpose of qualitative research in counselling and psychotherapy, this technique is “*modified into a specialized interview procedure wherein a recorded session is played back while the client is interviewed, with a focus on their internal experiences during the session*” (Larsen et al., 2008, p. 21).

IPR is intended as a process-focused interview method, which is what makes it ideal for inquiry into this supervision research. According to Larsen et al. (2008), a vital component of this method is to hone in primarily on thoughts, feelings, felt sensations and physical experiences. These authors suggest that these “*unspoken,*

in-session experiences" may be inaccessible by many other research methods (Larsen et al., 2008, p. 20).

The enhanced recall associated with this method may arise for a number of reasons: Firstly, by accessing client experiences shortly after the instance, usually within 48 hours of the recorded intervention, IPR is designed to access individuals' "*conscious yet unspoken experiences as they occurred at the time of the interpersonal interaction under investigation*" (Larsen et al., 2008, p. 1925). This may have remained un-verbalized until the time of the research interview. Essentially, vivid and easy stimulation of recall is most likely to occur in the quick follow-up time span (Elliott, 1986; Kagan & Kagen, 1997; Larsen et al., 2008). Secondly, the IPR process also slows down the pace of the interview conversation, which then allows space for participants to reflect on and express their *unspoken* experiences with more clarity. Moreover, the interviewer has the option of getting the interviewee to concentrate on particular interactions as observed during the playback session. This instant may be slowed to the point of being "frozen" onscreen, and allows for more time to explore the participant's experiences. The process thus has the potential to facilitate much more specific reporting (Larsen et al., 2008).

The more general IPR process, utilized for training purposes, consists of the trainee and supervisor viewing a counselling session video and stopping the video when they recognize counselling events which appear significant (Kagan & Kagan, 1997). The supervisor acts as a facilitator who uses questions to encourage the exploration of feelings, thoughts, images, expectations, and shared opinions or experiences between the client and counsellor (Bernard & Goodyear, 2009).

Alternatively, IPR procedures include a mutual recall format where clients and therapists are guided by a supervisor or senior therapist to recall their thoughts and feelings while watching videos of therapy (Hill & Corbett, 1993). The present study introduces an alternative procedure, where the IPR procedure is a combination of structured individual and shared reflection regarding the supervision relationship itself (Hill, Crowe, & Gonsalvez, 2015).

RESEARCH OBJECTIVES (KEY QUESTIONS)

This research project involves three studies all focused on the covert process of non-disclosure within supervision. The primary research objectives of the dissertation were as follows:

1. To explore trainee and supervisors' experience of non-disclosure in supervision;
2. To understand the influences of non-disclosure within supervision for both the trainee and supervisor;
3. To explore the consequences of non-disclosure for the supervision relationship;
4. To learn more about the relational dynamics in relation to non-disclosure that occur within the supervisory dyad.

RESEARCHER'S SELF-REFLECTION

As a female Counselling Psychologist based at a University counselling centre, my interest in non-disclosure within clinical supervision stemmed primarily from my supervisory discussion with trainees of their own experiences of non-disclosure within other supervisory relationships. I found that trainees' non-disclosure was frequent, and from a supervisor's perspective, often involved important issues which would have assisted in the effective management of the cases. Based on the trainees' reports, it was evident that the supervisors were unaware of these trainee non-disclosures.

In addition, my own experiences as a trainee and curiosity about the issue further stimulated my interest in this area. Much of my own supervision was task-orientated and neglected to account for my personal difficulties as a trainee at the time. I often felt that I had to compliantly agree to what was said, in an effort to avoid narcissistic outbursts from some supervisors. Although the supervision styles were never made explicit to me as a trainee, the peculiar supervision styles some of my own supervisors adopted tended to be very cognitively based and

overlooked my own perspective about cases or even my own feelings in relation to clients. As a supervisor and in light of my own experiences as a trainee, I was therefore aware of paying particular attention to the trainee as a “person”, which meant sensitively tapping into their experiences and feelings. I therefore expected my biases to affect the research questions and interpretation of the results to some extent.

In terms of the research process itself, I was also mindful of any issues that may have arisen through confusion about my own supervisory or research role, either for me or for my participants. It was necessary for me to be particularly aware of my differing roles. I also wondered if assumptions based on my gender, appearance, or status as a doctoral student may have influenced how participants responded to my questions, and what they may have chosen to disclose or keep to themselves.

Although I recorded and attempted to bracket initial impressions post interviews, as suggested by Smith et al. (2009), the research process was likely to have been partly influenced by my own experiences as a trainee as well as the trainees’ perspectives of non-disclosure. For example, the trainees’ accounts of their non-disclosure in supervision, as well as my own experiences as a trainee, resulted in my probing participants further in light of suspected barriers to disclosure within supervision. My research supervisor, a senior clinical psychologist with considerable experience both as a clinical and research supervisor, also had specific expertise in qualitative research methodology, and I believe that ongoing consultation with him helped keep my biases “in check”.

As recommended by Smith et al. (2009), having all interviews digitally recorded and transcribed also enabled an accurate appraisal of the data. By being mindful of the process, transparent about the goals of the research and establishing rapport with the participants, I believe I created a safe and non-judgemental environment. This was emphasised particularly in recognition of the irony of asking participants to disclose information in the research interview that they may have deliberately chosen not to disclose within the supervision context. I also attempted to bracket any apparent biases that emerged during the data collection and analysis process through copious note-taking and ongoing discussion with my supervisor.

I regularly reflected upon my own preconceptions about the data and attempted to suspend these in order to focus on understanding the experiential world of the research participant. During the research process, if I identified strong concerns or researcher bias, then I discussed them further with my supervisor for direction and clarification. One instance of this was in relation to Study 3 - the case studies. I felt angered by some of the supervisors' responses to the trainees and this resulted in my negativity subsequently contaminating my interpretive work. When this was pointed out to me by my supervisor and discussed, I became much more aware of the feelings evoked and was able to mindfully monitor my interpretations, raising them again in supervision if there was any uncertainty.

RESEARCH DESIGN

Guided by the IPA guidelines (Smith et al., 2009) for PhD studies, this research was made up of three self-contained but related studies:

Study 1: This study explored eight trainees' experience of non-disclosure within supervision. Semi-structured interviews with trainees were analysed using IPA.

Study 2: The second study explored non-disclosure within supervision from eight supervisors' perspectives. Again, semi-structured interviews were analysed using IPA.

The eight supervisors and eight trainees used in Study 1 and 2 respectively, belonged to the same supervisory dyads, essentially constituting eight supervisor pairs. This was a homogenous sample using a purposive sampling technique, based on the trainee and supervisors' capacity and willingness to participate in the research (Creswell, 2009). A homogeneous sample is specifically selected when the research question is particular to the characteristics of the actual group of interest. Smith et al. (2009) maintain that homogenous samples work best in conjunction with IPA's philosophical foundations and analytical processes. For purposes of expediency, supervision dyads were approached in this study. It was also thought that the different perspectives and experiences of the same phenomenon would be more apparent in this sample. As the first two studies focused on broad experiences not specific to a particular supervisory relationship, I made no effort to cross-reference supervisor-trainee experiences or perceptions.

Confidentiality was emphasised to individual participants, particularly in light of the potential to cross-reference experiences. This appears to have facilitated free expression of a potentially sensitive subject topic.

Study 3: The third study consisted of a detailed examination of four supervisory dyads utilizing Interpersonal Process Recall (IPR) interviews at various stages of the six month supervisory relationship (i.e. beginning, middle and end). In this study, the supervisory dyad experiences and processes were the focus of the research. Utilizing IPA within a case study approach, the dyad experiences were analysed over a six month period.

Inclusion and exclusion criteria

The main inclusion criteria for trainees in the study were: (1) currently enrolled in their internship year; (2) they were part of a mutually consenting supervision dyad, and (3) were willing to reflect on their experiences of non-disclosure within their current supervision. Supervisors had to have had at least three years of supervisory experience. According to HPCSA policy, clinical supervision is only permissible after three years of professional practice. This meant that supervisors with a minimum of six years' clinical experience were included in the study.

Ethical issues

Before the interviews took place, I confirmed with the participants that the research had been granted ethical approval by the University Ethics Committee. In addition, the necessary gatekeepers for the various institutions had authorized the research (Appendix A1). Consent was regarded as an ongoing process because taking part in an IPR interview can be an emotional experience. In anticipation of participants feeling distressed as a result of the research discussion, the provision for a referral to counselling was made available. However, none of the participants utilized this. Participants could withdraw at any time, even post interviews. This however, did not occur.

Both confidentiality and the anonymity of the participants were maintained throughout the research project, and identifying material or specific individual details were removed from the research report. Each tape-recording of the interviews was given a pseudonym and identifying information from the transcription were removed. The original transcripts have been kept on record and

are available on request. Although a time-consuming process, I conducted the transcription and analysis of the interviews on my own, for purposes of confidentiality. This also provided further clarity into each participant's experience. The analysis of results was further discussed and verified with my supervisor.

Sample

As recommended by Reid et al. (2005), less is considered more in IPA: thus examining fewer participants at greater depth is preferable to simple descriptive analysis of many individuals, as commonly seen in thematic analysis or grounded theory. Smith et al. (2009) highlight that sample size is contextual and must be considered on a study-by-study basis. However, as a rough guide, they suggest between three and six participants for an undergraduate or Master's level IPA study, and four to ten participants for professional Doctorate studies.

Accordingly, the accounts of eight trainees and eight supervisors as well as four supervisory dyads were drawn on in order to offer multiple perspectives on a common or shared experience. Participants were sampled purposively with an attempt to construct a reasonably homogenous sample. Participants were situated at Universities, Counselling Centres and Hospitals in KwaZulu-Natal, Durban, South Africa. Participation was completely voluntary. Initial contact was made with participants telephonically to introduce the study, followed by a session to build rapport, outline the research process and discuss confidentiality and anonymity while stressing the freedom to decline participation. To address the potential power inequality, participants opted to be allocated a pseudonym, and informed consent was discussed.

TRUSTWORTHINESS OF INTERVIEW DATA

Reliability and validity in qualitative studies is generally discussed in terms of trustworthiness of the data. Yardley (2000) proposed that issues of commitment and rigour within research refers to both the level of in-depth engagement with the subject matter being studied, as well as the researcher's competence in utilizing the research methodologies. He further proposed the following criteria to improve research quality: "1) Sensitivity to context, 2) Commitment and rigor, 3)

Transparency and coherence, and 4) Impact and importance.” (p. 219). My position on each of these issues is discussed under each of these sections.

1. *Sensitivity to context* - I believe that my experience as a Counselling psychologist reinforced my ability to develop rapport with participants and establish a trusting relationship. In addition, my own experience both as a trainee and as a clinical supervisor resulted in my particular sensitivity to the participants’ experiences and context.

2. *Commitment and rigor* - Specific strategies to enhance this study’s trustworthiness include: a) Prolonged engagement in the field - I believe I achieved a degree of commitment in this research through my immersion in the literature on non-disclosure on both a theoretical level, as well as a personal, experiential level (discussed on p.68). I was also personally on site for data collection for each interview and case study, which accumulatively spanned over eight months. The rigour of this study is further demonstrated through the use of audiotaped and transcribed interviews, as well as the detailed manner in which all data was reviewed and interpreted (described in study 1). Verbatim quotations were also lifted directly from the interview transcripts in order to provide in-depth perspectives on non-disclosures.

b) Multiple sources and methods – Data was gathered from different sources, i.e. trainees, as well as supervisors, through different methods, i.e. interviews, as well as recordings of actual live supervision sessions over a six month period. Data collection included face to face interviews, video recordings and audio recording. By giving voice to both the supervisor and trainee within the first and second studies, as well as considering interactive factors in the third study, I believe that the credibility, dependability, and confirmability of the dissertation were further strengthened.

3. *Transparency and coherence* - At early stages of the research project, I discussed data collection processes with my supervisor prior to the fieldwork. I also shared preliminary findings with my supervisor following data collection for every phase of the research. My supervisor often posed questions about preliminary interpretations which served to encourage me to consider alternative explanations and to deepen my analysis.

Some other measures taken to improve research credibility were: acknowledging my own perspective and highlighting my background; keeping a reflective journal for the data collection phase of the research; ensuring there was a comprehensive paper trail through audio-taping and transcribing all data, and auditing the analysis, by the research supervisor verifying analysis of data and themes that emerged. In addition, as detailed in the section on reflexivity (p.68), during the course of conducting this study, I participated in ongoing supervision with my own trainees. I also believe that trustworthiness was further enhanced by a thorough description of source data and a fit between the data and the emerging analysis by using “thick descriptions” of the material (Morrow, 2005), evident in the findings.

4) *Impact and importance* - Yardley (2000) writes:

“The decisive criterion by which any piece of research must be judged is, arguably, its impact and utility. It is not sufficient to develop a sensitive, thorough and plausible analysis, if the ideas propounded by the researcher have no influence on the beliefs or actions of anyone else. However, there are many varieties of usefulness, and the ultimate value of a piece of research can only be assessed in relation to the objectives of the analysis, the applications it was intended for, and the community for whom the findings were deemed relevant”(p. 223).

Applied to this research, this principle refers to the extent to which it opens up new ways of understanding non-disclosure in clinical supervision and how it may compel readers into further reflection and research. I have striven to achieve some academic value with this dissertation by anchoring my analysis in a detailed understanding of the theoretical foundations of non-disclosure in supervision. I have also striven for practical value by creating an analysis that is accessible and of value to both aspiring and experienced practitioners and trainees in the field of clinical supervision.

I hold on to the hope that this research stimulates and inspires further explorations for future researchers. Whether or not this is achieved is not for me to judge, but rather must be left in the hands of the readers of the work. Importantly, the objective of this research is not to draw conclusions, and again I must lay emphasis on the exploratory nature of this analysis and that it is primarily

qualitative in approach. Accordingly, each participant’s experience stands on its own, as its own truth.

STUDY 1: IN-DEPTH ACCOUNTS OF NON-DISCLOSURE IN CLINICAL SUPERVISION: THE TRAINEES’ PERSPECTIVE

Eight trainees agreed to being interviewed: Lucy, John, Jane; Kirsten, Lilly, Marc, Pete and Ellie. The age range for trainees was 23 to 43 years and some of their individual details are reflected in Table 1. All other identifying details were eliminated to protect confidentiality.

Table 1. Trainees’ demographic characteristics

Trainee	Race	Gender	Duration of Supervisory Relationship
Lily	White	Female	Six months
John	African	Male	One year
Jane	African	Female	Six months
Kirsten	White	Female	One year
Lucy	White	Female	Six months
Pete	African	Male	Six months
Marc	African	Male	Six months
Ellie	White	Female	Six months

DATA COLLECTION: SEMI-STRUCTURED INTERVIEWS

The following broad research questions guided study 1:

1. What are trainees’ experiences of non-disclosure in supervision?
2. What influences trainees’ non-disclosure in supervision?

3. From the trainees' perspectives, what are the consequences of non-disclosure for the supervisory relationship?
4. How are non-disclosures in supervision perceived to influence trainees personally and professionally?
5. How are non-disclosures in supervision perceived by trainees to influence the therapeutic experience and outcome?

Data collection took the form of semi-structured interviews. An interview schedule was utilized as a guide to questioning (Appendix A2), where questions were approached from a position of flexible and open-ended inquiry. These questions were initially generated from the researcher's experience and knowledge of non-disclosure in supervision, as well as a review of relevant literature in the area. IPA requires personally-salient accounts that tap into the rich experience of participants. To ensure this occurred, interviews were digitally recorded so that detailed verbatim transcripts were available for in-depth analysis (Smith et al., 2009).

Arrangements were made with participants and interviews were conducted at the participants' offices at the internship sites. Each research interview ranged 90-120 minutes and transcripts spanned on average 16 pages (range: 14-18 pages). Although each participant was asked all of the questions, the interview schedule was used as a guide and prompt, rather than a rigid framework, to ensure as deep an understanding of each participant's experience as possible.

DATA ANALYSIS

In this first stage of analysis, each audio-recording was listened to and the transcripts read to get an overall sense of each participant's experience. The post-interview impressions about the participants mentioned earlier, were read and bracketed. Interviews were then re-read to obtain an understanding of how the narratives linked sections of the interview together. Each transcript had two margins added (creating three columns) and was systematically analyzed in turn. The analysis involved reading each transcript numerous times in order to obtain familiarity with the material. This allowed for my immersion in the narrative of each participant.

Exploratory comments or notes were prepared and categorized (descriptive, linguistic or conceptual comments) into one margin (Smith et al., 2009). Also, as recommended by Smith et al. (2009), similarities, differences, amplifications and contradictions in each transcript were highlighted. In the second stage of data analysis, the exploratory comments were then analyzed utilizing psychological concepts and abstractions to identify emergent themes (3rd column), which involved recalling the process for each participant and breaking up the narrative flow of the interview. In the third stage, themes that were initially ordered chronologically were moved around to form clusters of related themes, taking care not to lose the connection between the participants' own words and the researcher's interpretations.

The clusters were given a descriptive label (higher order theme) which conveyed the conceptual nature of the themes in each cluster. In the final stage, a table of themes was produced which showed each higher-order theme and the sub-themes within it (Table 1). The table was the outcome of an iterative process which involved moving back and forth between the various analytic stages. This, according to Smith et al. (2009), serves to ensure that the integrity of what the participants said is preserved as far as possible. The iterative process of analysis in this study continued until a point of saturation was reached and all the experiences were duly represented in the coded material. I conferred with my supervisor about the results of the thematic analysis to confirm that the themes identified were justified.

The transcription from the first participant was used to create a list of themes on a separate sheet and the other transcripts were analysed to identify further occurrences of these or related themes and any additional themes. A separate sheet was used for each theme and participants' pseudonyms and verbatim quotations were recorded on each sheet, with the focus shifting from the key claims of the participant, to my interpretation of the meaning of those claims. IPA's double hermeneutic stance is one of inquiry and meaning-making and this implies, as Smith (2004) suggests, that I attempted to make sense of participants' attempts to make sense of their own experiences. As the analysis developed, the emerging codes were catalogued and patterns in the codes sought. These patterns (themes) were recurring patterns of meaning (ideas, thoughts, feelings) throughout the text.

The themes were then analysed with frequent reference to the original text to check the validity of the interpretations. When they appeared to be linked and related, they were clustered together to produce a list of super-ordinate themes. Some of the preliminary themes were dropped as an analytic focus developed, particularly if these appeared to be isolated or unconnected to the emerging theme clusters. The final sets of themes were summarized and evidenced by quotations from the text. Transcripts were therefore analyzed case by case through systematic qualitative analysis. This was then turned into a narrative account, where the analytic interpretation is presented in detail and is supported by verbatim extracts from the participants (Smith et al., 2009).

STUDY 2: IN-DEPTHS ACCOUNTS OF NON-DISCLOSURE IN CLINICAL SUPERVISION: THE SUPERVISORS' PERSPECTIVE

The eight supervisors who agreed to participate in this study were: Sally, Lerato, Sheri, Mike, Sonum, Cindy, Pat and Taryn. The age range was 31 to 60 years and the supervisory experience averaged seven years. Some of their individual details are reflected in Table 2.

Table 2. Supervisors' demographic characteristics

Supervisor	Race	Gender	Supervisory Experience
Lerato	White	Female	12 years
Mike	White	Male	8 years
Cindy	White	Female	3 years
Sonum	White	Female	6 years
Sheri	Indian	Female	5 years
Pat	White	Female	13 years
Sally	White	Female	5 years
Taryn	Indian	Female	5 years

DATA COLLECTION: SEMI-STRUCTURED INTERVIEWS.

Data collection for Study 2 of the research project followed exactly the same format as Study 1 (refer to p.76). The following broad research questions were focused on during this phase:

1. What are supervisors' experiences of non-disclosure in supervision?
2. What influences supervisor non-disclosure in supervision?
3. What are the perceived consequences of non-disclosure for the supervisory alliance?
4. How are non-disclosures in supervision perceived to influence supervisors?
5. How are non-disclosures in supervision managed by supervisors?

DATA ANALYSIS

Data analysis for Study 2 was the same as for Study 1 (refer to p.77).

STUDY 3: EXPLORING RELATIONAL PROCESSES LINKED TO NON-DISCLOSURE IN CLINICAL SUPERVISION

This study focused on four supervision dyads, which comprised four trainees, Enver, Ted, Della and Tom, and two supervisors, Vern and Tilly. Two supervisors and four trainees thus made up the dyads. Each supervisor supervised two trainees. Table 3 illustrates some of the dyad details. Other details are absent in order to protect confidentiality.

Table 3. Dyad demographic characteristics

Dyad	Trainee	Supervisor	*Gender ratio	*Race ratio
Dyad 1	Enver	Vern	M/F	W/I
Dyad 2	Ted	Vern	M/F	A/I
Dyad 3	Della	Tilly	F/F	W/W
Dyad 4	Tom	Tilly	M/F	A/W

*Key: M - Male A - African
 F - Female W - White
 I - Indian

RESEARCH QUESTION: IPR

This final phase of the research was guided by the following broad research questions:

1. What are the experiences for each member of the supervision dyad, during the instance of non-disclosure?
2. What occurs prior to an instance of non-disclosure in supervision?
3. What occurs after an instance of non-disclosure in supervision?
4. What relational dynamics unfold in relation to instances of non-disclosure in supervision?

DATA COLLECTION- STUDY 3: THE INTERPERSONAL PROCESS RECALL (IPR) INTERVIEWS

Once participants were identified, collection of the data for this phase of the study occurred in three stages. First, supervision sessions were video recorded over a six month period, at the beginning, middle and end phases. Second, the participants were invited to participate in a follow-up interview during which they

watched the video playback of their own interaction, while simultaneously being interviewed about the processes they were aware of during the interaction. Third, IPR interviews were also recorded: here the audio recorded material of the IPR interviews in combination with the video footage constitutes the data that was then analyzed, using IPA.

Kagan and Kagan (1997) maintain that all persons are “the best authority of their own dynamics and the best interpreter of their own experience” (p.279-280). The IPR interview approach was therefore designed to access experiences as close to the moment of the interaction as possible and allowed firsthand insights into professional observations through observation and direct questioning (Larsen et al., 2008). It thus appeared to best suit the need to access supervisor and trainees’ unspoken experiences as they occurred at the time of the interpersonal interaction. The IPR interviews entailed the review of pre-recorded footage of supervision sessions and exploration of the occurrences therein. Complex dynamics are typically brought to awareness through the verbalization of unexpressed thoughts and feelings during the recall process (Kagan & Kagan, 1997).

The IPR inquirer recall format occurred 24 hours after the recorded interview of the supervisory dyad and the participants were separately interviewed. In each interview, the “participants were encouraged to verbalize his or her perceptions, aspirations, thoughts and feelings about an actual recorded session” (Kagan & Kagan, 1997, p.306). IPR made it possible for participants to recapture impressions and reactions that ordinarily would be forgotten. The IPR interview, as a distinct “process research method” (Elliot, 1986), therefore offered a rare window on underlying processes related to non-disclosure in clinical supervision.

- The IPR interviews based on the video footage consisted of three stages:
- i. The first stage comprised a general overview of the session, where the participants were encouraged to reflect on and identify incidents from their points of view, which related to issues of disclosure and non-disclosure.
 - ii. In the second stage, the participants were oriented to video playback and the selected events were played back one minute before the perceived non-disclosure event. Questions were participant-centred, where actually viewing and engaging in

questions about the video footage related to two or three points participants pointed out in the first stage.

iii. For the third stage, the questions focused on my own observations of events related to possible non-disclosures in the video footage that the participants did not mention or of which they did not appear to have been aware. For this phase I relied on non-verbal behavior (such as facial expressions and shifts in body posture), that may have been incongruous to what was being said in the footage.

Questions were semi-structured and focused on the context of each perceived non-disclosure, the major processes involved, and the perceived effect of the non-disclosure on the participant and supervision. Each participant was asked to engage in one IPR interview at three different stages in their supervisory relationship i.e. 1st week, 3rd month, and 6th month (Diagram 1). The duration of this interview was understood as contingent on the underlying processes to the non-disclosures and the degree of depth engaged in the interview processes. The eight interviews each took between 1.5 and 2.5 hours at all three stages, with breaks built in when necessary.

DIAGRAM 1. IPR interview stages



DATA ANALYSIS

In this phase, all IPR interviews were audio-recorded. Transcripts were then completed for each interview and organized into the four respective supervision dyads. The analytic process began with a detailed examination of each of the four dyads over each of the three interviews. IPA analysis was subsequently conducted on each transcript (as described in Study 1). The aim of the analysis of the case studies was twofold: 1) To understand each non-disclosure within each case study, and 2) To understand the perceived meaning of the non-disclosure as defined by each dyad's experiences over the six month period and the underlying dynamics that unfolded (Creswell, Hanson, Clark, & Morales, 2007; Stake, 1995; Yin, 2002).

I wrote field notes after each case-study interview based on Smith et al. (2009) and Yin's (2002) emphasis that field notes are likely to catch unpredictable information due to the informal process of case study interviews. Examples of unpredictable data I noted included non-verbal cues, body language, facial expression, eye contact, and other processes within the interview process. Additionally, as recommended by Yin (2002), field notes were compared to verbatim digital recorded interviews to glean a deeper understanding of the material. The findings of this data analysis are presented in Chapter 5.

CONCLUSION

This forthcoming research offers a detailed understanding of non-disclosure in clinical supervision from supervisor and trainee perspectives. I utilized Interpersonal process recall (IPR) as an interview method and Interpretative phenomenological analysis (IPA) as a research method, and focused on four case studies of the supervisory dyad. By doing so, it is hoped that this research will offer new ways of understanding non-disclosure, as well as offer insight into unexplored processes underlying non-disclosure in supervision. In the following chapter, the findings will be addressed more specifically within the context of the existing literature. Finally, the implications of this study for future research and clinical application will be discussed.

CHAPTER 5

RESEARCH FINDINGS

The following chapter includes findings from all three studies of the research. While the first and second studies sought to explore how trainee psychologists and supervisors respectively made sense of their own non-disclosure within supervision, the third study explored non-disclosure within the dynamics of four supervisory relationships. As discussed earlier, each self-contained study sought to understand different aspects of non-disclosure. The main aim was to provide an understanding, grounded in the participants' experiential worlds, of what trainees and supervisors perceive to influence non-disclosure in clinical supervision, as well as the relational dynamics that are linked to non-disclosure within the supervisory relationship.

As mentioned in Chapter 4, I have taken a number of steps to manage and accurately present the large volume of data in this chapter. In Studies 1 and 2, I have provided a summary of findings in a table format for each of the super-ordinate themes. I have also utilized exemplar quotations for each super-ordinate theme and listed supporting excerpts for each theme in table format within the appendices (Appendix B and C).

STUDY 1: IN-DEPTH ACCOUNTS OF NON-DISCLOSURE: THE TRAINEES' PERSPECTIVE

In order to investigate the phenomenon of non-disclosure more extensively, this study sought to explore how eight trainee psychologists made sense of non-disclosures while reflecting on their own experience of supervision. As discussed in the previous chapter, Interpretative Phenomenological Analysis (IPA) was used to make sense of the interviews. The explicit objective of IPA is to capture the complexity of the experience being explored through a close and fine-grained analysis of individual accounts and the meanings produced within those accounts (Smith, 2004).

Four super-ordinate themes emerged from the data which are the focus of this section: (1) The different presentations "purposeful non-disclosures" take; (2)

Perceptions and experiences that prevent and facilitate trainee disclosures; (3) The influence of “learning from the supervisor”, and (4) Implications for the trainees’ learning and therapy.

A number of novel findings emerged from the analysis, including the observation that patterns of non-disclosure are often cyclical and are reinforced by factors like implicitly ‘learning’ non-disclosure strategies from their supervisor. In addition, my analysis further reveals that non-disclosure often appears linked to subversive or furtive power dynamics. Such motivations appear to be driven by the trainees’ attempts to counter the authoritative and evaluative components of supervision. The findings of this study also suggest that non-disclosure is not always a defensive or strategic act, but at times is simply about not knowing what is expected in supervision. The study also supports past research findings that the motivation for trainee non-disclosure is often self-preservation (Hess et al., 2008).

The themes are presented below in Table 4, with verbatim excerpts, and are discussed in detail under the relevant headings.

1. Purposeful non-disclosure: “I am completely in control”

Trainees described their experiences of non-disclosure as being primarily purposeful in nature. The use of *purposeful non-disclosure* suggests that what was disclosed was selectively filtered, constructing the *unsaid* in the supervision session as a covert but conscious and determined act on the part of the trainees .

Participants in the study made reference to purposeful non-disclosure as being either a furtive or explicitly defiant act. Disclosures were also primarily determined by the degree of control the trainees felt within the supervision session. Here, trainees tended to refer to issues of power and control interchangeably. Lucy’s reflection aptly captures this:

Table 4: Summary of super-ordinate themes

Super-ordinate Themes	Sub-themes
1. Purposeful non-disclosures	1a. Ethical transgressions- <i>“If it’s more ethical, then generally you feel a lot more nervous to discuss it because if you’re not completely on track with your ethics, you could be looked at negatively, that you don’t know what you are doing.”</i>
	1b. Counter transference issues - <i>“...this countertransference stuff becomes difficult to share in supervision when you are dealing with a person who is not as open and you feel that you are going to be judged and it goes beyond that to your own values and you have clashes sometimes...”</i>
	1c. Strategic self-presentation - <i>“I would say I would be worried about and would have to think very hard about something, if I am concerned will put me in a bad light in terms of my profession then I would be very nervous about disclosing that in supervision...”</i>
2. Perceptions and experiences that prevent and facilitate trainee disclosures	2a. Power issues- <i>“I don’t know if they know the power they have...you don’t want it to be that you made a blunder...”</i>
	2b. Fear - <i>“...perhaps you don’t even want to ask questions, because of the fear of that rejection.”</i>
	2c. Boundaries - <i>“...you learn that supervision, one, it’s not therapy, its supervision...”</i>
	2d. Supervisory alliance - <i>“...the issue also comes back to the significance of the relationship that you have, of the quality of the relationship...”</i>
	2e. Ethics of disclosure - <i>“...so obviously you know that ethical sense that you are meant to disclose everything, but no one tells you how much is appropriate...”</i>
3. On learning from the supervisor	3a. Supervisors’ assessment of trainees - <i>“It was hard in the beginning because of that feeling that I’ve got to disclose to you but I feel that you hold back and you are a very private person...”</i>
	3b. Supervisors’ strategic self-presentation - <i>“...as a result you will hardly find a supervisor who will say, ‘I don’t know’...”</i>
4. Implications for the trainee’s learning & therapy	4a. On learning - <i>“I think I’ve grown to appreciate opening up and bringing things that I know would help me to grow...”</i>
	4b. On therapy - <i>“So in that sense it’s impacted on me getting hold of the patient and moving things along [in therapy].”</i>

As long as I know for a fact that I am completely in control of what's going on ...then disclosing ...it's ok. As long as I know that I've looked at everything from a different angle...I'm going in there with an informed decision. (p.3, 38)

Lucy's quote suggests that her disclosures were well thought through and controlled, a very conscious decision on her part, motivated by a need to feel more powerful ("*completely in control of what's going on*") in the supervision process. The link between control and power also emerges in other themes and will be discussed further in the "power" theme. For Lucy, it is when she lacked control (power) in supervision that purposeful non-disclosures were most likely to ensue:

Neeshi: So if you're not completely in control?

Lucy: Oh Jesus! Then you don't want to disclose, then you feel that you're not in control of the situation, that you've possibly not looked at something the way you should have in more detail. Yes, I'd have to look at something from 360 degrees...rather than going in there not making a decision! (p.4, 10)

Purposeful non-disclosures appear to have allowed Lucy to strategically control the supervisory process, seemingly tipping the perceived balance of power. Other trainees discussed similar experiences (Table 2 – Appendix B). The need to control power relations within the supervision context conveys the impression that the supervision experience was often felt to be disempowering for trainees. Purposeful withholding appear to have afforded them a means of levelling the power imbalance in supervision, a setting traditionally controlled by the supervisor. This theme is explored further in the discussion.

For most trainees, the purposeful non-disclosure of case-facts (e.g. not disclosing clinical facts because they contradicted diagnosis) did not appear prominent. Instead, the primary content of non-disclosure appeared to revolve around the trainees' personal involvement (their feelings, interpretations and interventions) in the cases and how they reflected on their perceived competence.

These 'personal' non-disclosures emerged in relation to: (1) ethical transgressions, (2) countertransference issues and (3) instances when trainees felt the need to strategically present themselves. These sub-themes were linked to

particular trainee experiences and perceptions of the supervisor and are discussed below.

1a. Ethical transgressions: “...it’s hard to undo what you’ve done”

Issues that transgressed professional ethical guidelines appeared to often be left undisclosed by the trainees. In the following excerpt, the trainee, Lily, explains her non-disclosure. She was uncomfortable detailing the exact nature of the ethical non-disclosure within the interview, but rather chose to speak of it vaguely instead:

So you end up hiding it due to [your supervisor’s] judgment or consequences or whatever it might be...and them being the ones ethically responsible for you, it’s hiding something that really needs to be discussed with them. I think the problem is that it’s hard to undo what you’ve done, and I think a lot of non-disclosures also come from that. I’ve done something, I might regret it, but I don’t want to deal with it and I don’t want them to know because I know it was wrong. (p.3, 10)

Lily’s words, “*I might regret it, but I don’t want to deal with it*”, reflects that despite her regret over her wrongful actions, she was unwilling to face the consequences that would follow her disclosure. She went on to say, “*...but I don’t want them to know because I know it was wrong*”, revealing that she purposefully did not disclose her wrongdoing to her supervisor in an effort to protect herself. She appears to have made a mindful, yet furtive, decision about withholding information that negatively reflected on her as a trainee. Other trainee non-disclosure linked to ethical issues in this study (Table 3 – Appendix B) appear closely associated with concerns about negative evaluation and professional competency.

1b. Countertransference: “...you feel that you are going to be judged”

Non-disclosure of countertransference experiences related to the avoidance of exposure of more personal and intimate aspects of the trainee’s self. For instance, the trainee Jane revealed that she experienced a strong irritation with her new patient in their first session and acted on it, but chose not to disclose it to her supervisor:

It was a reflex reaction, where you just get irritated with a patient. I reacted out of my own personal (stuff); I don't know if there was even the right time for it...I verbalized it. It sounded a bit judgmental, but the patient didn't respond in that way and I said let me see in the next session if they would hold it. Whilst I was doing it, it's like... I don't know if I can actually say that to a patient, I don't know how they might construe this and then I thought maybe I should bring it to supervision, maybe I shouldn't...let me just wait until I can see what impact this had. (p.5, 8)

Jane's words, ("*I don't know if I can actually say that to a patient*"), reflects some anxiety about the emotional 'personal' exposure of her countertransference response, as well as her awareness that her response to the patient may have been inappropriate. She subsequently voiced her conflicted feelings about disclosing it to her supervisor ("*maybe I should bring it to supervision, maybe I shouldn't*").

She chose to '*wait it out*' and observe if it had a negative impact on the patient first, rather than raise it with her supervisor. Jane's actions suggest that she waited for possible 'unmanageable' consequences of her actions to emerge before discussing it, a seemingly defiant "*wait and see*" approach, disclosing only if she had to. Her non-disclosure and subsequent management of it, appears strikingly similar to her perception of her supervisor's actions, which we discuss later in "learning from the supervisor."

John, a trainee working from a University site, was also wary about disclosing countertransference responses, particularly when his supervisor appeared closed to this:

Sometimes you look forward to a patient, but some patients are draining. At times it's obvious, they are more manipulative, so you're expecting that a student may be asking for a letter sometimes, and then the next time she comes she is in crisis and needs another letter, so it is...that kind of anger and frustration toward the student that you are about to see...this countertransference stuff becomes difficult to share in supervision when you are dealing with a person [the supervisor] who is not as open and you feel that you are going to be judged and it goes beyond that to your own values and you have clashes sometimes... (p.2, 21)

John's perception was that if he disclosed his countertransference responses to a supervisor who he perceived as insincere, guarded, and rigid in her views, it was likely to have rendered him vulnerable and opened him up to negative judgement. In an attempt to avoid this perceived negative exposure within an apparently poor supervision relationship, his non-disclosure and tone subsequently took on a defiant quality, a case of "you don't (open up), so I won't!"

John furthermore hinted at a perceived disparity of personal values in the supervisory relationship, a fear that his disclosure would make supervision too personal, too intrusive, and result in a personal clash. This also alludes to John attempting to maintain the boundaries between professional and personal aspects of his experience.

In this study, observations about the perceived receptivity of the supervisor influencing more 'personal' non-disclosure also appeared to be common. Importantly, it tends to reflect the trainees' uncertainty about whether they should disclose countertransference issues in supervision. It furthermore conveys a lack of understanding on the trainees' part, of how these important disclosures could be used within supervision as a pedagogical 'tool'. This is addressed further in the discussion.

1c. Strategic presentation: "...you don't want to appear as incompetent"

The issue of strategic self-presentation, as illustrated by the trainee Ellie, demonstrated that the motive for non-disclosure, in some instances, was not just about withholding information because it was perceived as problematic, it was also an effort to strategically present a 'positive' image to guard against negative evaluation:

So you don't want to appear as incompetent. As a learning intern, you very much want to make a good impression, because the quarterly reports come every quarter (laughs) and you are very aware of that. And you want to create this impression that you know what you are doing. I think that's one of the things, however small it may sound, it is held back. (p. 3, 36)

As an intern, Ellie clearly wanted to be seen as ‘*competent*’. Her reference to the quarterly progress reports also suggests that evaluation was foremost on her mind. As reflected in other examples (Table 4 -Appendix B), this strategy of purposeful non-disclosure appears to have been surreptitiously motivated by the trainees’ need to be seen as professionally competent and to avoid negative evaluation.

It furthermore appears linked to a perception about the need to present a ‘good trainee self’ as a prevailing motive. Therefore the purpose for non-disclosure in some instances, was not just about keeping information away or withholding it from the supervisor, but also appeared motivated by an attempt to strategically manage their professional and personal reputation.

2. PERCEPTIONS AND EXPERIENCES THAT PREVENT AND FACILITATE TRAINEE DISCLOSURES.

While the trainees’ purposeful non-disclosures appear related to evaluation and strategic-self presentation, particular perceptions and experiences appear to have either prevented or facilitated trainee disclosures. The main themes that emerged here were: Power issues, fear, boundaries and the supervision alliance. These are discussed further under the relevant themes with exemplar quotes.

2a. Power issues: “...if you don’t do it my way then it’s not the right way”

As mentioned previously, trainees were very aware of power imbalances within the supervisory relationship. This resulted in considerable disempowerment on their part, which in turn, further influenced how much they disclosed to their supervisors. Ellie explained that the power relation inevitably affected her personal and professional development in the following excerpt:

When you get a supervisor who maybe sees themselves in a power relation, that’s sometimes very difficult, because you don’t want to disclose! “I’m the person who knows it all and I will tell you what to do and if you don’t do it my way then it’s not the right way!”...and believe me that does happen, so it really affects your professional development and your personal development because, as you know, this job is very much intertwining them both... (p.4, 3)

Ellie's experience illustrates how her perception of power is linked to her perception of her supervisor's dogmatic approach and authority, resulting in her 'rebellious' motivation not to disclose ("*you don't want to disclose!*"). Other trainee reflections (Table 5- Appendix B) further suggest that supervisors who are perceived to perpetuate the power imbalance within the relationship were experienced as not just '*powerful*', but also '*all-knowing*'.

The highlighted power differential was also linked to situations in the supervisory relationship where a sense of mutuality was not fostered. John's words, "*you don't feel as if you [are] in charge of the case, it's more like a surrender.*" (Table 5- Appendix B) highlights his experience of being controlled in supervision and his eventual submission when faced with this power.

Lily makes the link between evaluation and her supervisor's omniscience and power, as perceived by her. Here her perception of her supervisor being "all-knowing" and in a position to judge her resulted in self-doubt and non-disclosure on her part (Table 5- Appendix B).

These extracts highlight how the trainees' experience or perception of authoritarian supervisory power resulted in their perceived disempowerment and lack of control within the supervisory relationship. The need to withhold material in these instances thus strongly emerges as a means of furtively or subversively addressing the perceived power imbalance.

2b. Fear: "I'm scared".

In the context of non-disclosure in supervision, fear appears to have been the main motivating factor behind trainees assessing what was the least harmful to disclose. This is exemplified by the trainee John, who chose the least problematic case as a strategy to safe-guard himself:

I had a student a while ago who admitted to some kind of demonic acts. I was even scared of saying in supervision: "I don't want to see that student, I'm scared". You decide before you go to supervision which issues you want to present on, because you fear you will be judged. Guided against harming yourself, you choose the least problematic case. (p.4, 8)

John's excerpt highlights his fear about disclosing his feelings in supervision. His words, "*Guided against harming yourself*", suggests that he felt the need to protect himself from anticipated negative judgement and made a calculated and furtive decision not to disclose. It further suggests that he experienced supervision as a precarious space and that he could not risk presenting issues that may have shown him up as being a 'bad' trainee. His excerpt also hints at a problematic supervisory alliance which left him feeling vulnerable.

In this, as well as other instances, the trainees' fears (Table 5- Appendix B) are linked to beliefs or perceptions that their supervisors would be judgmental, unreceptive, rejecting or dismissive of them. The fear, in turn, appears related to their perception of a negative evaluation for their traineeship and being deemed a 'bad' trainee, a damaging consequence trainees attempted to discreetly avoid and a motivating reason for their purposeful non-disclosure.

2c. Boundaries: "It's supervision not therapy".

Some trainees were less likely to make disclosures in supervision because of their need to maintain boundaries between professional and emotional issues within the relationship (Table 5, Appendix B). It appears that emotional issues were perceived as 'personal issues' that had no place in the supervision. The following excerpt by Pete, exemplifies this:

It's supervision, not therapy. It feels like when we talk about the emotions that arise, it's more like therapy to me, and even though it may have been significant, I don't think I would have raised it on my own. (p.6, 20)

Some trainees chose to maintain a boundary between psychotherapy and supervision (Table 5, Appendix B), and this appears to have had a particular impact on disclosures made, as well as a tendency to associate supervision with impersonal information. Kirsten's words, "*more professional or better to be more bounded*" (Table 5, Appendix B), illustrate further this tendency to associate boundaries with "professionalism" and reinforce her need to keep the professional and personal spheres of her life separate.

Pete's words, "*even though it may have been significant I don't think I would have raised it on my own*", also draw attention to the absence of explicit discussion about what is expected in the supervisory process. This is likely to result in the trainee's unfamiliarity with what to disclose in the supervision process. This state of 'not knowing' was mentioned by a number of trainees.

2d. Supervisory alliance: "...openness which is key to creating an alliance".

Trainees carefully assessed the strength of the supervisory alliance to see if it could withstand particular disclosures or not, as illustrated by the trainee Marc's excerpt:

...it was the openness which is key to creating an alliance that meant I could disclose appropriately. In a case where you are not aware how things are happening, then it has a negative impact because you no longer trust your supervisor and if you don't trust, it almost creates a cycle of non-disclosure; one can lead to another and over a long period of time it can be dangerous for a department and everybody else. (p. 19, 30)

Marc insightfully reveals how lack of trust in the supervisory alliance sets up a cycle of purposeful and subversive non-disclosure. He also perceives it as having the potential to spiral dangerously out of control ("*it can be dangerous*"). Marc went on to say:

Part of non-disclosing could be to keep that alliance going and also because you don't have faith that the alliance will be able to contain what is being disclosed. (p. 9, 12)

He thus conveys his belief that non-disclosures helped to preserve what he perceived as a fragile alliance in some instances. It also suggests that he deemed the alliance, at times, to be too weak to contain the weight of his personal disclosures. This conveys an alternative motive to not disclosing, in order to maintain an already fragile alliance. I will return to this issue later in the discussion.

Other trainees' excerpts (Table 5 – Appendix B) suggest that the strength of the supervisory alliance was to some extent predetermined by the supervisor's reputation. Accordingly, a supervisor's standing with other trainees (in terms of their competence and response to other trainees' disclosures) appears to have primarily influenced the trainees' sense of security in the supervisory relationship. As a result, this reputation appears to have played a role in determining whether trainees withheld information from their supervisors.

In as much as anticipated negative experiences appear to have been motives for non-disclosure, positive experiences of supervision appear to have facilitated greater openness and less need to withhold information. Ellie's response to the question, "*What might have facilitated disclosure within the supervisory relationship?*" illustrates this point:

It's also got to do with [her] approach, inclusiveness, its treating interns like professionals, putting her faith in me as a psychologist, valuing my ideas and contribution to my cases, my understanding...and that for me is very important. (p.1, 31)

As expressed above, for Ellie, it was the sense of a supportive and inclusive environment, where she felt recognised, valued, and treated equally by the supervisor (in the absence of an overt power differential), that was important for her to make disclosures. Other trainees also shared this view (Table 5- Appendix B).

Lucy's words, "*feeling supported, comfortable enough to speak about things that maybe you are quite nervous about*", convey her sense of calm and containment by virtue of supervisory "holding", resulting in a sense of security, even when disclosing anxiety-provoking material. These examples draw on more common-sense interpretations of a positive alliance contributing to more openness on the trainees' part.

The perception of a positive alliance, however, was not always linked to greater disclosure. Kirsten illustrates this point:

I mean I've gone to her with very personal stuff before and she's been fantastic about it and I don't feel as if she was fake fantastic...it was genuine, so I don't know why I feel the need to [not disclose]...but I suppose it's also [about her] being a supervisor whose role is to evaluate. (p.10, 44)

Although Kirsten shared a good relationship with her supervisor and was able to disclose most material to her, she felt that the evaluative component in their relationship and the supervisors' implicit power was still a barrier to her making full disclosures. This presumably occurred when she could not disclose material that she thought was likely to negatively reflect on her competence.

2e. Ethics of disclosure.

Lily voiced that at times the ethical boundaries for disclosure were not evident or made clear by their supervisors:

I think there's also an aspect where you don't know how much is appropriate to disclose to your supervisor and how much not. So obviously you know that ethical sense that you are meant to disclose everything, but no one tells you how much is appropriate to disclose and what you can and shouldn't. (p.9, 27)

The sense of being in the dark about what constituted appropriate disclosures reflects that this issue was often not explicitly discussed within supervision and was a common theme across most trainees. Another excerpt from Lily highlights the absence of explicit orientation to supervision by the supervisor:

...sometimes I lack clarity in psychological work in general, there's no clear cut method or way of doing things. Like I said, every supervisor is different. So maybe if each supervisor clarified what they wanted, what they thought was important for you to disclose, that might give you a really good guideline. (p.9, 37)

The absence of time allocated to explicit supervision orientation in these instances also hints at the probability that insufficient time may also have been

allocated to prioritizing attending to the supervisory alliance (goals, tasks and the bond), resulting in weak alliances being established.

3. ON LEARNING FROM THE SUPERVISOR.

It appears that trainees tended to model their supervisors' perceived 'withholding' behaviours which subsequently impacted on their learning. This theme includes two sub-themes where modelling was most apparent: (1) the supervisor's assessment of trainees, and (2) strategic self-presentation.

3a. Supervisors' assessment of trainees: "...they want to wait and see"

Some trainees believed that supervisors adopted a "*wait and see*" attitude in order to assess the trainee's capacity before disclosing information. To the trainees, this often meant that their supervisors did not disclose supervision-specific information immediately to them. The excerpt below highlights Jane's perception of this process:

[It's] *also just their way (to see) how emotionally strong you are so they can see if you are ready for some kind of disclosure [from the supervisor]...that they want to wait and see, or give you the impression that they are trusting you with that issue, to see if you can learn something from it as well.* (p.10, 20)

Jane perceived the supervisor's "*wait and see*" assessment to be based on trust and 'emotional strength', a perceived requirement in the profession. She also believed it was a pedagogical strategy in some instances. Jane, in turn, replicated this approach within the therapeutic context, as revealed in an earlier theme (purposeful non-disclosures), where she subsequently waited to see how her patient responded rather than disclosing to the supervisor.

Other trainees also appear to have modelled their supervisors' perceived non-disclosing behaviours by withholding information in supervision (Table 6 - Appendix B). In some cases, it appeared to be a strategy learned from their

supervisor not only for supervision, but was also replicated with patients in therapy.

3b. Supervisors' strategic self-presentation: "...they tend to be experts in matters that are even beyond their reach".

Some trainees appear to have perceived supervisors as strategically presenting themselves in supervision. John's experience illustrates how knowledge of his past supervisor's strategic self-presentation legitimized his own acts of non-disclosure:

If your supervisor is not competent about the issues you are raising and cannot really tell you, "this isn't in my line", and ends up mumbling around it, it's what you are taking out (as a professional) and it does reflect on your work because you will do exactly as taught. (p.16, 44)

In the above quotation, John's supervisor's inability to disclose her own limits or competence, in effect, 'negatively modelled' professional conduct for him. His words, "*you will do exactly as taught*", reflects that although he was aware that her non-disclosure was problematic, he felt very influenced by her, because she was in a position of authoritative power and seen as '*all-knowing*'. He, similar to Jane (Table 6, Appendix B), felt it was likely that he would replicate his supervisor's non-disclosing strategies to bolster his sense of competence, a sense that 'if she can, then so can I'. In this way, it appears to support the notion of strategic self-presentation, to 'appear all-knowing'.

John appears to have experienced the supervisory alliance as problematic; however, in this instance the supervisor seemingly yielded sufficient influence in the relationship to have her behaviour (strategic self-presentation) replicated even in the absence of a positive alliance. This suggests that the trainee's striving for influence (power) by 'being like' his supervisor, may, in some instances, have surpassed good judgment. John's excerpt importantly draws attention to how perception of the supervisors' implicit power in the relationship has the potential to influence the trainees' learning in the absence of a positive supervisory alliance. This has the prospect of becoming even more pervasive in the absence of supervisors being upfront in explicitly discussing their limits of competence.

4. IMPLICATIONS FOR THE TRAINEE'S LEARNING & THERAPEUTIC PRACTICE.

Trainees perceived their own non-disclosure as having impacted not just on their learning, but also on the therapeutic process as well. This is discussed further under the relevant sections.

4a. On learning: "I don't want to get into a pattern of not sharing things".

Some trainees appeared acutely aware that their non-disclosure in supervision impacted on their learning. For instance, Jane spoke about the anxiety of not disclosing to her supervisor, but also realized that every time she did not disclose, it further permitted her to repeat similar acts and added to a cycle of non-disclosure within the supervisory relationship:

If there's something I haven't disclosed then I just take it with me and stew in it and it really bugs me, so I can't really enjoy my night. I think it creates a system whereby I feel I can do that. I don't know if it's a good thing to learn. It might get me into trouble one day when I trust my instincts and I shouldn't have. I don't want to get into a pattern of not sharing things I think I should be. (p.15, 8)

Jane relied on her own experience and knowledge to correct her therapeutic mistakes, rather than disclose them to her supervisor. However, her words ("*I don't know if it's a good thing to learn*"), suggest awareness that non-disclosure in those instances was problematic and could create trouble for her future practice if repeated ("*I don't want to get into a pattern of not sharing*").

Some of the trainees' apparent belief in their "knowing better" also resulted in non-disclosures on their part and was often linked to devaluing supervision. For example, Marc did not disclose his thoughts about alternative treatments for his patient, even though he lacked sufficient knowledge or expertise to make the decision ("*you might then choose to not take that case to supervision at all and not disclose*"). Instead, he rationalized his non-disclosure and this appeared to have

kept at bay the realization that his actions could have had an adverse effect on the patient.

Similar to Marc, Lily believed that she too 'knew better' and was competent enough. She maintained that she could contain her own anxiety without psychotherapy. There appears to have been underlying shame about her anxiety, where she believed that if the extent of it was known to her supervisor, she would have been judged 'not good enough'. She subsequently did not disclose to her supervisor her premature termination of her own psychotherapy.

The trainees' belief that they 'knew better' in these instances and their withholding it from their supervisors, also serves to highlight their concern about their perceived competency. By not disclosing, they inevitably conceal their 'not knowing', in turn, compromising their learning. Their furtive non-disclosures therefore are likely to have far-reaching consequences for their continued professional development.

In direct contrast to this, potential positive development is illustrated by Pete's experience within supervision. He reflected on the growth he experienced in his own professional development and learning, by openly disclosing difficulties in supervision (Table 7- Appendix B).

4b. On therapy: "...it's impacted on me getting hold of the patient and moving things along".

In addition to impacting on trainees' learning, non-disclosure appears to have had perceived implications for some of the trainees' therapeutic interventions. For instance, John had sent through an official letter about a patient without it being signed by his supervisor. He subsequently failed to raise this serious ethical transgression with his supervisor:

I'm compromising my principles over this one person, more like moving those boundaries. You find yourself tip-toeing around the patient. (p.18, 35)

John revealed his thoughts on the implications of this critical non-disclosure within his therapeutic work and made reference in the excerpt to the professional

compromise he felt with this patient. As a result of his non-disclosure, he subsequently described a painful, criminal perception of himself:

I sent a letter, not actually signed. You don't feel good about yourself. On my part, it's actually something that hurts and kills you. It damages you in a big way, you feel like you are committing a crime. (p.11, 6).

John's awareness about the 'wrongfulness' of his actions is highlighted in his quote and conveys an impression that he was remorseful about it. It further reveals a sense of deep shame and self-condemnation associated with his non-disclosure.

Lily was also aware that her non-disclosure about her anxiety had impacted on her ability to make contact with her patients as well as her ability to make progress in psychotherapy. Her excerpt reveals this further:

So I don't disclose the procrastination issues and it goes back to emotional disclosing because it's anxiety that things don't get done. So in that sense it's impacted on me getting hold of the patient and moving things along [in therapy]. (p.12, 15)

Despite her knowledge about the impact the non-disclosure has for the patient, her words, "*I don't disclose the procrastination issues*", suggest that this is an ongoing non-disclosure. Both John and Lily appear to have been well aware of the adverse impact that their non-disclosure had on their therapeutic work. However, the fact that they continued to conceal it, as in Lily's case, or struggle with the shame of it, as in John's case, suggests a perception that they had more to lose by making these disclosures in supervision.

DISCUSSION

This study sought to explore how trainee psychologists made sense of non-disclosure in clinical supervision using IPA and provides a glimpse into the dynamics underlying trainee non-disclosures. In the following section, the key findings will be discussed in relation to empirical evidence and existing theory.

The in-depth IPA interviews supported a number of empirical research findings. Similar to Ladany et al (1996) findings, trainees spoke of non-disclosure as a regular occurrence which was mostly conscious or purposeful omissions (Mehr, et al., 2010; Strømme & Gullestad, 2012; Sweeney & Creaner, 2014; Yourman & Farber, 1996). Trainees were also found more likely to: (1) withhold information than distort information; (2) avoid anticipated negative supervisory reactions; (3) conceal perceived mistakes; (4) avoid negative evaluation, and (5) engage in strategic self-presentation (Yourman & Farber, 1996; Mehr, et al., 2010; Heru, et al., 2004). Additionally, existing power dynamics (Hess et al., 2008; Mehr et al., 2010; Murphy & Wright, 2005; Worthington, Tan, & Poulin, 2002, Quarto, 2002) and a poor supervisory alliance (Ladany et al., 1996) were found to contribute to their non-disclosures.

The super-ordinate themes also reveal that trainees in this study experienced non-disclosure as negatively impacting on their learning process and therapeutic practice, an issue theorized by Hess et al. (2008). The study further supports the idea that the trainees struggled to reflect a sense of competency (Safran & Muran, 2000a) and this tended to influence their non-disclosure.

Finally, trainee reflections tended to support the idea that close, secure relationships, synonymous with a good working alliance, increased the likelihood of disclosures occurring within the supervisory relationship (White & Queener, 2003). Prominent findings of this first study are discussed in detail below.

Power dynamics and non-disclosure.

Issues of power were strongly evidenced across all super-ordinate themes and appear to be prominent in explanations about how trainees made sense of their experiences of non-disclosure. The compelling descriptions of the power dynamics that prevailed in all of the interviews calls attention to a relatively under-explored idea that links 'the cycle of non-disclosure' to a subversive or furtive power dynamic in service of self-preservation.

This is especially important because literature generally alludes to the supervisor holding predominant power in the supervisory relationship given the

evaluative nature of supervision (Bernard & Goodyear, 2009; Watkins, 2012). However, the findings of this study put forward the idea that substantial power actually resides with the trainee, specifically in terms of what he or she chooses to disclose to the supervisor.

Previous supervision research suggests that non-disclosures occur because of power imbalances between supervisor and trainee (Ladany et al., 2001; Hess et al., 2008; Quarto, 2002), but most focus particularly on the supervisor's perceived powerful position as increasing the trainee's need to withhold information (Mehr et al., 2010; Murphy & Wright 2005). Although this was outlined as a core factor by trainees, the issue of controlled and purposeful non-disclosures being related to either subversive or furtive power relations was also a prominent theme. Here, the trainees' non-disclosing response can be conceptualised as an effort to 'take back' or hold on to some semblance of power or control in the relationship. This is exemplified by Kirsten (p.102) who believed that she shared a good relationship with her supervisor, and although she was able to disclose most material to her, she felt that the evaluative component in their relationship and the supervisors' implicit power was still a barrier to her making full disclosures. This aspect appears relatively absent in the research literature.

Purposeful non-disclosure appear to have afforded trainees a means of levelling the power imbalance in supervision. These incidents of purposeful non-disclosures are clear in the instances such as Lucy's issue of control (p.81), Lilly's ethical non-disclosure (p.83), Jane and John's countertransference (p.83-84) and Ellie's strategic self-presentation (p.85). It is further seen in Ellie's discussion of the 'omnipotent' supervisor (p. 86), and John's description of his fear (p.87).

As discussed earlier, in terms of Sullivan's (1953) Interpersonal theory, non-disclosure can generally be understood to be a defensive (and covert) approach which, in the supervision context, functions to divert attention away from anxiety. Non-disclosure, as a way of withholding or hiding information in supervision, thereby becomes a strategy employed by trainees to safeguard themselves. Trainees in this study therefore did not disclose material that induced anxiety, with the ultimate goal of this strategy being to strengthen and protect their perceived professional selves.

In line with Sullivan's (1953) thoughts, it appears that when the trainees' primary goal is the pursuit of security, it is to strengthen and protect this cherished *professional self*. Consequently, there is likely to be recurrent tension between the trainees' pursuit of satisfactions and their pursuit of security. However, as Sullivan's (1953) theory points out, if the pursuit of security is not given due attention within the supervisory alliance, then the enjoyment of supervision itself is likely to be reduced. In line with Sullivan's (1953) theory in this case, it is likely that some of the trainees were preoccupied with the prestige, or status associated with the professional self, to which they may have sometimes felt entitled. This is an interesting research area for further exploration.

The underlying dynamics and motives behind trainee non-disclosure as a source of subversive or furtive power can also be usefully understood using Benjamin's theory of *split-complementarity*. Split-complementarity occurs when a sense of mutuality in the relationship is under threat (Benjamin, 2006). As mentioned previously (Chapter 3, p. 45), it is likely that the supervisor's perceived position of dominance and power triggers in the trainee a submissive, self-protective relational style. This forms a split-complimentarity because the dynamics of the relationship take on opposing, but complimentary, states.

In terms of supervision, the perceived split being discussed here is typified by power-powerlessness. It appears that when this is a dominant dynamic, fostered by trainee perceptions of an overly authoritative, "all-knowing", or omnipotent supervisor, non-disclosure may be used as a means of readdressing the sense of powerlessness or the split-complimentarity in the relationship. Non-disclosures, in these instances, appeared to act against the trainee feeling in a position of powerlessness. Here, the act of non-disclosure becomes a means of exercising some sense of agency in the face of powerless or lack of control.

Issues of control.

The possibility of not being in control of what was said or discussed appeared unbearable to some trainees. As Lucy indicated, *purposeful* non-disclosures were linked to a lack of control over the conversation and the perception that her professional competence was being called into question. Still related to controlling the perception of competence, some trainees in the study also preferred to gauge

case material for themselves first, without exploring it or thinking about it further with the supervisor (as exemplified by Lilly and Marc, p.18). Thus by perpetuating an illusion of self-sufficiency and competence, in these instances, some trainees projected an attitude that supervision was relatively insignificant. They thus conveyed a sense that they did not require the supervisor's expertise or support. Hahn's (2001) study also found this to be the case.

Trainees like Marc, Lily, and John evidently were aware of the negative impact their non-disclosures had on their training and their clients. However, it appears that their motives for self-preservation through control often tipped the scales towards keeping 'risky' information away from supervision. It appears to be a case of protecting themselves by not seeking what they believed they did not require. As Wallace and Alonso (1994) have pointed out, this would inevitably have implications for further learning.

The purpose for non-disclosure in some instances, was not just about withholding information from the supervisor, but also appeared motivated by an attempt to strategically manage their professional and personal reputation. This was apparent in the trainees' reflections on non-disclosure as an act of strategic self-presentation. Here, material is left out in the hope that a more 'professional self' is revealed to an 'all-knowing' powerful supervisor, for the purpose of a positive evaluation (Bordin, 1983). These experiences seem to be linked to the need for mirroring and approval which escalate when the power differential is experienced as more divisive.

With performance evaluation as a major aspect of supervision, it is ordinarily assumed that trainees attempt to influence their supervisors' impressions of their abilities. Whilst strategic self-presentation is not a new finding (Ladany et al., 1996; Mehr et al., 2010), the underlying motive for trainees' strategic self-presentation in this study points to a manner of 'controlling' how the supervisor 'sees the self', a way of minimizing the perceived power of the supervisor by the trainee controlling what he or she wants to share. For example, Ellie spoke of her tactic of strategic self-presentation quite candidly. This was a need, on her part, to employ covert strategies in order to create a good impression. In so doing, on the one hand, she countered the implicit power imbalance embedded within the evaluative nature of the supervisory relationship.

On the other hand, with positive experiences of supervision and a presumably good alliance, it appears that trainees like Pete, felt safe, protected and consequently more able to disclose within the relationship. His sense of safety appears linked to less of a perceived power differential in the supervisory relationship. This concurs with other findings regarding good supervisory alliances and disclosures (Gray et al., 2001; Ladany et al., 1996; Mehr et al., 2010, Webb & Wheeler, 1998). However, some trainees' experiences, like those reported by Kirsten or Jane, suggest that non-disclosure occurred even within a reported good alliance, and was about countering the implicit power relations.

Supervision from the relational perspective emphasises the significance of recognizing the trainee and supervisors' needs as interactive and in need of negotiation in order to foster a strong supervisory alliance (Safran & Muran, 2000a). The present findings suggest that when these needs are not negotiated or go unrecognized, as in the case of Ellie and her struggle with her 'omnipotent' supervisor, then split complementarity relations are likely to emerge as the dominant dynamic organizing the need for non-disclosure.

A show of professional and personal competence.

Trainees' non-disclosure pertained primarily to their personal involvement in their cases and how it reflected on their perceived professional competence. The non-disclosure of ethical issues was linked to issues of self-protection within the professional sphere, whereas non-disclosure of countertransference responses were linked to trainees' attempts to control exposure of private and 'personal' aspects that could potentially result in negative judgment. This concern focusing on their supervisor's perception of them concurs with the findings of Mehr et al. (2010), which also noted that trainees were worried about how supervisors viewed them in both professional and personal contexts.

While it is relatively unsurprising that ethical issues or countertransference reactions were common aspects not disclosed (Ladany et al., 1996; Yourman & Farber, 1996), what is interesting is how they appear tied to particular aspects of experience, beliefs, and trainee identity. The belief that personal (emotional) issues had no place in supervision had a particular impact on the boundaries trainees

kept within supervision and the disclosures they made, reinforcing for them that supervision pertained only to impersonal information.

Based on this sample, many trainees mentioned an absence of role induction or an explicit orientation to the supervision processes (Bernard & Goodyear, 2009). This state of 'not knowing' was mentioned by a number of trainees. Due to the lack of orientation, trainees appear to have made the assumption that supervision was only about impersonal information. In this case, non-disclosure was not only about protection from damage, it was also about not knowing what was expected in supervision. Centred on key experiences that emerged in the interviews, this appeared linked to trainees choosing to only disclose impersonal information that was perceived to be the least damaging for them as future professionals. The idea of addressing the non-disclosure or creating conditions that minimize non-disclosure appears to be an important issue to explore in terms of incorporating it into supervisor training programmes.

Learning and development.

The trainees' accounts indicate that a considerable part of the learning process in supervision occurs when non-disclosure is linked to a *reciprocal identification* with the (perceived) supervisor's non-disclosure. It resulted in a situation where the trainee feels: "*I don't think my supervisor says all so I won't*". Based on my interviews, this appears to have remained relatively unconscious to trainees during supervision itself. We see this clearly in Jane's excerpt, where she inadvertently models her supervisor's "*wait and see*" strategy in therapy with her client (p.90). John's experience of his supervisor's strategic self-presentation emphasizes the importance of the supervisor needing to navigate a difficult path between the need to allow some degree of idealization from the trainee while, at the same time, disclosing where the limits of his/her expertise lie (Watkins, 2011).

These findings also appear to link with how the implicit use of power, perhaps linked to the supervisor's narcissism and subsequent non-disclosure about the limits of his/her competence, has significant potential to negatively impede the trainee's learning and development. It appears that learning is impeded particularly because this tends to normalize non-disclosure, with which the trainee identifies. Furthermore, John's experience with his supervisor's strategic self-

presentation illustrates how this process appears to occur, at times, independent of a positive supervisory alliance.

The findings not only support other research about how supervisors' non-disclosure strongly influences trainee non-disclosure (Knox et al., 2011; Yourman, 2003), it importantly indicates that non-disclosure has a perceived impact on learning. The most noteworthy point here, however, is that despite the trainees being aware of the negative impact that their non-disclosure had on their learning, as well as on their therapeutic approach, it appears that their motives for self-preservation often leaned towards keeping 'risky' information away from supervision.

Moreover, the findings provide convincing evidence that purposeful non-disclosure on the trainee's part, do indeed impact on his/her perception of authentic participation in supervision. This, in turn, appears to affect the sense of professional integrity of the trainee because of the awareness that their withholding behaviours are, to some degree, surreptitious and deceptive. This is likely to lead to a sense of inauthentic relatedness within the supervisory relationship (Watkins, 2011), and in this way poses complex barriers to professional learning and integrity. We see this quite clearly in Lily, Marc and John's relationships with their supervisors (p. 94), where their non-disclosure and belief about 'knowing better' is perceived to have impacted on their management of patients as well as their own professional development. This area seems worthy of further investigation.

The dynamics of non-disclosure.

In some cases, the dynamics of power, self-preservation and underlying fear appear to have fostered a hidden *bad-me* (Sullivan, 1953) within the trainee that was kept out of the supervisory discussion when this was not explicitly modelled or addressed by the supervisor. This appears to have had greater influence when not enough was done to address this consciously. As Bradley and Ladany (2001) point out, normalizing mistakes and reinforcing an acceptance of flaws and faults are an important part of building a strong, trusting supervisory alliance. If this is not sufficiently explored it appears to reinforce a punitive relationship towards the 'trainee self', as in the case of John and his unsigned letter.

The very nature of the supervisory relationship, which is usually between an admired superior and a trainee who is seeking support and validation, tends to also foster “the shame affect” within the trainee, which increases the likelihood of non-disclosures occurring (Yourman, 2003). Shame is typically thought to revolve around trainees believing that they do not measure up; they are often left feeling humiliated, motivating the need to hide it from the supervisor (Watkins, 2011). We see this further in John’s case of the unsigned letter and Lily’s non-disclosure about her premature termination of her own psychotherapy.

It was also evident that when supervisors were perceived to overtly display their power, trainees purposefully left out material in the hope that a more ‘professional self’ was revealed to the ‘all-knowing’ powerful supervisor. It appears that when the power differential was experienced by the trainee as more divisive, the need for approval appears to have escalated. The trainee experiences appear to have been linked to needs for mirroring. Although mirroring needs are a normal and essential part of supervision, one would assume that when disclosures lack authenticity on the trainee’s part, it is not their true authentic potential that is mirrored but rather a *False self* (Winnicott, 1969) in the service of self-preservation.

If this is not sufficiently explored it is likely to reinforce the trainee’s punitive attitude towards himself or herself. These ‘self-attacks’ on the trainee’s perceptions of *bad-me*, as voiced by John, in the incident of the unsigned letter, leads to a sense of *you have to hide because you’re not good enough*. It appears to reflect a sense of deficient self-confidence that can never be given a voice as long as *split complementarity* and powerlessness dominate, and a sense of mutuality is not emphasized.

The above factors, along with explicit descriptions by trainees about the repetitive nature of non-disclosure, suggest that non-disclosure is part of a *cyclical process*. Here, the trainee feels inadequate and therefore withholds material from the supervisor. This, in turn, fosters a greater sense of inadequacy in the trainee and results in a greater motivation to not disclose.

Jane’s case of anxiety following her non-disclosure illustrates how her competing needs to be both dependent and independent in her supervisory relationship left her feeling worried but still striving to be self-efficient and

“knowing”. This instance illustrates Safran’s (2003) theory concerning the competing needs of agency versus relatedness. For Jane, just as there was a strong pull to seek out and connect with her supervisor, acknowledging her dependence on her, there was an equally strong pull towards asserting her own independence.

As a result, Jane’s withholding of this information is symptomatic of a *withdrawal rupture* (Safran, 2003). By not addressing the issue in supervision, Jane’s non-disclosure recurred and although she was aware of the consequences of not disclosing to her supervisor, she also realized that every time she did not disclose, it further legitimized her repetition of non-disclosure. This added to a cycle of non-disclosure within the supervisory relationship. Although Jane knew that something was wrong, and suspected what that ‘wrongness’ was, she still felt unable to change it.

In the apparent absence of her supervisor’s awareness of this dynamic and intervention, Jane’s struggle between these states of “knowing” and “not knowing”, appear to have perpetuated a cycle of non-disclosure which impacted on her learning. The apparent cycle of non-disclosure outlined here raises questions as to what her supervisor’s experience of this process might have been. Furthermore, it importantly draws attention to the relational process underpinning non-disclosures that deserve further exploration.

CONCLUSION AND RECOMMENDATIONS

To some extent, non-disclosure is inevitable within supervision, as is the trainees’ attempts to ‘control’ supervision as part of an expected developmental step and relational dynamic (Quarto, 2002). However, my focus on trainee experiences and how they make sense of their non-disclosure sheds some light on their motives and what might heighten the need to purposefully keep information away from the supervisor, as well as the perceived consequences.

This study lends support to the idea that when the tasks and goals of supervision are not clarified and discussed, and the emotional bond component of the alliance is under threat or not firmly negotiated and established, this is likely to

result in a variety of non-disclosure that further complicates the supervisory alliance through inauthentic presentation (Bordin, 1983; Farber, 2006; Ladany & Lehrman-Waterman, 1999). In other words, the problem appears cyclical: a sense of insecurity within the supervisory alliance leads to increased non-disclosure which, in turn, further compromises the alliance because trainees appear aware of the inauthentic nature of their communications.

The trainees' experience of supervision importantly highlights the need for supervisors to be aware of how power imbalances (even within good alliances), may influence non-disclosure, as well as some of the underlying trainee experiences linked to non-disclosure. It reinforces the need for supervisors to privilege an empathic understanding of trainee difficulties over the need to communicate an 'authoritative solution'. Such an approach imparts respect for the trainee (Bradley & Ladany, 2001) and helps establish a sense of mutuality where supervisors can communicate a sense that they too had encountered similar difficulties in their own training and simultaneously orientate trainees to the process of supervision.

The in-depth accounts of non-disclosure from the trainee perspective raise a number of questions that require further investigation. Firstly, how should we understand non-disclosure from the supervisor's perspective? How aware is the supervisor of non-disclosure in the supervisory relationship and how is it managed? What motives lie behind their own non-disclosure? How do supervisors' perceive the impact of potential non-disclosure on the supervisory alliance? These questions form the basis of the second explorative study that follows.

Secondly, the very nature of interactions between trainee and supervisor that are linked with withholding behaviours is also worthy of further investigation. For instance, are there particular 'relational configurations' associated with non-disclosure? Furthermore, the details of the 'cycle' of non-disclosure alluded to in this research also appear worthy of further exploration from a dyadic perspective.

STUDY 2 - IN-DEPTH ACCOUNTS OF NON-DISCLOSURE: THE SUPERVISORS' PERSPECTIVE

This study sought to explore how supervisors made sense of their own non-disclosure using IPA. The analysis of data yielded five super-ordinate themes which are the focus of this section: 1) Supervisor training, 2) Supervisor non-disclosure, 3) Management of trainee non-disclosures, 4) Supporting factors for supervisor disclosures, and 5) The effect of non-disclosures.

The study began yielding some unusual findings that were somewhat different from what was expected. I discovered that a predominant focus with this study appears to have been supervisory training issues and deficits. As a result, these findings appear to have obscured some of the detailed understandings of relational dynamics in the interviews. Some of the unfamiliar findings included the supervisor's perceived lack of power and control at the beginning of supervision, which appeared to set the tone for their identification and management of non-disclosure in the relationship. A further twist to the findings in this study related to how closely thoughts about non-disclosure were linked to reluctance to taking on the role of a supervisor. In the face of institutional expectations and work pressure, many supervisors in the study displayed a tendency to assume an omniscient demeanour in supervision, utilizing their own non-disclosure for the purposes of strategic self-presentation. This was possibly done in order to avoid narcissistic vulnerability. Table 5 summarizes the super-ordinate themes and sub-themes that emerged in this study. They are discussed in more detail under each of the relevant sections.

1. SUPERVISOR TRAINING

Most of the supervisors in the study reported numerous supervision training issues which appear to have set the tone for some of the difficulties they encountered in identifying or addressing non-disclosure. These issues included an absence of supervision training, as well as the lack of awareness of supervision models and theory. Many of the supervisors also reported a sense of powerlessness and a subsequent reluctance regarding their role as supervisors. These issues impacted on each other and are discussed in more detail under the relevant sections.

Table 5: Summary of super-ordinate themes

Super-ordinate Themes	Sub-themes
1. Supervisor training	1a. Supervisory training deficits - <i>“Well, there’s no real training...”</i>
	1b. Unawareness of supervision models - <i>“I wouldn’t know (laughs)...”</i>
	1c. The Reluctant supervisor - <i>“Well I wouldn’t be a supervisor if I didn’t have to...”</i>
2. Managing trainees’ non-disclosure	2a. Perceptions of trainees’ fear and self-protection - <i>“I think they are afraid of not knowing”.</i>
	2b. Addressing non-disclosure - <i>“I would pick my words very nicely and try and ask him about it...”</i>
3. Supervisors’ purposeful non-disclosure	3a. Strategic self-presentation - <i>“I certainly would want to appear to her as though I am competent and functioning well...”</i>
	3b. Private non-disclosure - <i>“...there’s some very private issues in my life which I wouldn’t disclose...”</i>
	3c. Professional non-disclosure - <i>“...clients discuss their intimate lives with you and you don’t want to go blabbing about that to your interns...”</i>
	3d. Supervision-specific non-disclosures - <i>“I struggle to give that kind of feedback...”</i>
4. Facilitating factors for supervisor disclosures	4a. The patient’s best interest - <i>“...if it was in the patient’s best interest I would probably still bring it up...”</i>
	4b. Relationship factors - <i>“... if you like and respect your trainee...”</i>
	4c. Maternalization of the supervisory role - <i>“...you end up by being a glorified mother...”</i>
	4d. Trainees’ learning - <i>“I disclosed that because I wanted to show some resonance...”</i>
5. The effect of non-disclosure-	5a. Supervisors’ defensiveness - <i>“I don’t think they don’t tell me”.</i>
	5b. Professional and personal effects - <i>“I felt quite hurt...”</i>
	5c. Compromised patient care - <i>“Patients didn’t get reports, there were all sorts of stuff that happened.”</i>

1a. Supervisory training deficits: “I think it’s expected of you as a clinician”.

Marked deficits in supervision training across all supervisors conveyed an impression that most supervisors felt ill-equipped and unconfident in their supervisory role. This appeared to impact on their ability to identify or manage non-disclosures. All supervisors in the study reported no formal training in clinical supervision and as a result, some felt unprepared and in some instances, inadequate to offer supervision to trainees. Taryn, illustrates this in her excerpt:

Well, there’s no real training. What happened is that after being qualified for 3 years, it was just taken for granted that we would begin supervising students, so first it was very ad hoc⁴ supervision and then it became formal supervision. So I think I supervise the way I’ve been supervised because there’s actually nothing that says ok, this is how you supervise, this is what you do. (p.1, 8)

Taryn’s quote reveals that for her there was no discussion, consultation or mentoring about her role as supervisor (“*it was just taken for granted*”). However, Taryn does not mention any challenge to this institutional injunction, and appears to have complied with this expectation. There also appears to have been a marked absence of guidance for her in the role of supervisor. As a result, Taryn relied on her own experience of supervision to inform her role (“*I think I supervise the way I’ve been supervised*”). She turned to what she knew in order to supervise and had to rely on the underlying belief (in the absence of any supervision development) that her own experience of supervision as a trainee would have to suffice.

Sheri, similarly spoke of institutional expectations despite the lack of training in supervision.

Well, we had no specific training on how to supervise. I think it’s expected of you as a clinician after a certain number of years to know how an intern should be able to interact at different stages of their internship with the patient. I’m not a 100 % confident and I definitely think we should have groups where supervisors can sit and talk about supervision, how to supervise

⁴ Reference to impromptu supervision

and how to manage things, but until that happens, that's all we have. (p.1, 12)

Sheri's words "*I think it's expected of you as a clinician*" convey her belief that her institution considered clinical supervisors as proficient clinicians capable of supervision. The words "*to know*" suggest her perception of the institutional expectation for her to be "all-knowing." Underlying this expectation appears to be an implicit "authoritative power" afforded to supervisors by the institution. Sheri's words reveal that although she lacked confidence in her abilities, she still continued supervision with some resignation despite this ("*until that happens that's all we have*").

Other supervisors in this study also experienced this lack of consultation or development regarding the transition from being a novice psychologist to a clinical supervisor (Table 1 -Appendix B2), and appear to have submitted to it. Unsurprisingly, this issue was not raised or alluded to within supervision itself. This lack of supervisor training combined with institutional expectations to function competently as supervisors in the absence of such training, meant that supervisors often did not have the skills to manage trainee non-disclosure within supervision. It also further suggests that supervisors were unable to identify their own withholding behaviour and raises the question as to how this may have impacted on the supervision dynamics.

1b. Unawareness of supervision models: "I don't know, I wouldn't be able to put a name to it".

In exploring experiences of non-disclosure in supervision, it emerged that most of the supervisors in the study appeared unaware of the various theories or models of supervision available as a resource, and subsequently could not identify their specific approach to supervision. This appears to be linked to the lack of formal training in supervision. When Mike, was questioned about the supervision model he used, he responded:

Mike: I wouldn't know" (laughs)

Neeshi: Tell me more about it.

Mike: I'm non-directive, as I am in therapy. I think as I said it's probably based on my therapeutic style...I think I very much use the same kinds of questions I would in therapy and encourage the same kind of reflection. So I don't know if there's a name attached to that style of supervision. I certainly try not to be instructive unless it's essential. (p. 2, 28)

Although Mike had no formal training in supervision his words, “*it's probably based on my therapeutic style*” reflects that he made use of his preferred therapeutic approach to inform his supervision practice. In so doing, Mike's underlying assumption appears to have been that the supervision process was equivalent or parallel to the therapeutic process. Mike's words further suggest a level of unpreparedness for the complex role of the clinical supervisor.

Similar to Mike, most of the supervisors in this study were unaware of various supervision models but continued to supervise in the absence of such models (Table 2 – Appendix C). This may be attributed initially to their lack of formal training in the area, their impromptu placement in supervision, as well as their disinterest or de-motivation to supervise.

1c. The Reluctant Supervisor: “This is really quite a hindrance”.

The training deficits and “not knowing” experienced by most supervisors in the study appear closely linked to supervisors' perceived lack of autonomy regarding the decision to supervise. This also appeared to lead to reluctance to supervise as many felt they were not given an option. Cindy's excerpt illustrates this further:

Two supervisors resigned here and that left only me, so there wasn't really a clear transition from being an ad hoc supervisor to being a full supervisor, and it was very difficult at first. Until then I hadn't really thought that much about supervision. Now, all of a sudden, I was expected to build someone and watch them grow and what stage they are in, when to back off a little bit and all of that, so it's been quite a process! (p.1, 12)

Cindy's quotation conveys the impression that there was an absence of a gradual transition from impromptu supervision to full-time supervision because it was sprung upon her without discussion. She had not autonomously considered

clinical supervision as a specific area of interest to pursue in her work (*“Until then I hadn’t really thought that much about supervision”*), and it appears to have been imposed on her. It further suggests that she had felt powerless in making a decision about this role and did not challenge it in any way.

The words, *“now, all of a sudden, I was expected to build someone and watch them grow”*, portrays an omnipotent perception of supervisors which is seemingly sanctioned by the institution. Her statement also conveys that she felt “out of depth” as a supervisor, and was completely overwhelmed and unprepared for this role.

Similar to Cindy, other supervisors also conveyed a sense that they would choose not to do supervision if they had a choice. This was linked to the idea of supervision being an onerous task (Table 3-Appendix B2). Sonum speaks to this further:

Well, I wouldn’t be a supervisor if I didn’t have to. That one hour spent supervising, I would rather not do. I would rather spend [it] working alongside my students, and them seeing me counsel... or, whatever is better than any supervision. (p.1, 47)

Her words *“I wouldn’t be a supervisor if I didn’t have to”* clearly reflects her unwillingness to supervise. It also conveys a disinterest in supervision as an unavoidable obligation. She also speaks of her aversion to this work, as well as her lack of motivation (*“whatever is better than any supervision”*). The supervisors’ lack of autonomy about their decision to supervise and subsequent reluctance to take up this role further reflects the perception that many of them had no control over supervision within an institutional context (Table 3-Appendix B2).

Some of the supervisors’ visibly felt powerlessness and reluctance raises concerns about how this impacts on their ability to genuinely and meaningfully engage with their trainees. It further raises questions about their ability to effectively identify and manage difficulties in supervision, such as non-disclosure. The implications and pervasiveness of this finding will be discussed further in the discussion.

2. MANAGING TRAINEES' NON-DISCLOSURE.

Some supervisors believed that trainees' non-disclosure were linked to a sense of safety in the supervision relationship. With this in mind, these supervisors maintained that they addressed trainee non-disclosures fairly and cautiously.

2a. Perceptions of trainees' fear and self-protection: "I think they are afraid of not knowing".

Most of the supervisors in the study suspected that trainees who were afraid of their supervisors, or did not feel safe within supervision, were most likely to withhold information. This was perceived to have been done primarily to protect themselves. Lerato elaborated on this perception:

I would imagine that it probably has to do with how safe their supervisor makes them feel. I suppose if they know they are being evaluated, if qualifying is dependent on one's evaluation assessment of them...so I suppose it depends on how safe the supervisor makes them feel and I think it also has to do with the intern's own level of confidence and feelings of competence or lack thereof. I think it probably has most to do with that dynamic of someone who is evaluating you, and does your supervisor make you feel safe enough to be totally honest? (p.3, 51)

Lerato thought that the trainees' non-disclosures were linked to their sense of safety within the relationship as well as their own sense of confidence and competence. She appeared very aware of the implicit power differential within the supervisory relationship as a result of evaluation ("*that dynamic of someone who is evaluating you*"). Lerato further implied that the trainees' sense of safety is primarily determined by the supervisor's actions to foster this within the supervision context ("*does your supervisor make you feel safe enough to be totally honest?*").

The perception of trainees' safety and subsequent self-protection through the use of non-disclosure appears to have been, in some cases, inferred from some supervisors' own experiences as trainees themselves. For example, Sally used her

own experiences of non-disclosure as a trainee to guide her as to what trainees may have not disclosed to her.

I sometimes didn't disclose things to my supervisor, things I had done which constitute breaking boundaries or doing the wrong thing, probably because I was afraid that I would be in trouble. But even then, I think of the things I've done and I think, "Would I admit to someone I have given a patient R50?" So it's a heartfelt response but it's also breaking boundaries. Those are the non-disclosures that I'd be aware of. (p.4, 6)

Sally's quotation illustrates how she used her own experiences of withholding behaviours in training, to raise awareness of particular types of non-disclosure in her trainees. Other supervisors also shared the perception that trainee fear and self-protection was linked to evaluation concerns (Table 4 – Appendix B2).

2b. Addressing non-disclosures: "I would say so and so brought this to my attention, so what happened?"

Most of the supervisors in the study primarily felt that they were able to raise the issue of withholding information with a trainee directly if they suspected it to be an important omission. Taryn spoke of this further:

If I think she's not becoming aware of a feeling or an intuition or whatever, then I would just generally approach it and say, "I'm getting the idea you might be xyz, what do you think?" and see whether or not they pick that up. It also depends on the intern and how defensive they are. (p.6, 15)

Taryn's quote suggests that she raised possible non-disclosures cautiously and assessed the trainee's reaction to this. Supervisors appear to have assessed two main factors prior to their raising suspected omissions. Firstly, the trainees' level of defensiveness was implicitly considered. Secondly, supervisors also thought about possible risks that suspected non-disclosure may have on the patient. These factors appear to have determined the immediacy and directness with which suspected non-disclosure were addressed (Table 5 – Appendix B2).

In some instances, supervisors appeared to address concerns about non-disclosure in a guarded way. Sheri's words, "*I would pick my words very nicely and try and ask him about it*", suggests a tentative approach to addressing possible non-disclosure. Both Taryn and Sheri's approach to addressing suspected non-disclosure reflects anxiety about how the trainees may respond, which further conveys the impression that all non-disclosure was perceived to possess a negative element. This perception, however, may have been characteristic of the supervisors' own experiences of withholding information. Other supervisors opted to either openly raise suspected non-disclosure with the trainees or interpret the trainees' responses (Table 5 – Appendix B2).

The variation in how supervisors addressed what trainee left unsaid appears to be in keeping with their individual approaches to supervision. It further reflects an absence of a "standard" in supervision education on how to manage difficulties, such as non-disclosure.

3. SUPERVISORS' PURPOSEFUL NON-DISCLOSURE.

Similar to the findings on trainees (Study 1), supervisors' non-disclosure primarily took the form of purposeful, conscious withholding. This suggests that what was not disclosed was a very controlled and conscious act on the supervisors' part. The most prominent type of supervisor non-disclosure included: i) Strategic self-presentation; ii) Private non-disclosure; iii) Professional non-disclosure, and iv) Supervision-specific non-disclosure.

3a. Strategic self-presentation: "I certainly would want to appear to her as though I am competent and functioning well"

Some supervisors reported that they felt the need to project a positive impression of themselves as professionals. At times, this also included the need to generate a positive impression of their workplace. This meant that they did not disclose information that may have painted an unfavourable impression of them. This is further illustrated by Mike.

I certainly would want to appear to her as though I am competent and functioning well, in spite of the fact that I might not. So yes, there are certainly non-disclosures. It's not that I wouldn't disclose weakness or vulnerability but I would want to project a sense of composure that I am coping because this is about the intern's space to talk about their not coping...I think it's the role you want to emulate. I want them to see me as a role model, that's it, so I think it's really important for a psychologist to be in control of the therapeutic space and not distracted by their own thoughts or their own issues. (p.7. 11)

Although the intention for Mike's non-disclosure was about creating space for the intern, at another level it also allowed him to project a sense of competence and composure to his trainees, despite his personal struggles. In this way, his non-disclosure conveyed a sense of control, a seemingly 'invulnerable' image that hinted at his perceived role as an authority figure. He also appeared mindful of the potential for emulation of his role, as well as the accompanying power to influence in that context (*"I want them to see me as a role model"*).

Rather than discuss his own experience of not coping, Mike alludes to the idea of the trainee not coping (*"I would want to project a sense of composure that I am coping because this is about the intern's space to talk about their not coping"*). Mike's assumption of the trainee's vulnerability appears in the absence of discussion on the issue. It also further implies a preferred context, on Mike's part, where the supervisor is seen to be in control and the trainee vulnerable.

Similar to Mike, Cindy (Table 6 – Appendix B2) did not disclose to trainees her uncertainty about her knowledge and withheld deficits in knowledge. She reported that she made sure she did the subsequent research for the next supervision session to uphold a sense of omniscience in supervision.

The above discussion highlights how purposeful non-disclosure was used in an attempt to come across as invulnerable and in control. The non-disclosure thus appear to have enabled some of the supervisors to project a false sense of composure, irrespective of their own uncertainties or anxiety. This seems to have been a consistent presentation for the supervisors, implying that there was a succession of non-disclosure over the course of the relationship.

3b. Private non-disclosure- “So it just depends on the value of the disclosure”

Some supervisors felt that ‘private’ disclosures on their part were neither useful nor necessary. Private disclosure typically referred to personal information, experiences or reflections pertaining to their private life. Despite the perceived closeness of their relationships, some of the supervisors often found that they had to carefully navigate supervision to maintain appropriate boundaries within the supervisory relationship. Sonum and Sheri spoke to this further.

Sonum: Obviously there’s some very private issues in my life which I wouldn’t disclose, but I very seldom don’t disclose the things I think they need to know.

Sheri: I don’t think personal disclosures are valuable. I don’t think they are useful at all. If they want to know about me then I would tell them. So it just depends on the value of the disclosure, if it’s going to add value to how I am supervising and the experience of the intern.(p.12, 34).

Both Sheri and Sonum’s excerpts suggest that they were reluctant to make personal disclosures and questioned the value they may have added to supervision. Sonum’s words, “*I very seldom don’t disclose the things I think they need*”, convey an authoritative certainty on her part, determined by her ‘knowing’ what her trainees need. However, the decision appears to have been made in the absence of any discussion with the trainee.

Sheri seems to have assumed that trainees would freely ask supervisors personal details and that the supervision environment was conducive for them to do so (“*If they want to know about me then I would tell them*”). Both Sonum and Sheri’s experiences appear to have been based on assumptions that highlight a ‘felt’ authority in ‘knowing’ their trainees’ needs in the absence of discussing it with their trainees.

Adopting a different perspective, Cindy, cautiously utilized private disclosures as a means of building the alliance (“*building rapport and lower the formality of the relationship*”). She alluded to exercising caution regarding her own private disclosure, which appears to have been determined by the trainee’s need. She did

not, however, mention how she assessed that need which appears to have been based on her “knowing”. These ideas are further supported by other themes such as strategic-presentation, highlighting manifestations of the supervisor’s ‘all-knowing’ authority in supervision.

Private disclosures appear to have resulted in discomfort for some supervisors like Taryn. This was particularly related to relationships with trainees (Table 7-Appendix B2). For Taryn, not disclosing private information to trainees served to protect her from blurring her personal and professional boundaries. She reported that for her, private non-disclosure in supervision helped to maintain her professional boundaries (“*not to let your guard down*”).

Yet, similar to Cindy, she also preferred to come across ‘casually’ in her role (“*nice to be more friendly*”). She therefore appears to have been striving to maintain both professional and personal boundaries in supervision. In the absence of supervision guidelines on how to manage this issue, Taryn appears to have been placed in a quandary about how to manage the boundaries between her personal and professional self.

3d. Professional non-disclosure: “...it’s about normal confidentiality issues”.

Professional disclosures appeared easier for supervisors to manage than personal disclosures. Subsequently, there appears to have been less withholding about professional issues. The only time that supervisors appeared to face a dilemma in this area was when disclosures were anticipated to breach issues of confidentiality. Sonum’s excerpt illustrates this further.

If I’ve got a patient in my private practice that I think might know them or a part of their lives, say a lecturer... or something like that, then that’s crossing boundaries. I won’t tell them what I know about that lecturer ... so it’s about normal confidentiality issues, but they will learn quite a lot from me about my clients. You have to be careful you know...clients discuss their intimate lives with you and you don’t want to go blabbing about that to your interns. So

there might be a few things about people that I feel are sensitive or I wouldn't know how to even explain to my interns. (p.6, 16)

Sonum appears to have been vigilant about professional disclosures and did not discuss her thoughts about her own clients, particularly if it involved sensitive or revealing information (Table 8 – Appendix B2). This reinforces the supervisors' commitment to professional and ethical conduct.

3e. Supervision-specific non-disclosure: “I struggle to give that kind of feedback”.

Some supervisors' purposeful withholding behaviours were often reported to be a technique to facilitate the trainees' learning. Rather than provide the trainees with all the information upfront, at times, supervisors' non-disclosure was intended to teach trainees to discover information on their own. This is further exemplified by Taryn's excerpt:

If they are new and you bombard them with too much information about the patient from the beginning, then you will not develop their initial skills...as the year progresses, we touch on more issues that wouldn't come up with patients in the beginning, because I wouldn't have really focused on because they were just learning the basics,. So it depends what month they are in the process. It also depends on what therapy mode they are using, so obviously if they are using CBT [Cognitive Behavioural Therapy] they don't need to know all the psychodynamic aspects of it. If it's a simple CBT, then we can keep it at that, so it depends on the type of client, on whether I want them to read more about it or not. (p.3, 29)

Taryn suggests that purposeful non-disclosure was used as a teaching strategy, in an attempt to gradually expose the trainee to information that was appropriate to their developmental stage. Her words, “*it depends on...whether I want them to read more about it or not*”, imply that the material focused on was largely determined by her and very much under her control. It furthermore suggests her exercising her authoritative power in order to do so.

Sally discussed two incidents of supervision-specific non-disclosure that involved supervisory feedback with trainees (Table 9 - Appendix B2). With both incidents Sally struggled with disclosing negative feedback to trainees because she perceived it as being critical. The first incident of non-disclosure (Table 9 - Appendix B2), appears motivated by her own personal issues (*I struggle to give that kind of feedback*). She also appears to have been aware that her inability to make these important disclosures to the trainees perpetuated their own perceptions of being “good enough”.

In the second incident (Table 9 – Appendix B2), Sally’s words, “*there was no place for me to give her any input*”, alludes to the idea that the supervisory space she shared with her trainee was felt to be un conducive to disclosure. She appeared to have held the perception that the trainee adopted a powerful position of “knowing” in the relationship, ousting her in the process (“*She needed to be in a position of knowing*”). This illustrates how non-disclosure may be linked to perceived power differentials. This will be discussed further later in this section.

4. FACILITATING FACTORS FOR SUPERVISOR DISCLOSURES.

There appear to be a number of factors that facilitated supervisors’ disclosures in clinical supervision. Key factors from the supervisors’ perspectives included: a) The patient’s best interest; b) Relationship factors, c) Maternalization of the supervisory role, and d) Trainees’ learning. These are discussed under the relevant sections with exemplar quotes

4a. The patient’s best interest: “If I think it’s important for the patient...”.

Some of the supervisors appeared open to making disclosures particularly if the disclosures were likely to have facilitated more effective patient care. Cindy elaborates on this further:

....if I think it’s important for the patient, even if the intern might not necessarily be ready to hear my approach. So if it was in the patient’s best interest I would probably still bring it up, just a lot more carefully. (p.7, 22)

For Cindy, the patient's best interest appears to be the over-riding factor for her disclosures. This further implies that the patient's best interest may have superseded the trainee's need in some instances. Accordingly, it highlights a primary sense of professional responsibility to the patients and prioritizing patient welfare over and above other responsibilities. Pat also voiced similar concerns (Table 10 - Appendix B2).

4b. Relationship factors: "... if you like and respect your trainee..."

Relationship factors within the supervisory dyad also appeared to facilitate disclosures on the supervisors' part, particularly issues of professionalism, maturity, mutual liking and respect. Sheri's excerpt exemplifies this.

Our relationship being professional would definitely facilitate that [disclosures]. I can go to him and talk to him about things on a professional level. I think it helps to maintain that boundary and that's what I think helps me, so if I needed to tell him something I can call him and discuss it with him because I know Marc's personality where he is mature enough to take feedback in a positive way and also be able to tell me about how he feels about it, whether it is negative or, however he feels about it. I think he's confident enough to do that." (p.16, 3)

Sheri perceived Marc as bring professional and mature. Her assumption about his honest feedback suggests that she also assumed that a very positive alliance existed in this relationship.

Improving the supervisory alliance was the primary motivation for Sally's non-disclosure. She attempted to avoid conflict within the supervision alliance by means of withholding information (Table 11- Appendix B2). In addition, her issue of "being nice" appears tied up with her perception of maintaining an alliance. However, it also conveys the impression that she was mindful of the supervisory alliance perhaps being too fragile for some disclosures. The withholding behaviour appears to have been recurrent in the relationship. The more Sally perceived the alliance as being vulnerable, the more she withheld sensitive information. Similar observations were made by other supervisors (Table 11 – Appendix B2).

4c. Maternalization of the supervisory role: “...you end up by being a glorified mother”.

Three supervisors openly discussed their ‘maternal role’ as a supervisor and its perceived influence in the supervisory relationship. Sonum spoke to this further:

Sometimes these youngsters, sometimes they throw all their toys out of the cot. Their whole family life and background comes out when they deal with patients, so you end up by being a glorified mother, mentor, [and] sometimes themselves are more of an important case than their cases. So, that focus is important for me. (p.2, 30)

Some of the older female supervisors admitted to being very maternal (“*glorified mother*”) and protective of their trainees. This appears to have been an important focus for them. They believed that this maternal role helped facilitate disclosure in their relationship. The perceived nurturing component of the mothering role also appears to have been an important focus (Table 12 – Appendix B2).

4d. Trainees’ learning: “I wanted to resonate with her”.

Supervisors were very positive and enthusiastic about making disclosures about cases which they thought facilitated their trainees’ learning. Mike elaborated on this further:

I have occasionally spoken about clients I have worked with and the experience I have had. So she may be talking about a case, for example, with personality disorders and how difficult it’s been to work with someone with borderline personality disorder...and so I spoke about my experience about that, not in detail, but I did feel it would be appropriate to share the frustration, or my own personal feelings in response to having worked with that client. I disclosed that because I wanted to show some resonance. I wanted to resonate with her experience. It didn’t mean she was a bad therapist because she was struggling to connect with this person who was irritating her, and it’s something that I had experienced as well. (p.6, 34)

Mike reflected on his attempt to validate and normalize the trainee's experiences through his own disclosure about professional matters. Other supervisors felt similarly (Table 13 – Appendix C) and their excerpts highlight their belief that professional disclosure about case material effectively facilitated their trainees' learning. Supervisory discussion about negative experiences with clients was also perceived to have positively reinforced trainees' experiences and generated shared experiences with trainees.

5. THE EFFECT OF NON-DISCLOSURE.

During the analysis stage of this study, it emerged that most of the supervisors in this study appears to have generally focused more on the issue of trainee non-disclosure than their own non-disclosure in the relationship. This suggests that either they devalued their own withholding behaviours, or alternatively, they may not have understood or recognized their own non-disclosure, or the motives underlying them.

At another level, in line with the need and reputation to appear "all-knowing", some of the supervisors may have subsequently avoided focusing on their own non-disclosure. Supervisors' accounts of trainees' withholding information within the relationship appear to have generated a number of themes. These included: (1) A defensive reaction to suspected trainee non-disclosures; (2) How it affected them both professionally and personally, and (3) When it resulted in compromised patient care.

5a. Supervisor's defensiveness: "I don't think they don't tell me".

A number of the supervisors appear to have been uneasy and defensive about the idea that their trainees may have intentionally withheld information from them. Taryn's excerpt exemplifies this:

Well, maybe I'm naive, but I don't think that, and especially with my style of supervising, I don't think that interns purposefully don't tell me things, because I'm not harsh or judgemental and tell them, "Oh why didn't you do this?", because I know that they are learning. So I don't think interns don't

say things purposefully because also they are very nervous, they want to tell you everything so that they do the right thing. So, I think if there are non-disclosure, [then] they are done unwittingly. (p.2, 37)

Taryn preferred to believe that any non-disclosure on her trainee's part was only done unintentionally. Her quote suggests that she presumed that her style of supervision and unconditional acceptance was conducive to trainee disclosures. Like Taryn, other supervisors also used defensive strategies such as denial and rationalization to shield themselves from exploring the issue of purposeful trainee non-disclosure within their respective supervisory relationships (Table 14 – Appendix B2).

This suggests that some supervisors were unprepared to accept the possibility that, despite their support and attempts at fostering a good supervisory alliance, purposeful trainee non-disclosure may still have ensued.

5b. Professional and personal effects: “I felt a bit betrayed”.

Some supervisors reported hearing about supervision information second-hand, in supervisor's meetings or reports from other medical personnel that trainees had not discussed with them. These supervisors reported that the trainees' non-disclosure in these instances affected them both professionally and personally in various ways. Professionally, it resulted in reflections on their own interpersonal interaction with the trainees as well as concerns about their professional reputation (Table 15–Appendix B2). Sally elaborated on this:

I felt quite hurt...Oh the other thing was, “Does your supervisor start supervision on time?” and the person wrote “No” (laughs), and I was actually devastated, because firstly, it was going to my boss and, secondly, you know that I got these small children..., so was getting here a bit late by which time this other person had gone off to do other stuff. So I would just miss them and the point is that I felt there wasn't any space to defend myself and it wasn't entirely fair. (p.11, 27)

Sally felt particularly upset by her trainee's purposeful non-disclosure about her 'lateness'. Her words, “*I felt there wasn't any space to defend myself*”, further reinforces the sense that the supervisory space was not perceived to be conducive

to disclosures. Sally also raised maternal role experiences, which appear to have posed some barriers to her getting to supervision on time. She seems to hold the belief that there ought to have been more understanding about this issue.

For supervisors, the consequences of trainees' withholding behaviour in some instances could be quite serious or damaging for the supervisor. Some of these include incidents where non-disclosure led to professional disciplinary hearings and malpractice lawsuits. It was also thought to potentially discredit the supervisors' professional standing with the professional board of psychology, colleagues and patients.

Some supervisors reported that they felt personally affected when trainees did not make disclosures to them. The most common feeling in response to trainees' suspected non-disclosure appears to have been betrayal. Pat's excerpt illustrates this further.

I think it would make me doubt if I provided a safe enough space for that disclosure. So I would think the fact that it is happening might be partly my fault. I guess depending on what it is, I could feel quite betrayed by it. (p. 7, 24)

Pat initially linked her trainee's withholding of information to issues of safety. As mentioned earlier, supervisors in the study perceived non-disclosure to occur primarily as a result of trainees' fear in an unsafe environment. However, the betrayal and subsequent anger that some supervisors experienced (Table 15 - Appendix B2), appear linked to their notion of having created a supportive environment for trainees. Despite this, they felt that their efforts had gone unrecognized by their trainees. They thus appear to have assumed a very personal reaction to their trainees' non-disclosure.

5c. Compromised patient care: "It changes the way you instruct them on patient care if you don't have all the information".

Some supervisors felt that trainees' withholding of information definitely impacted on patient care and compromised the efficacy of supervision in some instances, as in the following case with Sally:

Sally: I don't think she was telling me everything that was going on, and she was busy all the time. We were crazy busy, crazy busy. So her door would be closed from 8-4pm and sometimes she wouldn't come to supervision, she would book patients in that slot, so I really started getting really anxious about not having a handle about what was going on there. And I suspect she wasn't giving me information on what was happening in sessions. I wasn't managing to look at her files and I didn't think they were up to date, so I know that stuff wasn't done. Patients didn't get reports, there were all sorts of stuff that happened... (p.8, 47)

Neeshi: And how did you manage them?

Sally: I went on leave (laughs). Yes, so some of the obstacles are just there...there isn't enough time... it's difficult to pin it down, and maybe I avoided dealing with as well.

Sally confirmed her experience of a trainee withholding information from her which subsequently resulted in compromised patient care. Due to the work setting being busy, Sally's initial response to this situation was about her inability to control this. On further probing, she acknowledged, however, that she avoided addressing the issue. Further verbatim discussion of this excerpt is reflected in Table 16. It importantly captures how Sally felt unable to address the issue of compromised patient care because she appears to have been tied up with her own issues of being "nice" and maintaining some semblance of an alliance. Her lack of supervision training is also likely to have exacerbated her inability to address this issue.

Other supervisors also voiced similar concerns about compromised patient care (Table 7 – Appendix C) and reported that they were either aware of patient care being compromised through non-disclosure, or anxious that it would be. In some instances, greater anxiety was expressed about what trainees may not have been aware of through inexperience and inadvertently withheld as a result.

DISCUSSION

This study sought to understand non-disclosure in clinical supervision from the supervisors' perspective. Three prominent findings emerged which relate to supervision: training and development, choice-motivation, as well as power and omniscience. These form the focus of this discussion.

Some of the findings in this study are supported by previous supervision research. For instance, supervisors withholding information from their trainees under particular circumstances is a common finding (Ladany & Melincoff, 1999). Supervisors in this study appear to have especially struggled with the disclosure of negative reactions to the trainees' work. This meant that supervisors were reluctant to disclose information about the trainees' poor performance and suggests either poor supervision boundaries or a weak supervision alliance (Grant, Schofield, & Crawford, 2012). It furthermore suggests that supervisors may have struggled with professional inadequacy in managing this feedback, given their lack of supervision training.

Other findings supported by research include supervisors' non-disclosure which were linked to: 1) Concerns it would damage the supervisory alliance (Ladany & Lehrman-Waterman, 1999); 2) Pedagogical reasons i.e. trainees may not have been developmentally ready for the information (Ladany, & Melincoff, 1999), as well as, 3) The anticipated negative reactions from the trainee (Heru, et al., 2006; Skjerve, et al., 2009).

Consistent with theory and research (Bordin, 1983; Ladany & Bradley, 2010), particular relationship factors within the supervisory dyad were perceived to facilitate supervisor disclosures. These included professional ways of relating within the supervisory dyad and trainee maturity, as well as mutual liking and respect in the supervisory relationship. Many of the supervisors also believed that professional disclosures (case material) effectively facilitated their trainees' learning and contributed to a shared experience, a finding shared by Ladany and Lehrman-Waterman (1999). Of further interest is how some supervisors' maternal role difficulties (such as expressing milk), may at times also pose complications for supervision. This is exemplified by Sally's apparent difficulties in managing her maternal role difficulties as well as her supervisor role. This appears linked to

gender role issues which Heru et al. (2004) explored, and appears to be an area worthy of further research.

Choice-motivation.

Notably, the lack of choice about becoming a supervisor emerged across the whole sample of supervisors and appears to have heavily impacted on their motivation in supervision (p. 117). In addition, as a result of supervision training deficits and lack of information about supervision models, most of the supervisors appear to have been ill-equipped to manage supervisory difficulties such as suspected non-disclosure.

The lack of autonomy regarding the decision to supervise appears to have resulted in their reluctance within the role. Notably, none of the supervisors who reluctantly complied with supervision, voiced any challenge to this role. They thus entered supervision being unmotivated and unwilling to supervise. Perhaps similar to general research findings (not specific to supervision) on choice-motivation (Deci, Connell, & Ryan, 1989), when working conditions for supervisors were experienced as controlling, this may have resulted in diminishing the supervisors' intrinsic motivation. Other general research in a non-supervision context (Patall, Cooper, & Robinson, 2008) also found that being afforded choice in the workplace, has an overall positive effect on employees' intrinsic motivation, effort, task performance, perceived competence, and preference for challenge.

In my study, the lack of choice in their work, and subsequent reluctance, appears to have resulted at times, in supervisors' ensuing devaluation of supervision. Ladany et al. (2013) also arrived at similar findings. The devaluation of supervision is seen in instances where supervisors lacked interest in further reading or informing themselves about supervision, as exemplified by Sonum (p.117). It thus conveys the impression that, as a result of their circumstances, they were not invested in their role as supervisors and offers an explanation for the sustained lack of supervision knowledge over the years of supervisory experience.

Training & Development.

It appears that most supervisors in this study entered the supervisory relationship with a deficient sense of themselves as supervisors. They lacked proper training and subsequently appeared to struggle with a sense of insecurity about how to conduct supervision. The extent of the deficiency in supervisor education is most seen where supervisors were unaware of their own style of supervision or the various models of supervision available.

From a developmental perspective, taking on the additional responsibility of supervision so shortly after qualifying as professionals, also puts forward the possibility that some supervisors may not have had sufficient time to fully integrate themselves as “newly evolved professionals” (Skovolt & Rønnestad , 2003). Given the marked absence of supervision development and the felt deficiency in their roles at an un-integrated stage in their career, suggests strongly that some of these supervisors may have been ill-equipped for the job of clinical supervision at that point.

Initially, in the absence of research, it was theorized that patient care may be compromised as a result of essential non-disclosures (Pearson, 2000). This study importantly reveals that some supervisors, like Sally (p.131.), were aware of patient care being compromised through trainee non-disclosure. Notably, no further discussion on how they might have managed these withholding behaviours ensued, and this may have been indicative of the supervisors’ felt professional inadequacy in addressing these issues. Although I did not explore the issue of patient care further, as it was not within the ambit of this research, it remains a crucial area for further research.

Some supervisors appeared to differentiate general withholding from non-disclosure made specifically for pedagogical reasons. In the case of Taryn (p.115), she attempted to gradually expose trainees to information that was appropriate to their developmental stage. This supports McKinney’s (2000) findings of supervisors withholding information for educative purposes. However, at times the trainee’s needs appear to have gone unaccounted for in the process. This is apparent in Taryn’s case where, based on pedagogical premise, she instructed her trainees on learning only what she thought necessary. This conveys the impression that the

supervisors' opinion reigns supreme in issues of pedagogy and contributes to the perception that the supervisory space is implicitly held to be the domain of the supervisor, rather than being a shared and negotiated space as Safran (2003) maintains it should be.

Despite being unprepared for the complexities of supervision, many of the supervisors attempted to negotiate difficulties in supervision as best as they could, based on their own experiences and with a view to strengthening the alliance firmly in mind. As exemplified by Cindy (p. 126), their focus on the patients' best interest also meant that responsible and ethical practice was held to be priority. In the absence of adequate training for the supervisory role, it is perhaps unsurprising that some of the female supervisors like Sonum (p.128) resorted to the mothering role, a role that was familiar to them and supportive of the trainee.

From a relational process perspective, the way 'maternal enactments' manifest in supervision and their possible negative or positive consequences has received relatively little attention in the supervision literature. This has implications for gender role consequences in supervision (Heru et al., 2006) as well as understanding how particular roles are adopted in supervision. Both issues are worthy of further research.

Power and omniscience.

In addition to research which explores the prominence of the supervisor's power in clinical supervision (Murphy & Wright, 2005; Mehr et al., 2010; Quarto, 2002), the findings of this study highlight the supervisor's perceived lack of power and control at the outset of supervision. As alluded to earlier, this appears to have been primarily influenced by: 1) Institutional expectations for the supervisors to provide supervision fresh out of their own traineeships; (2) Procedures apparently contrary to professional (HPCSA) registration regulations in terms of their years of experience, as well as (3) The absence of any supervision training.

The combined factors of the supervisors' reluctance to supervise, their reference to external expectations, as in the case of Sheri, Mike, Cindy and Sonum (p. 117), as well as their uncontested compliance to supervise, suggest that there may have been other underlying motivations for them to conduct supervision. An implicit incentive for psychologists to supervise at an institutional level may have

been the authority afforded to the perceived ‘omniscience’ of the supervisor role. Once this role is acquired, it seems to have carried with it the inherent reputation of being deemed “good enough” to hold this authoritative position. As a result of apparent institutional pressure or power, these supervisors may have been unable to challenge the structural and relational dynamics (embedded in the institutional hierarchy of training). They may therefore have been unable to challenge taking on the role of supervisor. To do so, would also, in effect, negate their newly bestowed authority. In this apparent double-bind, these supervisors may have been unable to discuss their own sense of coercion and powerlessness at the outset of supervision.

It appears that when the undeveloped supervisor was confronted by these institutional expectations to be “all-knowing”, despite their feeling overwhelmed and deficient within their role, as Cindy alluded to earlier (p. 118), they did not divulge this. From a theoretical point of view, it could be argued that, as is the hallmark of the *doer-done to* relationship (Benjamin, 2005) discussed earlier (Chapter 3, p.50), supervisors became *done to* by the organizational structures (who took on the role of *doer*). From this point of view, they had the option to either resist or submit to institutional demands in the face of institutional power. Their apparent submission may have been influenced by their fear of risking their newly acquired authority - the implicit authoritative power - afforded to these supervisors by the institution.

Given the expectation placed on supervisors by institutional demands, it is likely to have resulted in the impression that if supervisors could not effectively demonstrate this expertise in supervision, then they did “not know”. This may be further explained by applying Sullivan’s (1953) theory of the Self-system, discussed earlier (Chapter 3, p. 39). Theoretically, supervisors, in these instances, may have utilized the security operation *selective inattention*, and as a result, refused to acknowledge “not knowing” because it was inconsistent with their existing self-expectations within the institution (Sullivan, 1953).

In addition, in order to live up to these institutional expectations, as alluded to by Sheri(p. 115), and in line with Sullivan’s (1953) notion of the *Self* striving for self –preservation (see Chapter 3, p. 39-40), it is very likely that these supervisors may have subsequently created an illusory sense of power and control within supervision. This may explain how supervisors like Cindy felt completely

overwhelmed and unprepared for her role as supervisor, but immediately complied with the omnipotent perception of suddenly being expected to “*build someone and watch them grow*” (p.118).

In so doing, some of the supervisors’ ‘submission’ to supervision may be understood as having being motivated by the avoidance of anxiety (about “not knowing”). While supervisors appear to have been at the receiving end of powerful institutional injunctions, similar dynamics appear to have been transferred onto trainees. This is seen in the case of Mike (Appendix B2, Table 3), where his submission to supervision is reported earlier in the interview (“*I have to sit and be receptive*”). However, he later conveyed a sense of control within the supervisory relationship and hinted at his perceived role as an authority figure. (p. 114). Notably, he also implied a preferred, relational dynamic comprising *the powerful supervisor* and *the vulnerable trainee* (“*this is about the intern’s space to talk about their not coping.*”). The formation of particular relational dynamics and relational positions that unfold within the supervision context and influence critical events like non-disclosure, appears worthy of further research.

Theoretically, in an apparent transfer of *complementarity* dynamics from an institutional context to the supervision context, it is likely that some supervisors, may have *reversed the roles of complementarity*, where they subsequently took on the role of the *doer* and the trainee became the one *done to* (Benjamin, 2006). Thus, due to a sense of the supervisors’ initial disempowerment, this appears to have been effectively transferred onto trainees.

Furthermore, this is likely to have resulted in the implicit perception that in order to teach, the supervisor has to *know*. Thus feelings of omnipotence are likely to have emerged each time the supervisor came across new circumstances or situations that they perceived as potentially threatening to their sense of control (Benjamin, 1988). As a result, it is not surprising that some of the supervisors’ withholding behaviours predominantly emerged as a result of strategic self-presentation or an inability to address negative feedback. Here, the aim appears to have broadly been to put forward a favourable impression of themselves so as to convey a sense of competence, control and composure. In this way, it suggests that their need to be *knowing* may have also perpetuated their perception of the trainees *not knowing* (Benjamin, 2004a). Such withholding behaviors also appear cyclical, in that any information that may have been seen to threaten this perception of

professional competence and self-regard resulted in further withholding on their part.

This strategy appears to have assisted in projecting an ‘all-knowing’ attitude to better reflect their perceived power and authority. In this manner, supervisors, similar to the trainees (discussed earlier), appear to have perpetuated a *cycle of non-disclosure*. The emphasis on the “all-knowing supervisor” thus appears to have resulted in some of these supervisors’ hiding deficits in their knowledge for the duration of the supervisory relationship. However, if the supervisor then chose to see herself as “all knowing”, she was likely to experience the accompanying guilt of not being nice, as Sally (p.131) often did. In this ‘game’ of *it’s either you or me*, a process of disassociation is likely to have occurred in supervision in order to separate from the painful feeling evoked by the other (Sullivan 1953; Bromberg, 2012).

In these instances, *False self*-relatedness (Winnicott, 1965) is likely to have prevailed and would have had important consequences for the supervisory dyad, as it would have resulted in the supervisors inauthentically engaging in supervision. This may have enabled some supervisors to conceal their deficient self and project a positive, invulnerable, omniscient image to the trainees. In this manner, narcissistic vulnerability which Wallace & Alonso (1994) made reference to, may have been avoided on the part of these supervisors.

Dynamics within the dyad.

Some supervisors like Sally struggled with disclosing negative feedback to trainees because she perceived it as critical. This appears to be related to a reluctance to engage in a conflictual dynamic within an already weak supervisory alliance, a potential *rupture* with which she was evidently uncomfortable. The avoidance of negative feedback seems to reflect some supervisors’ difficulty in working with inevitable strains in the alliance. It also reflects a lack of understanding the importance of working through potential ruptures in the supervisory relationship (Safran & Muran, 2000a). Furthermore, it importantly implies, from Sullivan’s (1953) point of view, that the supervisors striving towards security and maintaining one’s self-regard was a primary endeavour. This is illustrated by Sally’s discussion of events on “compromised patient care” where she opted to avoid the trainee’s withholding behaviours, even though she was aware

that it compromised patient care. In this way, withholding information about the trainees withholding behaviours served to distance Sally from the more difficult task of disclosing demanding aspects of supervision that concerned her.

Many of the supervisors' personal and emotional responses to trainees' non-disclosure, specifically characterized by a sense of betrayal, appear to have emerged as a result of their positive perception of the supervision alliance. It appears that for these supervisors, the idea of trainee non-disclosure was equated with a negative alliance. Their apparent defensiveness emerged in relation to the idea that their trainees may have intentionally withheld information from them. It thus appears to have shielded them against the possibility of purposeful trainee non-disclosure within their respective supervisory relationships. The above suggests that supervisors had difficulty accepting that non-disclosure may have occurred despite their perception of a good alliance.

Importantly, the findings from Study 1 confirm that despite the supervisor's perception of a good alliance, trainees in the supervisory dyad persisted with withholding behaviours. Notably the non-disclosure appears to have continued despite the trainees' own perceptions of a good alliance. It thereby supports Strømme and Gullestad's (2012) findings on non-disclosure within a positive alliance but appears to have been unaccounted for by many of the supervisors in this study. In effect, the subsequent defensiveness and apparent emotional response to trainee non-disclosure suggest that these supervisors perceived the notion of trainee non-disclosure to negatively reflect on the supervision they provided.

In these instances, supervisors' *selective inattention* (Sullivan, 1953) becomes apparent. Their denial of trainee non-disclosure conveys the impression that in the absence of formal supervision training, this may well have been their armour against the possibility of offering trainees supervision that was perceived harmful or not good enough in terms of the supervisory *holding* function (Winnicott, 1965), discussed earlier (Chap.3, p.18). In this way, it would have threatened their self-regard.

It was also revealed that some supervisors like Cindy and Taryn struggled to maintain both professional and personal boundaries in supervision and this

impacted on the disclosures made. Theoretically, this struggle characterizes Safran's (2003) theory of the "*tension between the need for agency and the need for relatedness*" (p. 165). Attempting to maintain both personal and professional boundaries at various points in the supervisory relationship is likely to have escalated anxiety within the supervisor because of the tension between two conflicting needs. Particularly when professional boundaries are privileged over personal boundaries, the conflict between the supervisors' need for relatedness and their individual needs as a supervisor (their need for agency), is likely to intensify. This implies that attempting to equally maintain both professional and personal boundaries within the supervision context, whilst privileging one over the other, may be a difficult endeavour, fraught with conflict. Although this area was not a focal point of this dissertation, it appears to be an area deserving of further consideration for the purposes of supervision training.

Many of the supervisors in this study appear to have focused on trainee non-disclosure as opposed to their own non-disclosure. Alternatively they focused on disclosure that was either in the patients' best interest or if it facilitated their trainee's learning. This may have been the result of two different explanations. Firstly, this particular focus may have been adopted as a result of deficient training and some supervisors believing that supervision concerns only the trainee. This would reflect their inability to understand relational dynamics within the supervisory relationships and how their unconscious processes actually contributed to the relational dynamic and processes that unfolded within supervision (Frawley-O'Dea & Sarnat, 2001).

Secondly, the focus on the "other" within the research may have ensured that the focus was not on "self" and therefore less likely to reflect any deficiency or vulnerability in their roles as supervisors. Apparently based on avoiding anxiety as far as possible, *selective inattention* (Sullivan, 1953) appears to have been utilized in these instances too. As a result, professional disclosures (about cases) made within professional boundaries (within supervision), appear to have been easier for some of these supervisors.

CONCLUSION

Aside from a number of the findings supporting other research in the area, a prominent finding in my interviews related to most of the supervisors feeling insecure, disempowered and reluctant in their role. This is a relatively novel finding and appears best explained by self-protection against an unfavourable impression to maintain an environment where supervisors reign as composed, omniscient professionals. Similar to the trainees' findings (Study 1), *a cycle of non-disclosure* also emerged and appears to have been primarily perpetuated by the supervisors' need for strategic self-presentation or an inability to address negative feedback.

Despite the supervisors' insecurities and forced compliance, the study generally revealed a strong sense of supervisor responsibility towards ethical issues, client care and professional training. Notwithstanding the supervisors' professional accountability, the study also captures how deficient supervisor training, combined with ambiguity about perceived supervision boundaries or a weak supervisory alliance, is likely to have contributed to supervisors' non-disclosure. This subsequently appears to have impacted on patient care, specifically when the non-disclosure appears to have been in relation to negative feedback to trainees.

Regardless of the supervisor's perceived good intentions within supervision at fostering a safe and positive supervisory alliance, it is apparent from Study 1 that trainee non-disclosure persisted. These aforementioned issues raise important questions, some of which have already been stated. However, other important questions also emerge, such as: What role does the supervisory alliance play in relation to withholding behaviours? What relational dynamics underpin the alliance building effort in supervision? To what extent are the theoretical criteria for alliance building in the supervision context adhered to, and what process underlies this? These issues appear significant and are likely to have implications for both supervision training and practice. I hope to address some of these issues further in the following study.

STUDY 3 - EXPLORING RELATIONAL PROCESSES LINKED TO NON-DISCLOSURE IN CLINICAL SUPERVISION.

The final study of the research project utilized a qualitative interview method and Interpersonal Process Recall (IPR), to access a detailed interpersonal understanding of non-disclosures in clinical supervision from supervisor and trainee perspectives. In relation to this, I also hope to provide a view of the relational dynamics that unfold within each supervisory dyad.

As discussed in Chapter 4, the research design embraces the intersubjective nature of supervision, bringing theories from intersubjectivity together with a methodology informed by an intersubjective standpoint. While the first and second studies of the project sought to explore how trainee psychologists and supervisors separately made sense of their own non-disclosures within supervision, this third study explores non-disclosure within the dynamics of four supervisory relationships.

Using IPR, the focus was on the real-time relational context in order to track processes and motivations associated with non-disclosure. In addition to gaining a better understanding of interactive and interpersonal processes linked to non-disclosure, this particular focus was also envisaged to aid understanding of the cyclical nature of non-disclosure that emerged as a notable finding in the first two phases of the project.

The study makes use of four detailed cases studies of a supervisory dyad over a six month period. As discussed in the methodology section, interviews took place at three stages of the supervisory relationship (the beginning, middle and end). This meant analysing six interviews for each dyad. Two supervisors and four trainees agreed to participate in the study. This meant that two trainees shared a supervisor on each training site. Although I would have preferred four separate cases (i.e. four supervisors), it was difficult to secure volunteers for this research. This may be attributed to some of the insecurities expressed in Studies 1 and 2. Two supervisors were eventually settled on because this design also had the advantage of observing the same supervisor across two cases. This was anticipated to help set apart dynamics within each supervision dyad by illuminating certain aspects of the supervisor's relational style and the trainee's responses. This is discussed in more detail within each case study.

In the following section, I present the four dyads, highlighting particular incidents of non-disclosure from both supervisor and trainee perspectives. As mentioned earlier, there were particular difficulties in condensing and presenting six interviews per case, especially because of the large volume of data. I attempted to manage this by focusing on specific incidents of non-disclosure within each case study and have tabulated other relevant verbatim excerpts in the appendices (Appendices D1, D2, D3 and D4). For the purposes of this study, an 'incident' sometimes comprised of one non-disclosure, but most often involved multiple examples, or a *process of non-disclosing behaviour*.

Some of the history of supervision for each case is presented from particular time periods (based on the beginning, middle and end of supervision), followed by a summary of the dynamics revolving around the withholding behaviours. This is followed by a focus on specific incidents of non-disclosure within each supervisory dyad which are explored in detail. Included are reflections on experiences and motivations for non-disclosure, as well as the perceived implications for the supervisory alliance. Details about how incidents of non-disclosure were identified and selected from DVD footage of supervision have been discussed in Chapter 4 (p.85).

DYAD 1: ENVER AND VERN

Dyad 1 comprised a young, male trainee (Enver) and his supervisor (Vern), a mature, female psychologist. During the course of his Masters training, Enver had been exposed to psychodynamic supervision and although he was still in training (the training model was eclectic), he displayed a preference towards a psychodynamic approach to psychotherapy.

The supervisor was a seasoned psychotherapist who had supervised trainees for more than 12 years. Enver was one of her two trainees for the semester, the other being Ted (Dyad 2), who is discussed in the next case study. At the outset, both Vern and Enver reported feeling positive about supervision.

It appears that the trainees' non-disclosure within this dyad was perceived to protect Enver's sense of competence. The supervisor's non-disclosure, in contrast, appears to have been motivated towards protecting both the trainee and the

perceived positive supervisory alliance. However, the positive supervisory alliance that was forged appears to have been conditional and dependent on the non-disclosure. As a result, it appears that some aspects of the relationship were based on what I refer to as a *pseudo-alliance*⁵ (Safran, 2003), within the supervision context. Five incidents of trainee/supervisor non-disclosure over the six month period are focused on in the following analysis and discussion.

INTERVIEW 1 – WEEK 1

Both Enver and Vern knew each other by reputation, from the positive feedback they had received from other trainees and supervisors respectively. They were both very optimistic about supervision. In an earlier general supervision meeting, Vern encouraged disclosure of all information as far as possible. However, a specific supervision structure or expectations were not discussed.

In the first research interview, Vern reported being concerned about Enver's patient because prior to supervision, she had heard Enver talk about the patient in a way that contradicted her independent observation of the patient. As a result, Vern chose to sit in and observe one of their sessions prior to the initial supervision without discussing it with Enver. In the research interview, Enver reported that he had been unsettled and surprised by Vern's presence in his session. He was also unaware of her intentions for sitting in on the session (Appendix D1, Table 1). Although Enver trivialized Vern's presence in his session ("*she made herself very small*"), he appeared very aware of her monitoring his actions ("*...but I'm sure she was listening*").

Vern was unaware of Enver's anxiety about her sitting in the session at the time, but realized this afterwards (Appendix D1, Table 1). However, she withheld this information about his anxiety in the supervision session that followed. In this instance, she consciously chose not to raise what she perceived to be an anxiety-provoking issue for him. By purposefully averting a potentially painful discussion, Vern attempted to protect him from hurtful information early in the supervisory relationship. This incident of protecting Enver by way of non-disclosure sets up a

⁵ Pseudo-alliance – term based on a false self that develops between the patient and therapist (Safran & Muran, 2000b)

recurring pattern which becomes apparent for the duration of the supervisory relationship.

Just prior to his first supervision session, Enver had reported some anxiety because he was the only trainee on site who came from a different educational setting. His words, “...*nervous about not being at the same level as them or not knowing as much as them*”, suggests that he was worried about not being seen as being on par with the other trainees, in terms of his knowledge and performance. It further suggests an underlying doubt about being a “good enough” trainee. His perception of being different to other trainees, combined with feeling ‘monitored’ by Vern, appears to have eroded his self-confidence on entering supervision, and intensified his anxiety.

Incident 1: “I didn’t want to assume responsibility”.

In the first interview, Vern was feeling quite comfortable about the supervisory relationship. She was aware that Enver sought structure, which she perceived to be ‘rather rigid’, so she intentionally adopted a more flexible approach to supervision. Vern felt this would help counter his ‘rigidity’ and be good for his development. To effect this stance at the outset of supervision, Vern asked Enver how he wanted to structure the supervision session.

According to Enver, these intentions were never discussed explicitly, leaving him feeling highly anxious at the beginning of the supervision session. During the research interview, his intermittent laughter, and his words, “*There were a lot of things racing through my mind*” (Appendix D1- Table 2), indicate his heightened anxiety. His facial expression on the video at the time supported this perception. He subsequently withheld his anxiety and confusion about the position he was placed in. He reported feeling stunned by Vern’s request because he was completely unprepared for and unfamiliar with how to structure the supervision session. It appears that as a new trainee in a new context, and in the absence of explicit orientation to supervision, he was looking to his supervisor for guidance.

In the research interview, Vern’s perception of this incident suggests that she later sensed Enver’s need for structure and his subsequent anxiety. Only then did she step in to provide it (Appendix D1, Table 2). However, there was no discussion

of the issue in supervision itself. Based on their differing intentions and perceptions of the issue, both Vern and Enver avoided explicit discussion about 'who takes responsibility' for leading supervision. Following this, Vern tacitly salvaged the situation by providing structure, but this also seems to have continued an unspoken pattern of rescuing Enver, which is discussed in subsequent incidents.

Incident 2 – “...my concern was less about Enver and more about the case”.

The second incident of non-disclosure in the first supervision session involved Enver's impressions of his patient. After Vern gave him feedback about the manipulative nature of the patient he was presenting (the patient Vern had sat in on prior to their supervision session), Enver appeared thoughtful in the video. When I reflected on this, he reported that he disagreed with Vern's perception, and went on to say:

I was thinking about the patient because Vern suggested he's quite manipulative, something I hadn't actually thought about, but no-one uses the word 'manipulation', they all imply [it] and I just hadn't thought about that. I was also thinking about my sessions with him, and how he hasn't come across as [manipulative] to me. (p.6, 31)

His words, “*I just hadn't thought about that*”, suggest that the possibility had not occurred to him at the time. He subsequently did not challenge this or disclose his perceptions of the patient to her. However, on further viewing of the recorded session, I noticed Enver rolling his eyes and queried his non-verbal behaviour. He informed me that although he could not remember the specific case details (Appendix D1, Table 3), he felt confident that he knew his patient and the symptoms better than his supervisor. This was reinforced by his words, “*it is quite easy to [mis]perceive him if you don't have insight into the symptoms*”, and “*I know how symptoms are*”.

However, it appears that when faced with Vern's authoritative power as a supervisor, Enver purposefully withheld his clinical impression of the patient. He

opted not to disclose his contrary clinical impression and rationalized this by focusing on other aspects of the case (Appendix D1, Table 4). By concurring with Vern's perception of the patient, Enver avoided the possibility of falling short in his assessment of the patient. In this way, his purposeful and furtive non-disclosure protected his perceived professional competence in Vern's eyes.

Vern was unaware of Enver's non-disclosure at the time and appeared focused on understanding the patient's presenting issues and was preoccupied with the complexity of the case (Appendix D1, Table 4). Her primary concern at the time was that the case was out of Enver's depth, as revealed by her words, "*he would not be able to do for himself at this stage, he wouldn't just because it's far too complex*". Vern thought a full formulation of the case was too difficult for Enver in the first session of supervision and opted to do it herself.

Her comments about the need to "*bring him up to speed*", "*doing the integration for him*", and her decision to sit in earlier on the session with no prior discussion, suggest that she was anxious about his abilities at that stage and tried to do the work for him. This appears to have been an unspoken means to address her concerns about his ability to manage the patient. By sitting in on the session and focusing on the patient rather than Enver's feelings ("*my intention is probably less about Enver than about the case there*"), Vern appeared to have implicitly reinforced her authority and adopted a task-oriented focus. As discussed earlier, Enver did not appear to be aware of Vern's intentions in her observation of his patient as this was not made explicit.

Incident 3 – "I was telling Vern what I thought she wanted to hear".

On reviewing the recorded session, Enver smiled knowingly in the supervision session. When I queried what his smile was about, it resulted in us discussing his high expectations of his own knowledge and ability. His self-expectations appear to have regularly resulted in his avoiding discussion of his deficits in knowledge. The third non-disclosure event was thus the dual withholding of information on Enver's part because he did not disclose his self-expectations, nor the fact that he did not know the response to Vern's question.

Vern had asked about people's perceptions of sexual abuse for a mentally retarded person. Instead of admitting that he did not know, he tried to give a broad theoretical response about the context of the patient. This appears to have been done in an effort to please Vern by responding to what he thought she wanted (*"I was realizing I was telling Vern what I thought she wanted to hear"*). His subsequent smile appears linked to his perception of being caught out for coming across as being *"academic"*, which was not required.

...generally I think I like to appear academic to people...because we studied for so long, so if you are engaging with someone in the same field as you but of higher qualification, the kind of hierarchy of senior psychologist, I think they would expect a certain level of competency and academia from you... (trails off and laughs). (p.13, 23)

He linked his high self-expectations with a tendency to want to appear *"academic"*. This appears to have been done in an attempt at strategic self-presentation, to impress and produce evidence of his competence and 'self-worth' to Vern. However, he perceived his 'high self-expectations' to be a personal issue, rather than an issue to be raised in supervision. When I questioned him about this issue, he rationalized the non-disclosure of his high self-expectations (Appendix D1, Table 7) by associating it with being *'outside of this learning'*.

Enver appeared to be very defensive about his 'high expectations', particularly because they had been flagged at his previous educational setting. Rather than disclose what he saw as a shortcoming on his part, he appeared to avoid it and wanted 'to wait' and see if Vern would pick up on it instead. His rationalization that his expectations were unimportant to disclose to Vern appeared based on a testing dynamic (*"My supervisor last year brought it up, so maybe it's something Vern will pick up"*), aimed at seeing if Vern would pick it up on her own.

Enver's need to be seen as *"academic"* and knowledgeable, coupled with his defensiveness about his high expectations and 'not knowing', suggests that his non-disclosure may have also been a strategy to level the playing field of 'knowing'. In this way he appears to have protected and enhanced his perceived competence and self-worth in Vern's eyes.

Vern's response to my query about Enver's smile suggested that she was unaware of his non-disclosure about his high expectations and subsequent "not knowing'. Although Enver's high self-expectations were not disclosed, Vern's words, "*I'm noticing that a couple of cases he's had to deal with are challenging and you need to be able to have the experience to manage it*", suggest that she was aware of a pattern where he constantly took on difficult cases even when he lacked the necessary experience. Although she was aware of these issues, she had not raised them with Enver because she was concerned about quashing his enthusiasm. Her earlier words, "*...said too early it can have the wrong effect*", suggest her struggle between raising these issues and managing his perceived vulnerability in the early stages of supervision.

INTERVIEW 2 – WEEK 12

After three months of supervision, the second research interview took place. By this time, Enver felt he had adjusted to supervision and evidently valued Vern's input. Contrary to the first supervision session, he had now realized that his 'personal issues' was an important part of the supervision process. He had particularly enjoyed the session of supervision under discussion because he thought they related well and freely discussed ideas. He conveyed an impression of Vern and him being 'equals' in discussion. Within the above context, Enver's fourth non-disclosure occurred.

Incident 4 – "I was afraid I was maybe losing her".

As Enver and I reviewed the footage of the supervision session where he was discussing the psychodynamics of a case with Vern, his facial expression on screen appeared quizzical. When I questioned him about it, he voiced concern regarding Vern's theoretical knowledge and her ability to keep up and understand his conceptualization. He had not disclosed this concern to her (Appendix D1, Table 8) and his reasoning for this suggests an implicit testing dynamic ("*she would have stopped me if she wasn't following what I was saying*").

It appears that Enver and Vern engaged in regular discussion about different therapeutic approaches to cases, with Enver being very aware that Vern would offer him a different perspective because he did not perceive her as being

psychodynamically oriented. Although Vern was unaware of the non-disclosure at the time, she became aware of this dynamic on reviewing the recorded session:

He thinks I'm getting it wrong (laughs). It's like, "How can you think that?" He probably thinks there's a right answer but, 'the answer you are giving is not it, so, I hope you get to it soon, so I can value you'. That's his stuff. I think this is just his personality, he's trying to test my credibility to supervise him. He feels like I'm not quite there. It's like, I hope you get it soon. (laughs). (p.5, 36)

Vern's tone and explanation of Enver's concern for her to "get it right" involved an almost childlike-description of him. She appeared aware of the testing dynamic implicit in his facial expression and perceived his concern as a need for 'mirroring'. She appears to have felt that, for Enver, her credibility as a supervisor was determined by her 'knowing'.

Later, her words, "*it's almost like I have to prove my competence to him and understand what he's saying so that he can trust me*", suggest her awareness that Enver was only able to trust her and idealize her if she was 'all-knowing'. In the interview, Vern attributed Enver's response to 'his personality' and made no mention of the glimpse of omniscience that emerged on his part. Although in the interview she laughed off Enver's need for her to know, her concern for Enver became more apparent as she expanded on the point further (Appendix D1, Table 8).

Vern was concerned about Enver being 'over- intellectual' ("*I'm always concerned he's in his head*"), which resulted in her simplifying patient material further for him so that he was able to understand it more realistically. Here again, as in the first incident of non-disclosure, despite her concern, rather than discuss this openly with him, Vern took on the task of making the work more understandable for Enver. As a result, the issue of his understanding the work and his testing of her went unaddressed and appears to have been bypassed by Vern taking responsibility.

INTERVIEW 3 - WEEK 24

By the final session of supervision, both trainee and supervisor reported mutual admiration and a strong supervisory alliance. Being the final session of supervision for the training placement, they both reported feeling sad about ending supervision. Although Enver appeared optimistic about his next supervisor, Vern appeared to have a much stronger attachment to the relationship, which was challenging in that it was going to end (*"A little bit nostalgic, about letting go"*).

Incident Five – "I wouldn't have to say anything".

Upon reviewing the final recorded session of supervision, Enver's nonverbal behaviour in the video footage suggested that he was confused. When I queried this in the interview, Enver admitted that he felt confused about the question Vern posed. She asked "what [does it do] for a person to have a psychologically sophisticated defence mechanism?" Enver could not answer the question and chose to not disclose his 'not knowing' to her.

Instead, he avoided a response and waited for her to answer the question (Appendix D1, Table 9). His words, *"if I didn't say anything I knew she would eventually go towards the words"*, suggest that he knew with some degree of certainty that she would respond for him. Enver's apparent avoidance strategy linked to 'not knowing', appears to have been a familiar pattern of interacting for him within this dyad. The expectation of Vern's response and subsequent rescue appears to have once again enabled Enver's non-disclosure about 'not knowing'.

On interviewing Vern about this incident, it was clear that she had realized that Enver did not know the answer. More broadly, her thinking at the time involved the further realization that he lacked the understanding she expected of him at that stage:

Here I'm getting a little bit thrown because I'm starting to realize that, really consciously, that he doesn't really understand the psychological concepts in reality. I think maybe I overestimate Enver sometimes because he uses the language very well, but he doesn't understand 'psychologically sophisticated' from a psychologist's point of view. I'm not giving him a chance to answer the question because I'm thinking, I was expecting you to be beyond this, but I'm

not worried that you're not. I think I'm more disappointed in myself because maybe it was unfair of me to expect so much from him. I'm scaffolding between everyday life but also still realizing that he's still moving from being a lay person to a psychologist. (p.12, 10)

Vern appears to have been unnerved when she realised that Enver did not actually understand the concept of being “psychologically sophisticated” and admitted that she overestimated his knowledge because his language implied that he operated at a higher level. Rather than discuss his ‘not knowing’, Vern’s words, “*also realizing that he’s still moving from being a lay person to a psychologist*”, reveal that she rationalized his non-response in terms of his development and tended to blame herself for her high expectations of him.

Again, Vern displayed a tendency to fill in for Enver and do the work for him by taking on the unspoken difficulty and then rationalizing his behaviour. The non-disclosures on both sides of the dyad further reveal the extent to which Vern and Enver were not on the same page. Although Enver displayed an over-evaluation of his abilities, she perceived him to be delayed in his professional development.

When her withholding of this issue was queried in the interview, her response, “*I feel he’s not ready to hear that kind of thing*”, suggests that intuitively she felt Enver was not emotionally ready for feedback on the issue at that stage. Her words, “*I think I feel safer telling him on a more equal level*”, convey that she was uncomfortable with the perceived power differential in the supervisory relationship.

For Vern, this perceived power differential, particularly in relation to the supervisory evaluation, appears linked to Enver’s vulnerability. Vern further conveyed an awareness that if she revealed Enver’s “shortcomings” in an evaluative context, this may have harmed not just Enver, but his idealization of her as well as her need to be idealized. Her words, “*I would have no [evaluation] report to do on him and [would be able to] tell him on a more professional level*”, suggest that she preferred giving him the feedback outside the evaluative context of supervision, on equal terms. It reinforces the impression that for Vern, supervision and evaluation was organized around an inherent power dynamic.

Although Vern made vague references to the similarities between her sons and her trainees in previous interviews, in this final interview she specifically alluded to

Enver as 'a son', reinforcing her admiration of him through her words, "*I admire Enver as a person, he's successful, the kind of son you want to have.*"

DISCUSSION

Both Vern and Enver appear to have established an unspoken dynamic within their relationship at the outset of supervision. The incident "*who takes responsibility*" illustrates how a rupture caused by a clash of intentions was linked to non-disclosure from both sides. This withholding behaviour appears to have occurred even before an alliance had been established. By leaving the responsibility of structuring supervision to Enver, Vern had intended to be flexible in her approach, and in this way address the issue of Enver's rigidity. However, in the absence of explicit communication, Enver was evidently disoriented and highly anxious about the dilemma of "*who takes responsibility*".

Enver was also apparently bewildered by Vern's 'sitting in' on the session, which was linked to her authority as well as her anxiety about patient care. Both the above issues were subsequently avoided, leading to a way of relating that avoided potential conflict or difficult realities in the relationship. Vern's undisclosed motives appear to have additionally increased anxiety and strain on the alliance, particularly because expectations had not been discussed. This appears to have contributed to Enver's confusion and his non-disclosures about how to proceed.

The chain of events could be understood as being precipitated by Vern's choice not to discuss her perception of 'rigidity' in Enver's behaviour as well as her concern about the case. It led to both parties acting out their difficulties instead of discussing them and it was eventually resolved by Vern 'rescuing' him (another action instead of discussion). This pattern repeated itself throughout the relationship. From Safran's (2003) theoretical point of view, as discussed earlier (Chapter 3), the first stage of addressing the potential rupture was avoided in this relationship, which influenced the subsequent stages.

Enver's initial anxiety in supervision was primarily related to his need to be seen as performing on the same level as other trainees and in effect, being "good enough". From his perspective, his non-disclosure over the six-month period were linked to covering up deficits in his knowledge and were *purposeful* and protective

of his perceived competence. He therefore appears to have developed a compliant, *False self*, in an effort to avoid conflict (Winnicott, 1965). This becomes evident in instances of his strategic self-presentation throughout the relationship.

In line with Winnicott's (1965) theory, these instances of strategic self-presentation also imply that through the portrayal of *False self* - relatedness, Enver was also likely to have, to some degree, built up a false relationship within supervision. On closer analysis, it is evident that his non-disclosure surfaced predominantly in the face of Vern's perceived authoritative power (in relation to her knowledge and evaluation). His strategic self-presentation in the relationship thus appears to have been influenced by a relational dynamic motivated by a need for affirmation, mirroring, and wanting to impress Vern.

Enver's fear of 'not knowing' may be usefully understood using Sullivan's (1953) theory, where it appears linked to keeping the *bad-me* hidden. This is reinforced by Vern's actions, where her non-disclosure served to protect Enver from painful information at the outset of supervision. Accordingly, Vern rescued Enver by providing structure in supervision when he was unable to, taking over and doing some of his work by sitting in on his session and simplifying the work. In this way, it appears that they tacitly colluded to not disclose. The evident gain was a seemingly good alliance that was, however, devoid of conflict or difficulty. In other words, it marks the beginning of what appears to be a *pseudo-alliance* (Safran & Muran, 2000b).

In Enver's 'testing' of Vern's knowledge, the dynamic that ensued related to worthiness, an interaction that appeared organised around the need to prove one's worth. Enver's testing to ensure that Vern was worthy of his idealization, provides a glimpse of his notion of omnipotence, particularly in relation to his theoretical knowledge. His withholding in this regard therefore appears to have been a strategy to level the playing field of *knowing*.

It seems that the inability to discuss issues of worth in the dyad played itself out by Vern owning the problem. Here, Enver's perceived vulnerability appears to have pulled for protection from Vern and her maternal enactments served to shelter him. Within this relationship though, there was an attempt to address the power imbalance (based on 'knowing') on Enver's part, through furtive non-disclosure.

Vern's non-disclosure was based on her 'instinctive sense' that Enver was not emotionally ready for what she perceived as hurtful feedback for him at that stage. This suggests that Vern's non-disclosure was primarily *purposeful* and mindful of Enver's sensitivities. In line with Winnicott's (1965) theory, she may have initially planned on *gradually disilluminating* Enver from this feeling of omnipotence. Thus by constantly withholding information, rather than raising the issue for discussion, Vern's actions laid emphasis on her increasing anxiety about his abilities as well as his psychological readiness to accept her disclosures. It furthermore highlights a *cycle of non-disclosure* in this relationship that was perpetuated by Enver's vulnerability.

Vern's struggle between raising her concerns about Enver's ability and managing his perceived vulnerability in the early stages of supervision is also importantly highlighted. It accordingly reveals the tension between her "*need for agency as well as her need for relatedness*" (Safran, 2003). In as much as there was a strong pull to seek out and connect with Enver, there was an equally strong pull for asserting her own needs as a supervisor. By opting to withhold information, it thus served to distance Vern from the more difficult task of disclosing the more challenging aspects of supervision that concerned her.

Vern's continued and unspoken pattern of rescuing Enver, illustrates a good example of a *process* enactment where both parties enact instead of revealing pertinent information and feelings. Drawing on Benjamin's (2006) theory outlined in Chapter 3, Vern thus becomes the authoritative *doer* in the relationship. This potentially sets the trainee up to be passive and *done to*. The dynamic appears to establish a pattern of enactments linked to non-disclosure within this dyad, where her non-disclosing strategies served to implicitly address her concerns about his adequacies concerning managing and understanding his patients.

Vern's maternal feelings towards Enver also explain her instinctive need to shield him from anxiety and to step in and protect him from narcissistic vulnerability, a theme evident across all incidents of her non-disclosure within this dyad. In the absence of supervision training, it is also likely that Vern reverted to a role that she knew well, such as 'mothering', to guide her as a supervisor. Her perception of Enver being "*like a son*" furthermore gave both Vern and Enver the opportunity to opt out of the supervisor-trainee roles through the course of the

supervision relationship, legitimizing her protection of him. Her comments about the “*kind of son you would want to have*” furthermore reveal a motivation, on Vern’s part, to keep him in this role. Vern, in the role of the anxious mother, was worried but still protective of his shortcomings and admiring of his progress. This comment thus marks an effort to maintain the ideal of good trainee and good supervisor.

The relationship was perceived from both sides of the dyad as being very positive with reported mutual admiration and a strong emotional attachment on the supervisor’s part. The prevailing feature of the interaction around non-disclosure is how both parties appear to have been drawn into a dynamic organised around leaving vulnerability *unsaid*. Notably each incident of non-disclosure in this relationship appears to be based on a series of non-disclosures. This supports the idea of the cyclical nature of non-disclosure that emerged in Study 1 and 2.

Significantly, the non-disclosure through the course of the supervision resulted in complementary roles that appeared *locked in place* (Aron, 2006). In this way, both Vern and Enver maintained and protected the perception of an *all good supervisory alliance*. Enver’s *not knowing*, and Vern’s self-blame and disappointment were kept out of supervision by elements of their relationship that resembled a *pseudo-alliance*. Consciously it was about protecting vulnerability, though in terms of the relational dynamic, it upheld elements of idealization, the *good me* in both of them.

It could be argued that perhaps productive supervision continued in this dyad specifically because there was an implicit agreement to avoid more difficult issues related to self-worth. Against the backdrop of professional training, supervision provided Enver with an emotional refuge, a safe space from hurtful information. Although a self-reported good alliance, it raises interesting questions about the ‘conditions’ of the alliance in this dyad. In this case, it appears conditional in terms of not approaching issues of vulnerability and adopting idealizing strategies to keep the alliance ‘good’.

This does not mean that all efforts in the supervision were bad or not useful, but rather, it raises interesting propositions about the *unsaid* conditions of the alliance particularly related to non-disclosure. In light of these dynamics, this case

appears to illustrate how the cycle of non-disclosure on both sides of this dyad tacitly maintained features of a pseudo-alliance (2000b).

DYAD 2: TED AND VERN.

Dyad 2 was made up of a young trainee, Ted, and his supervisor, Vern, (described in dyad one). Ted was Vern's second trainee for a six month placement. Both Vern and Ted were familiar with each other because he had completed block sessions at the training site the previous year.

The purposeful non-disclosures that occurred within this dyad appear to have been motivated initially by strategic self-presentation on Ted's part, and for pedagogical reasons on Vern's part. Later, Vern's non-disclosure revolved around avoidance of negative responses and appears to have been triggered by unconscious relational patterns that played out in this dyad. Although part of a maternal transference, non-disclosure in this dyad eventually allowed for the supervisor to accommodate to the trainee's developmental needs at the time, which evidently served to strengthen the alliance.

Notably, non-disclosure did not seem to impact negatively on the supervisory alliance or the trainee's learning. Both Vern and Ted reported feeling positive about the supervision process as well as the alliance, and this was supported by the trainee's progress and professional development. The alliance characteristics thus resemble a "*true alliance*", a concept elaborated further in the discussion.

INTERVIEW 1 – WEEK 1

At the outset, Ted was anxious about supervision and this revolved around concerns about being expected to know his work, a feeling informed by experience at his previous training placement. It also appears to have involved anxiety about his inadequacy ("*...feeling a bit inadequate because I didn't know, if I was going to be what she expects me to be*"), linked to an absence of discussion about the supervisory expectations and goals (Appendix D2, Table 1).

Vern started supervision feeling partially concerned that Ted did not take his work seriously enough due to an observed “*laid-back attitude*”. However, her fears were soon allayed by observing his work in the unit that week. In the latter part of the interview, Vern revealed that she was very surprised and impressed by Ted’s level of work (Appendix D2, Table 1). It was apparent from the interview that Vern had drawn implicit comparisons between her two current trainees at the outset of supervision (Appendix D2, Table 2), and this pattern continued throughout the duration of supervision.

In the research interview, Vern described Enver as being “*energetic*” and Ted as being “*serious [in a] kind of calm way*”, revealing her distinction between them. She appears to have intuited that Ted was also the more stressed of the two trainees and felt a need to reassure him (“*I wanted to let him know that he didn’t have to be tense or on guard*”).

Incident 1: “It didn’t occur to me”

In the research interview, the first incident of non-disclosure emerged in relation to our discussion about a child case. When I noticed Ted’s distressed facial expression in reaction to the case discussion in the video footage, I queried it. He reported that because he was an older brother, he was naturally protective of younger children and felt distressed as a result of feeling unable to protect the child with whom he had to work. When I probed further and asked if he had discussed this reaction with Vern, he reported not disclosing his emotional reaction because it had not occurred to him at the time:

I can’t handle children, I’m from a big brother role so I’m very protective, yes, I’m very protective of children...I felt sad that day. I felt sad and down, I started going back to that in my head. I just mentioned that I felt sad [to Vern], that’s how it was, but I didn’t mention that it sort of came back [in supervision] now that we were talking about it. It didn’t occur to me then. (p.6, 24)

Ted’s words, “*I just mentioned that I felt sad*”, reflects how he under-rated his response when it first occurred. Reference to, “*it sort of came back now that we were talking about it*”, reveals that these feelings re-emerged in supervision upon

further discussion. Ted's emotional response appears to have been an unintentional non-disclosure because although he was aware of the feelings evoked by the case, he was unaware of their intensity or that this was an issue he ought to have raised in supervision (*"It didn't occur to me then"*). Later, however, he did mention this to Vern outside of the supervision context. This incident of non-disclosure highlights a difference between *"in"* supervision discussions and *"out of"* supervision discussions, where most 'emotional issues' were discussed.

Despite Ted's non-disclosure of his emotional response in supervision, Vern had correctly intuited his deeper feelings about children from a previous discussion prior to supervision (Appendix D2, Table 3). Although Vern noted the significance of raising the issue with him in supervision (*"I made a note of it but didn't ask him"*), she chose not to do so at the time. It appears that although both Vern and Ted were aware of his strong feelings in this regard (as well as his large child-case load), they both did not raise it for discussion within the supervisory context. When I asked Vern for her understanding of Ted's emotional reaction, she responded:

I feel like...I'm not...I don't judge it. One of the first things I do is gauge how my personality is going to coalesce or gel, or whatever, with the interns and I feel, almost as a therapist would, [I] make adjustments for who they are. I think they don't have the experience and then I slowly show them how it's done. (p.14, 18)

The above quotation suggests that she was still assessing the alliance, and didn't know Ted well enough for her to comment on his reaction. In addition, her words, *"[I] make adjustments for who they are"* and *"show them how it's done"*, reveal that she preferred to know the trainees better first before she demonstrated what needed to be done in the situation. Assessing the alliance and the trainee's "emotional temperature" before making sensitive disclosures may have been strategic on Vern's part, because it was in keeping with his needs. In this way, she felt she was less likely to get her "assessment" of him wrong and risk denial from the trainee. However, in this instance, Vern also appears to have engaged in withholding information by not explicitly discussing what could arguably be deemed an important countertransference issue for Ted.

Incident 2: “I’m drowning”.

Further into the first supervision session, Vern asked Ted to explain the ‘bio-psycho-social approach’ to the management of HIV/AIDS and Ted did not know how to respond. He described feeling really pressured:

*I’m drowning now...I’m drowning now. I was feeling a bit under pressure because she put those questions out there. I wasn’t really sure if I knew what to answer. I felt like there is a right and wrong with these kinds of questions and I felt the pressure, so I started stuttering and thinking. I didn’t really know the answer or I’m not really sure. So part of me felt like I should say something that’s close to an answer. I felt like I had to give something...I think what also added to that pressure is that she said something about HIV/AIDS- something which everybody knows about. I think that also put pressure on me, it’s something that everybody knows about in SA, so I think **that** also put pressure. (p.7, 21)*

Ted did not disclose to Vern because he thought that there was a “right” answer to the question and he didn’t want to come across as not knowing the answer. He felt even more pressurized to respond correctly because he thought the response Vern was looking for was common knowledge. A further reflection about there being “*not even that much work yet*” (Appendix D2, Table 4), reveals his concern about the impression he would have created if he discussed his anxiety too early in the supervisory relationship. In other words, Ted appeared guarded about being seen as “complaining” or perhaps not coping with the workload early in supervision.

As well as his anxiety being about Vern’s impression of him, it also appears linked to Ted’s worry about coping with the workload which he felt he had to conceal. Although he did not discuss his stress with Vern, he raised it with others. Ted described a “nervous tension” that made him feel vulnerable and seek support from others outside of supervision. In supervision, however, he chose to conceal this from Vern and wanted to instead present a confident image of himself.

Vern’s response to my question about her perception of events at the same point in the supervision session (Appendix D2, Table 4), reveals that she was aware that Ted was feeling threatened. Eventually, towards the end of the session, although

they had not discussed his anxiety, she reflected on the 'bio-psycho-social' question she had asked him earlier. Her goal appears to have been about demonstrating how he needed to think about the issue, rather than his getting the response correct.

Although she was, in her words, "*in a teaching mode*", she was also mindful of the pressure she exerted in that instance. Vern's words, "*my point to doing this questioning is not to test if they can do it, but to show them how to do it*", illustrates her intent to guide Ted in his thinking. She did not make it explicit at the time because she was focused on teaching. However, by not making this intention explicit to Ted at the outset, she appears to have exacerbated Ted's anxieties about 'not knowing'.

Incident 3 – Supervisor non-disclosure: “I want to be able to keep track of him”

As part of his work, Vern had asked Ted to make a list of patients. Her intention was to track his work, but she did not make her reasons explicit to Ted:

...it didn't matter that he didn't understand why I was doing it. I wanted to just because there's lots of things going on, I want to be able to keep track of him...I wasn't worried that he wouldn't cope, if anything, just knowing his personality, I was worried that he wouldn't tell me that he wasn't coping for whatever reason. (p.3, 23)

The above constitutes a non-disclosure on Vern's part with the concealed aim of wanting to keep track of Ted. Vern's words, "*just knowing his personality, I was worried that he wouldn't tell me that he wasn't coping*" (Appendix D2, Table 5), further reflects her belief that he had the potential for non-disclosure and that these were likely to be about his not coping.

Ironically, however, it appears that Vern's perception of him withholding information resulted in her withholding her true intention. It also suggests, at a deeper level, that Vern may have suspected Ted's potential for strategic self-presentation within the supervisory relationship. Based on Ted's earlier non-disclosure about his anxiety, Vern's hunch, unknown to her, was correct.

Vern's words, *"but it didn't matter that he didn't understand why I was doing it"*, reflects a deeper issue about undervaluing non-disclosure on her part and the possible impact of not addressing this more directly with him. It also suggests that at this early stage in the relationship, Vern's intentions may have been more about monitoring Ted. When I questioned Ted about what was going on for him at the same point in the recorded session, he indicated that he was troubled about not knowing if he was on track or not with his list (Appendix D2, Table 5). His anxiety in this instance appears to have arisen specifically because of an absence of explicit supervisory discussion.

INTERVIEW 2 – WEEK 16

In the second research interview, Ted reported feeling much more relaxed. In addition, he cheerfully reported that Vern was interested in him 'as a person', not just as a trainee. He drew this conclusion as a result of her concern about him travelling abroad for the holidays. The underlying sentiment was that he felt genuinely cared for because it suggested that their relationship was not just about work. In relation to supervision, Vern had just finished the first quarter report and felt reassured that the traineeship was progressing well. The supervisory alliance appeared positive with mutual positive regard on both sides of the dyad.

Incident 4: "I don't like all the attention on me".

At the beginning of the interview, Ted mentioned that he felt much more reflective about himself. He mentioned that he had become aware of his tendency to downplay his accomplishments (Appendix D2, Table 6). He also reported that he didn't like the focus on him and was still exploring the meaning underlying this (*'I don't want to take the praise for others'*). Later in the supervision session, Vern appears to have been guiding him towards acknowledging his accomplishments with his patients and Ted was very uncomfortable with this:

The discomfort...she's driving me towards acknowledging and saying, 'You did good, it's because of you that this has happened! So I guess I was shying away from that, and like I said, I don't know what that's about...I feel like I

was being pushed to that place where I have to say that and acknowledge that (p.7, 27).

Given his previous non-disclosure about revealing vulnerable parts of himself, this withholding of information too may have been self-protective on his part. He went on to explain that he feared acknowledging his accomplishments because it could result in overconfidence about his work. He added, *“Because I’m still in training and I do need somebody, someone who guides me in the direction to go. I’m really not comfortable, to be standing on my own”*. This suggests that Ted’s felt competence did not correspond to his perception of the work expectations.

On enquiring about the same incident from Vern, she reported that she was encouraging Ted to acknowledge his achievements so that he could replicate them in the future (Appendix D2, Table 6). Her intention appears to have been about enhancing his future performance. However, Vern appeared unaware of the pressure Ted was experiencing at the time. This incident demonstrates how very well-intentioned actions from the supervisor may be misplaced at times.

Much later in the interview, however, Vern appears to have stopped verbalizing her positive regard for his work. Although she had mentioned (in the research interview) Ted’s progress in group work and verbalized her belief in Ted’s ability to do the *“right thing”* (Appendix D2, Table 7), she had not disclosed this to Ted. On querying this in the interview, Vern responded that she preferred instead to incrementally express to Ted her belief in him later in supervision. She believed that this approach was more likely to subtly demonstrate to him his accomplishment (Appendix D2, Table 7). Vern thus minimised Ted’s achievements at the time, a shift from her previous stance of encouragement.

This notably signals her recognition of Ted’s struggle with the issue and a greater understanding of Ted. This shift appears best explained as Vern’s attempt to adjust to Ted’s relational style so that he felt better understood in the supervision context. As with the first case, Vern’s maternal transference was also evident in her interaction with Ted. While discussing both trainees in this interview (Appendix D2, Table 7), Vern drew comparisons between both her trainees and her sons’ personalities. Her words reflect perceived similarities between Ted and her son’s apparent calmness and independence.

Although she was aware of the maternal associations she used, she did not place any significance on the impact of this dynamic within the supervisory relationship. In the interview she appeared somewhat closed to reflection on the issue, even though it appears to have considerably influenced their interaction over the course of the supervisory relationship. This is discussed in more detail later.

INTERVIEW 3 - WEEK 24

By the final week of the supervisory placement, both Ted and Vern continued to report a positive supervisory relationship. Ted was feeling comfortable and relaxed as he had already received his final evaluation report. Vern reported feeling very satisfied with his achievement in supervision and perceived Ted as being dependable and often exceeding her expectations. With time, Ted had appeared better able to deal with his tendency to trivialize his clinical achievements.

As supervision progressed over the six month period, Vern had also become increasingly aware of her tendency to commend the other trainee (Enver) far more overtly than she did Ted. Notably, there was no evidence of non-disclosure on Ted's part in the final research interview. Much to Vern's surprise (Appendix D1, Table 8), he also confidently discussed his evaluation of supervision, as well as his thoughts about how the internship site could have been improved. This appears to have been an indication of Ted's increased trust and open-ness in supervision at the end of the six-month period.

Incident 5: Supervisor non-disclosure: "I might have been more restrained than I intended to be".

In the final research interview, Vern was concerned about how Ted made himself appear 'selfless'. In discussing this, she became aware of her own non-disclosure about this issue in supervision.

He talks earlier about how authentic we can be if we don't share the same life experience as our patients and how authoritative we can be in our interaction and how this makes us grateful for our own lives and that it's a privilege to be in this position...and then I'm thinking: I don't want him to be so selfless that he hurts himself. The other side of it is also true, and just this morning I'm

telling him look after yourself, and again it's a case of why am I not overt with him? Why am I telling him the long story? (p.14, 19)

Vern questioned her 'vague' approach to Ted. Her words, "*I don't want him to be so selfless*", suggests a personalized, somewhat controlling, maternal quality. She also appears to have struggled with expressing her concern about him ("*I'm telling him look after yourself, and again it's a case of why am I not overt with him*"). Her notion of the "*long story*" conveys the impression that she attempted to slowly scaffold her concern for Ted, rather than explicitly disclose it.

Towards the end of the research interview, Vern (Appendix D2, Table 9), revealed that she was more aware after supervision of the extent of her restraint in terms of positive feedback with Ted ("*I might have been more restrained than I intended to be*"). It appears that as much as Ted had difficulty acknowledging his achievements, so too Vern fell into a pattern of refraining from overtly acknowledging his achievements, an issue she importantly self-reports on in this final research interview. This appears to have been part of the main relational dynamic that played out in this dyad and is consistent with incident five in the second interview.

In this final interview, Vern's maternal transference again became very evident. Discussing Ted's progress, she reverted to talking about her son (Appendix D2, Table 10). This discussion of her son and Ted in parallel is suggestive of a strong maternal transference on her part. In this section of the interview, she suggests that her son was unlikely to be coaxed with flattery and tended to be an independent thinker. Vern appears to have expected the same response from Ted and that he too would have been upset by any attempts at cajolery. Vern acknowledged this to some extent:

I think he is not a very overt person. I don't know if he doesn't underestimate what he does, he's so "matter-of-fact". He does excellent stuff and he is so matter-of-fact about it! And I'm really, really impressed with him, but I don't want to...hey, Wow!...because I think that would negate it. (p.9, 20)

It appears that just as her son may have been unimpressed with obvious positive feedback, so Vern avoided positive feedback with Ted too, in an effort to

avoid anticipated disagreement or “negation”. Ted appeared oblivious to Vern’s transference and his experience of supervision at the end of the six month period appears to have been very satisfying. He felt confident, had assertively put forward some recommendations and spoke of the benefits of his supervision (Appendix D2, Table 11). This feeling appears to have been shared by Vern and was particularly evident through her admiration of his work and her observation of his personal growth.

DYAD DISCUSSION

This case seems to illustrate the complexity of the dynamics of non-disclosure and highlights a possible ‘positive’ side to non-disclosure. Although part of a maternal transference, it appears that holding back some information on Vern’s part allowed for the dyad to better accommodate to one another. Perhaps this was because it met the trainee’s developmental needs at the time.

A cycle of non-disclosure appears to have emerged early within the dyad. This occurred when undisclosed intentions, on Vern’s part, led to escalating anxiety and non-disclosure from Ted. This, in turn, impacted on Vern’s motivation to disclose less. Notably, this appears to be an example of non-disclosing aimed at building the alliance, as Vern sought to recognize and appropriately respond to Ted’s relational needs.

Initially, Ted perceived his non-disclosure in supervision to be protective of his professional self-image and competence. Ted guarded against being seen as complaining, or not coping (with the workload) early in supervision. For Ted, his non-disclosure about feeling very anxious (*I’m drowning now*), and “*not knowing*” early in supervision, accumulatively reveal that he initially engaged in strategic self-presentation. Features of a *False self* (Winnicott, 1965) initially emerged in an effort to present a very proficient and self-assured professional image to Vern. These incidents also illustrate how supervision was initially considered to be an evaluative ‘correct’ space, with little room for discussing difficulties.

Ted’s inability to acknowledge his achievements was an issue that emerged through the course of the supervisory relationship, but by the end of the supervision placement he was cognisant of the issue and still exploring the

underlying reasons for it. From a relational point of view, such non-disclosure may be thought of as a co-constructed dynamic where he felt pressure to perform opposite an idealizing other. This may also explain difficulty in his acknowledging his achievement due to having difficulty with the ‘attention on me’.

Vern initially perceived her non-disclosure to be for monitoring and pedagogical purposes. Her initial intention for not disclosing was to encourage Ted to find the answers himself. Although she had often intuited Teds’ emotional state (which arose as a result of felt pressure or strategic self-presentation), she chose not to raise these issues for discussion. Vern’s withholding behaviour within the supervisory relationship appear to have been the result of intentions that were never made explicit (as with the case of the list or absence of supervisory guidelines) or because she had missed certain non-verbal cues (such as his distress).

Although non-disclosure appears to have led to a positive alliance, there were some signs that it was linked to unfamiliarity with the importance of non-disclosure within supervision practice itself. Vern’s central motivation, however, to teach and be sensitive to Ted’s needs, appears to have over-ridden other implications of non-disclosure. Although Vern openly affirmed Ted’s abilities in their earlier discussion, this appears to have shifted once she detected how uncomfortable he was with this line of engagement. It resulted in a shift in her relating to him, where she attempted to subjectively accommodate to his difficulty in this area. Notably, after Vern’s accommodation to Ted’s needs, there appears to have been no further withholding behaviours on his part and he emerged as being a comfortable, confident and competent trainee over time. This signalled his increased sense of security and trust in the supervision process.

There was also evidence of important discussions that occurred “out of supervision” as opposed to “in supervision”. This occurred on both Ted and Vern’s part and conveys an impression that “negative issues” or perhaps “personal issues”, were kept out of the formal supervision context, possibly as a result of inexplicit supervision discussion. Accordingly, insufficient attention may have been placed on Bordins’ (1983) recommended goal of developing trainees’ self-awareness about personal issues.

Non-disclosure within this dyad thus appear to have been related more to difficulties in affirming abilities, rather than non-disclosure about clinical mistakes. The dynamic that appears to have prevailed in their interaction illustrates how accommodation through non-disclosure contributed to a positive alliance. In this way, *subjective accommodation/negotiation* (Safran, 2003) on Vern's part involved balancing her *sense of agency* with the trainee's needs. Vern's conscious, unreflective acceptance of maternal comparison also appears to have played a part in this interaction. The 'maternal' enactment that ensued appears to have determined how Vern managed her own non-disclosure about affirmation in the relationship.

Neither Ted nor Vern raised cultural differences in relation to non-disclosure. Both reported mutual positive feelings in terms of their relationship as well as Ted's professional development. This raises interesting questions about the relational scenario that may have influenced Vern and Ted's non-disclosure. Withholding information in this relationship did not seem to adversely affect Ted's learning process, or his sense of self. From Bordin's (1983) theoretical perspective, it thus appears that, with time, there was some alignment in this dyad not only in terms of the goals and tasks of supervision, but also the bond component of this relationship. The characteristics of this dyad thus resemble a *true alliance*. This will be discussed in more detail in the following chapter.

DYAD 3: DELLA AND TILLY

Della, a female intern psychologist and her supervisor, Tilly, also a female, made up the third dyad. Della was one of Tilly's two trainees for the year, with the other being Tom (discussed in dyad four). Della perceived Tilly as being warm and understanding; however, she was slightly anxious at the outset of supervision. She had been at the site the year before as part of her practical component, and this resulted in her feeling that Tilly had expectations of her 'knowing what had to be done'. Tilly thought of Della as a mature and confident individual and felt quite positive about supervision.

Non-disclosure in this dyad appears to have enabled them to side-step potential negative judgement and conflict and seemed self-protective on Della's part. Often,

however, potential areas of non-disclosure appear to have gone unnoticed by Tilly. As time wore on, Tilly appears to have displayed a resigned attitude in terms of Della's development in supervision which seemed reflective of her own difficulties and circumstances as a supervisor. The combined dynamics within this dyad resembled an alliance that was contrived for training purposes. I refer to this as a *contrived alliance*.

INTERVIEW 1 - WEEK 1.

In the first research interview, Tilly reported that she had had a general discussion with all the trainees regarding the aims of supervision, so did not feel the need to repeat this individually in supervision (Appendix D3, Table 1). The discussion was done informally and was the first in a number of other supervisory discussions that occurred outside the formal supervision session. Tilly's words, "*so in a way that had been a sort of contract*", reflects some acknowledgment of the somewhat vague and informal nature of their supervision contract. This seems to have contributed to Della's anxiety at the beginning of supervision as she felt the 'structure of supervision' had been insufficiently addressed (Appendix D3, Table 1).

Although the issue of non-disclosure was never raised with trainees, Tilly was very optimistic about Della 'being able to disclose easily' because she saw herself as a receptive "mother figure":

I have found I can be a mother figure. Inevitably a client's issues will suddenly bring up their issues and most of the trainees tell me stories of their life...they've probably not told many others because they've had the experience with a client that they don't know what to do, and they know I'll be confidential, I'll help them through it, I won't hold it against them...Maybe, with my experience, they know I will never be amazed at whatever has happened in their life and maybe the mother figure can be just more understanding. A lot of them lack their mothers, they are away from their mothers and they are missing them and I can be like their mothers, give them advice ... (p.5, 14).

Tilly's specific and repetitive reference to the "mother figure" and issues of "mothering" suggests a strong identification with the role. She appears to have

perceived the idea of “mothering” in supervision to be a positive attribute because it meant that trainees were likely to disclose important issues to her. Likewise, her role in the dyad is perceived to be supportive and protective, (“*I’ll help them through it, I won’t hold it against them*”). Her words, “*I can be like their mothers*” further suggest that she saw herself as a substitute mother for her trainees.

Incident 1: “...you need to be all together”.

Whilst reviewing the videotape of the first supervision session, I noticed that Della appeared uncomfortable in her discussion of a patient struggling with substance abuse. This became more apparent in the video when she began to stammer and displayed an uneasy facial expression. When I queried what was going on for her at this point, Della admitted that she had concerns about the patient which she had not raised with Tilly.

Della: Mmm, maybe I should have [disclosed] but I didn’t. I didn’t even think about it. Actually thinking back now to how it all links, you know, maybe it would have been good.

Neeshi: I picked up that you seemed a bit concerned about that case?

Della: Probably more with personal stuff because [of my family member]..So, it could also be around that, anxiety and feelings around that. (p.5, 29)

Della revealed that her negative response to the patient was linked to her family experience and admitted that she was uncomfortable dealing with these types of cases. Her words, “*I didn’t even think about it*”, initially suggest that she was unaware of the relevance of raising her emotional response with Tilly. It further implies an absence of explicit discussion in supervision, regarding what constitutes appropriate disclosure.

As I probed further, an additional reason appeared to emerge (as reflected further in Appendix D3, Table 3). Della’s words, “*I think you have this kind of perception that you need to be all together*”, reveals her need to have maintained a composed presentation in supervision. It further suggests awareness, on Della’s

part, that disclosure of her countertransference in supervision may have affected her “appearance of composure” and may have been perceived negatively by Tilly. This conveys an impression of Della striving to be seen in a positive light by way of strategic self-presentation. Her words, “*maybe as we go along and get to know each other I will be more inclined to disclose that type of information to her*”, suggests that she would have been more willing to disclose such information once the supervisory alliance was more secure. By implication, it appears that Della felt somewhat insecure about the safety of the supervisory relationship at that stage.

When I interviewed Tilly, she was unaware of Della’s non-disclosure and appears to have missed her emotional response to the patient in supervision. This appears to have been a regular occurrence for Tilly, an issue that will be returned to later.

Incident 2: “...you just want to give this kind of perception that you are ok”.

In our interview Della revealed her dread at having to engage in fingerprinting patients. However, she did not disclose this to Tilly because she wanted to give her the impression that she was able to do the work:

No, I suppose you just want to give this kind of perception that you are ok and you can deal with it, kind of showing that you don’t have any weaknesses in a way. I’m sure when the time comes, yes, I’ll probably have to go to her because I’d be quite [unhappy]. (p. 7, 28)

Della’s excerpt reveals the importance of wanting to appear strong and composed for Tilly. Her words, “*I’m sure when the time comes ...*” suggests that she had only considered speaking to Tilly based on the extent of her unhappiness. This reflects preparedness on Della’s part to first expose herself to possible negative emotion. All the above suggests a level of submission to the supervisor and further reinforces the extent to which Della wanted to be seen to comply in supervision.

Tilly appears to have been aware that Della was unhappy about this type of work; however, she chose not to raise the issue as reflected in Table 4 (Appendix D3). Tilly was clear in the interview that she did not expect her trainees to defy her.

She did not discuss the issue because she felt simple compliance to the task was paramount. This appears to have been her preferred method to ensure completion of the task. Tilly's purposefulness in not raising the issue for discussion, is implied by her words, "*I've never even given the options to my interns whether they do it [the work] or not*".

The purposeful non-disclosure appears to have been strategic so that trainees were unlikely to challenge her on the issue. Her belief and enthusiasm about the work also appears to have conveyed an implicit insistence to Della that this aspect was non-negotiable. Tilly's words, "*I expect them to*", further reveals her perception of what work trainees ought to do and conveys an inflexible assumption which appears to shut down a space usually conducive to disclosure.

Incident 3: "You don't want to come across as weak or not really confident"

Later in the supervision session, Tilly had asked Della to reveal to a child client her HIV status. Although Della did not agree with this instruction, she felt that she passively submitted to Tilly's request without disclosing her feelings about it.

Della: I notice I'm quite a more submissive type (laughs) and that is something I do need to work on.

Neeshi: So that was a concern that you didn't speak about, why?

Della: Maybe a bit scared to. Again, it probably just links to the other ones that (long pause; appears to self-edit)...it shouldn't really be a problem, you should know how to do this [the HIV disclosure] from your training. You don't want to come across as weak or not really confident... (p.10, 22)

Della was aware of a submissiveness linked to her non-disclosure in this instance and, once again, reported that it was because of being afraid of how Tilly would perceive her. Her exaggerated pause and sudden change of discussion in the research interview is suggestive of self-editing, avoiding her elaboration of "*being scared*". Her self-admonishment also emerges: "*it shouldn't really be a problem, you should know how to do this from your training*".

This incident reveals her conflict about being afraid to say how she felt versus doing what she thought she was trained to do. The conflict appears to have arisen because of Della's need to appear competent and resilient in supervision. It appears that because she was explicitly given an instruction by Tilly, an act experienced as a show of authority, she did not doubt the merit of the instruction, but rather doubted her feelings around it.

The aforementioned incident clearly highlights the circumstances of trainee deference to the supervisor. The motives for the non-disclosure incidents thus far ("*needing to be all together*"; "*not coming across as weak or not really confident*"), suggest that Della entered supervision with an expectation of being composed, strong and confident. It also appears to have been influenced by Tilly's approach to giving instructions. This is discussed in more detail later.

When I queried what was going on for Tilly at the same point in the recorded supervision session, Tilly appeared distracted (Appendix D3, Table 5). She did not acknowledge Della's sense of discomfort, nor did she appear aware of her non-disclosure. Tilly's words, "*I love the way her hands are all over the place*"; "*she's complaining*" and "*she didn't know what to do*", reveal that Tilly was observant of Della's non-verbal behaviour and aware of her distress in relation to this case. However, she did not address this in supervision and chose to focus instead only on the task at hand. This suggests that Tilly may have purposefully avoided the emotive aspects of this case in favour of the task.

INTERVIEW 2- WEEK 12.

Della reported that she felt more comfortable in supervision by the time of the second research interview. Tilly, in contrast, felt that Della remained quite reserved (Appendix D3, Table 6) and perceived Della as avoiding relating to her as a receptive 'motherly' figure. This suggests that Tilly sensed Della's need for firmer 'professional' boundaries within supervision and her avoidance of the child-maternal dynamic that Tilly attempted to draw her into. However, Tilly's response, "*I will be any hat*", conveys almost an insistence on her part to fulfil multiple roles with her trainees. In this incident, she therefore appears to have overlooked Della's needs.

Incident 4 - “I think she got distracted”.

In this incident, Della had not asked relevant questions of a particular patient and subsequently did not have the necessary information for supervision. She felt uneasy about this but did not disclose it to Tilly. Instead, she surreptitiously distracted Tilly to cover up the omission so that they moved onto another issue (Appendix D3, Table 7). This purposeful manoeuvre on Della’s part appears to have worked because Tilly was unaware of this omission and was apparently distracted.

Tilly was not only unaware of the diversion (Appendix D3, Table 7), but was rather side-tracked by her own thoughts of another of Della’s patients she had not heard about in a while. She appeared to be thinking about another issue, rather than focusing on what Della was saying at the time (*“but I’m looking at Della and thinking”*). Her tone as well as her words, *“while I’m thinking, I’m [also] thinking, I can’t keep track of all of her patients either”*, convey her difficulty in tracking Della’s caseload at this stage of the supervisory relationship and further suggest some resignation on her part about tracking all of Della’s patients. Tilly’s inability to cope with her workload appears to be central in this case and is suggested at a number of points in the interview (Appendix D3, Table 7). She further hints at an awareness that she was perhaps not supervising her trainees properly as a result (*“I realise I don’t really have enough time to supervise all of these students”*).

Incident 5: “There’s this expectation that you need to have empathy”

Della had assessed a patient who was suspected of having committed a crime. She reported in the research interview that she felt no empathy for this patient, but did not disclose this to Tilly, nor raise the issue for discussion (Appendix D3, Table 8). She assumed that she ought to have empathy (*“because we are supposed to have empathy”*), which reflects her perception that empathy is an undisputed characteristic of the profession.

Her withholding this information reveals that she preferred Tilly not to be aware of her perceived “lacking” in this area. This appears associated with her feeling that she should be seen to unconditionally accept and care for her patients in the supervision context. She did, however, mention her lack of empathy to her colleagues and this reveals that she had a need to talk about the

countertransference feelings stirred up by the patient. She evidently felt that she had no place to discuss this in supervision. When I questioned Della further about her non-disclosure, she had the following to say:

...you are wondering what they [supervisors] are thinking. Ideally I would like to have that very open and honest relationship with Tilly, but I just haven't gotten to that point yet. You know at varsity if we told people stuff then it became about, "Oh, you are going to be evaluated on it". I don't really feel that I'm going to be evaluated ...at this setting. Maybe it's about pretending that we are ok, that we don't have our own issues or problems, maybe that's why I didn't speak to her. (p.15, 45)

Della's excerpt suggests that she was concerned about how she would be perceived and is in keeping with her anxiety about being the "good trainee". Although she sought an open relationship with Tilly, she was actually aware of not having one ("I would like to have that very open and honest relationship"). Her statement, "Maybe it's about pretending that we are ok, that we don't have our own issues or problems", implies a facade of being alright in supervision. This may have been further motivated by her perception of psychology trainees needing to be composed and resilient.

As in previous incidents, it appears that Tilly was unaware of Della's non-disclosure or her emotions involved in this case. The incident also suggests that the supervisory relationship was set up in a way that left no room for personal feelings to be thoughtfully considered (Appendix D3, Table 8).

INTERVIEW 3- WEEK 24.

Prior to the final supervision session, Della had sustained an injury and was distressed about this. However, in the research interview she proudly reported that earlier in the day she had assertively communicated to Tilly that she could not work overtime. This discussion occurred outside of supervision and Della reported feeling much better after having addressed this longstanding issue.

During Tilly's interview she reported feeling very tired and disillusioned just before the supervision session due to an unrelated issue. She had just been informed about serious cut-backs in her department. She reported that she felt she had come to the end of her time with supervision as well as clinical work and her mood was low.

Incident 6: "I was trying to gauge or judge, when is the right time to talk about personal stuff".

At the outset of the supervision session, Della was evidently emotional as a result of her injury. She admitted in the research interview that she had not disclosed her emotional state at the time in supervision. Although she wanted to discuss it, the timing seemed incorrect for her to have a 'personal' discussion (Appendix D3, Table 9) and it appears to have been further compounded by the fact that Tilly did not ask her directly about how she was doing.

From Della's perspective, not being asked directly about her personal issues within supervision appears to have relayed that personal issues had no place in supervision, despite Tilly's view that it was a conducive maternal space. This also links with Della's need not to be seen doing anything incorrectly (*"the right time"*). Prior to the supervision session, Della had been assertive in clarifying her working hours with Tilly. This suggests that Della felt safer and more confident to start raising personal issues outside of the supervisory context. When I questioned Della further about her avoidance in discussing her accident and her subsequent emotional state, she agreed with this:

Probably, and I wasn't sure if she was wanting to go into that, but I notice I kind of shut (laughs)...shut her off a bit, and then I noticed I looked down and started writing in my book and I wasn't even writing anything. I was probably scribbling (laughs), yes, but I noticed I detoured a bit there. (p.6, 40)

Her elaboration on how she "*shut off*" Tilly, bears resemblance to her previous strategy of using distraction to divert Tilly from her error with the patient interview. Della, once again, appears to have diverted the topic to suit her needs at the time.

Although Tilly reported that they had a discussion immediately after Della's accident outside the supervision context, she felt they should have discussed Della's personal state in supervision itself. However, she chose, at the time, to follow Della's lead on this (Appendix D3, Table 9). This suggests that Tilly sensed that there was more to be said on this issue; however, she resisted because she sensed Della's avoidance. Tilly's words, "*If I'd been more sharp I would have*", suggest that she was not feeling focused and although she was aware of Della's need to talk about her feelings, she did not act on it.

Tilly only appears to have realised the severity of Della's mood and her non-management of it post supervision. When discussing this, she seemed to adopt an attitude of general resignation. When I queried this further, she attributed it to her not being alert and went on to explain her feeling exhausted (Appendix D3, Table 10) as a result of her work. At this point in the interview, Tilly also referred to supervision as "*the same old format*", revealing a sense of supervision feeling rather mindless to her, a sense that she was just going through the motions without actually engaging in supervision.

Following this, Tilly said, "*It's just that I wish I had a different way of doing supervision*", which raises her hope for a different approach to supervision that kept her stimulated. Her tone also suggests a rather helpless attitude. She went on to say, "*my trainees have to scramble to get my time because everything else is taking its place. I just have too many other responsibilities*", which conveys a sense of her feeling overloaded by her work.

It appears that Tilly also perceived the trainees as finding supervision boring. Her words, "*I think even the trainees get bored sometimes...and then I, third hand, am less interested*", reveal that she not only sensed some disinterest with her trainees, but that she herself had lost interest in supervision. She went on to talk about Della's overall performance as a trainee:

I think her lack of energy and [personal] situation has not enabled her to be more creative and enjoy her patients more. That does worry me a bit, she doesn't get excited by her patients...they almost burden her... (p.12,47)

Tilly perceived Della's lack of energy and creativity as the reason Della felt burdened by her patients. However, Tilly's low mood in this research interview, combined with her earlier reference to being "bored" in supervision, being "burnt out", "wishing she had a different way of doing supervision" and being "uninterested" in the patients, suggest that she too felt uncreative and burdened by her trainees and their patients. In other words, it appears that Tilly perceived Della's performance in supervision as she herself felt as a supervisor. However, she did not make any of these links.

At the end of the interview, on reflecting on supervision, Della commented on the relationship:

I do think there's been a bit of a shift. To me it felt very rigid, structured and I hadn't even got to a point where I could disclose anything personal. I didn't feel comfortable. Now it's moved more to a [point], when there are problems...I feel more able to address it without her [getting upset]. (p.24, 22)

With time, Della appears to have become more comfortable to address work issues with Tilly. However, she still remained uncomfortable disclosing personal issues within the supervisory relationship. Her reference to Tilly getting upset reveals her perception of Tilly's response to issues raised as disturbing, a reaction she had apparently avoided previously.

Tilly also felt that their relationship had improved (Appendix D3, Table 10) from the outset of supervision. However, she also perceived Della's progress as a trainee as being limited and thought that Della was not as interested in supervision as the other trainee was.

DISCUSSION

Over the six month period, both Della and Tilly appear to have adopted particular roles in the dyad that co-created an alliance not conducive to risking disclosing sensitive content. This appears to have been influenced by the quality of the *holding* environment (Winnicott, 1965) within supervision, as well as uncompromising assumptions and a dutiful trainee persona. Feeling insecure in

supervision helps explain why Della may have felt safer discussing more personal issues “outside of supervision”. In the absence of a structured supervision contract (Bordin, 1983) in this relationship, the goal of increasing self-awareness and its subsequent impact on process issues, appears to have been neglected. Della was thus unable to understand that her personal issues may have impacted on the process issues within supervision and psychotherapy.

Drawing on another theoretical perspective, Benjamin’s (2006) theory of intersubjectivity (discussed in Chapter 3), in relation to this dyad, appears applicable. In the face of supervisory authority, Tilly seemed to take on the role of the *doer*, and Della submitted to being *done to*. For Della, non-disclosure was perceived to protect her image of being competent and prevent negative judgement from Tilly. Della’s non-disclosure, on the one hand, was purposeful and primarily revolved around clinical mistakes, personal reactions and countertransference issues.

Tilly, on the other hand, was generally unaware of Della’s non-disclosure or the circumstances in which her own non-disclosure occurred. By averting engagement with Della about contentious work issues, *purposeful* non-disclosure on Tilly’s part appears to have prevented Della from challenging some of the issues mentioned earlier.

Despite Tilly’s perceived supportive role, Della struggled to disclose personal feelings and countertransference states to her and reported feeling insecure about the supervisory space, fearful of negative judgement. Accordingly, she tended to circumvent anxiety-provoking behaviours as far as possible to seek security (Sullivan, 1953). Della’s need to be seen as composed and competent in supervision, despite her contrary feelings, also suggests the importance she placed on being a “good trainee” where her sense of the *good-me* (Sullivan, 1953) predominated.

Over time, Della’s striving to be seen in this positive light resulted in an apparent ‘submission’ to Tilly’s way of conducting supervision. This reveals her difficulty in directly expressing her *need for agency* (Safran, 2003). This was evident in instances where she agreed to Tilly’s requests, despite her own reservations. It appears to have also been influenced by Tilly’s seemingly strict

assumptions and instructive style, which conveyed an implicit insistence that Della's work was non-negotiable and not open to exploration.

Della's continued submission perpetuated a *cycle of non-disclosure* within the supervision relationship where nobody addressed the real issues. Della's repeated strategic self-presentation furthermore conveys an impression that features of "*false-self relating*" (Winnicott, 1965) eventually predominated in the supervisory space, because it was perceived as too fragile to withstand a genuine discussion about potential areas of conflict. The withholding behaviours thus appear to have ensued, particularly as a result of the co-created alliance. This furthermore implies that the relationship was largely characterized by inauthentic engagement.

Tilly's very strong identification with the 'mothering role' appears to have had a great deal of influence over the supervisory relationship. She appears to have particularly identified with this role because it strongly represented an image of herself as receptive. However, over time, it seems to have carried very inflexible implications that tended to close off supervision as a reflective space.

Tilly had also mentioned in passing, that her own children had left home. Although, it was hard to judge from the interview, this too may have had some influence on her 'maternal' approach. Finally, based on her stated difficulties with supervision technique and burn out, it seems that she adopted 'mothering' as a default position, perhaps because she linked it to being receptive and caring.

Tilly's displayed helplessness and later, resignation about supervision, combined with her doubt that she was perhaps not supervising her trainees properly, also supports the above impressions. Although there was strong confirmation from an awareness of 'not supervising properly', she apparently experienced difficulty in identifying or formulating some of the issues at hand.

Tilly appears to have perceived Della's performance in supervision exactly as she herself felt as a supervisor. Her inability to track Della's emotional responses as well as her patient caseload, suggests a pattern of being distracted in supervision. Tilly thus seems to have projected her own "*inadequacies, disinterest and sense of being burdened*", her sense of *not-me* (Sullivan, 1953), onto Della. This may be linked to a complacent acceptance of her role as 'a mother' in supervision which appears to have closed off discussion. The role appears to have given her a false

sense of confidence that her trainees would always disclose to her, in turn, giving her no reason to notice or believe that Della would not disclose information. In this inability to accept the idea of Della's non-disclosures, she appears to have employed *selective inattention* (Sullivan, 1953), which allowed her to maintain her self-regard as a supervisor.

This had related implications for building trust and fostering the supervisory alliance, as Tilly had a tendency to assume that the alliance needed little attention as long as she adopted the 'mother role'. All the above illustrate how Tilly's fixed perceptions of her role as "mother" (instead of being responsive to the individual's needs in supervision), an apparently good 'relational' construct in her mind, closed the opportunity for disclosure.

This led to supervision being an instructive rather than explorative space. Tilly's inability to focus on the trainee's emotional state in the supervision session and her own self-pre-occupation, clearly impacted on Della's thoughts and feelings about supervision. Non-disclosure within supervision appears to have kept fear of judgement and potential conflict out of the supervisory discussion. By avoiding discussion of these perceived "negative issues" in supervision itself, both Della and Tilly maintained a one-dimensional relationship characterised by 'going through the motions' (as Tilly, herself described).

Della's efforts to strengthen the supervision boundaries in order to evade the child-mother dynamic that Tilly pulled for, suggests her discomfort in the role. Although the issue of evaluation on this site was never formally discussed, it led to Della playing the issue of evaluation down, but still striving to be the 'good trainee' in an apparently fragile space, with no clear parameters to follow over the six month period. The issue of evaluation was therefore a prominent non-disclosure on both sides of the dyad.

At the end of the six month period, although both Della and Tilly reported feeling positive about the supervision, their tone and words suggest otherwise. In light of the non-disclosure and the relational dynamics that unfolded, these positive remarks thus seemed more like obligatory responses. On reviewing the overall dynamic, it appears that Della and Tilly had respectively assumed the roles of the subservient "good" trainee and the "mother" to accommodate to what was

perceived to be needed in the training context. However, they evidently struggled to engage deeply in supervision. Contrary to Tilly's ideas at the outset of supervision, the supervisory alliance did not deepen over time and their work appeared somewhat unresolved. The cycle of non-disclosure, particularly on Della's part, influenced what appears to have been a *contrived alliance*.

DYAD 4: TOM AND TILLY

Dyad 4 comprised of Tom, a male trainee and Tilly, a female psychologist. Tom was one of the two trainees that Tilly supervised with the other being Della (discussed in dyad three). The training took place over a period of 12 months.

Tom approached supervision with some anxiety because the training environment was unfamiliar. His perception of Tilly, based on his selection interview, was that she was a compassionate and understanding individual. Although a trainee, Tom already preferred a psychodynamic understanding to his patients and had read avidly in the area. In the first interview, Tilly expressed some anxiety about Tom's unfamiliarity with the placement and expected him to be shy, nervous and withdrawn as a result. She also thought of him as a deep thinking individual and had expectations of learning more from him.

Non-disclosure in this dyad appears to have occurred primarily on Tom's part to avoid negative judgment and corresponded with his accommodating and submissive nature. Tilly, on the other hand, appeared oblivious about the non-disclosure within this supervisory relationship and unaware of the relational dynamics that unfolded. These issues appear to have contributed to an apparent *misalliance*⁶ (Langs, 1975) between them.

INTERVIEW 1 - WEEK 1.

In the first research interview, Tom reported that orientation to supervision was done briefly in a general meeting. He further reported that he was slightly anxious about how he would come across in supervision and revealed his need to appear as

⁶ An unsuitable alliance.

a “*psychologist-to-be*” (Appendix D4, Table 1). His anxiety appears linked to his experience with previous supervisors who reportedly demanded psychological content in the supervision discussion.

Tom also perceived Tilly as having the same expectation of him although this was never discussed. His own expectation to impress Tilly was conveyed through his words, “*I just had to impress*”. As mentioned earlier, although Tilly was anxious about Tom being unfamiliar with the training site, there appears to have been no explicit orientation or discussion thereof. For Tilly, this appears to be an emerging pattern of remiss responses that play out in this dyad. This is discussed further, later in this section.

Incident 1: “I didn’t incorporate my own psychological understanding of the cases”.

In the research interview, upon reflecting on his feelings about supervision, Tom felt that he didn't present his case material in the manner he had wanted. His dissatisfaction emerged as a result of the supervisory discussion, which he believed, lacked a psychological conceptualization. He reported that he did not disclose his dissatisfaction of his “performance” with Tilly because he had only reflected on this post-supervision. He had, however, made a mental note to rectify the issue in the next supervision session (Appendix D4, Table 2).

Tom’s continued emphasis on “*a professional-to-be, an emerging psychologist*”, reveal his own expectations for his supervision presentations as a new psychologist. He attributed his inability to conceptualize his cases to anxiety. From Tom’s perspective, he felt that he had underperformed and appeared very disappointed about this.

Tilly, however, was clearly impressed by Tom’s interventions and his skills as a novice therapist. Her words, “*I feel like he’s studied very well*” and “*it’s wonderful that he can put everything into effect*”, reveal that she was very happy with Tom’s overall performance in supervision (Appendix D4, Table 2). In as much as she was satisfied, she also appeared unaware of Tom’s self-expectations and subsequent disappointment with his own performance. The varied perspectives of the same

incident suggest a nascent discrepancy between the supervisor's perception of the trainee and his own at the outset of supervision.

Incident 2: "...there's that thing that I sometimes don't understand in supervision".

In the research interview, upon viewing the recorded session, Tom drew attention to his confusion about what he ought to have focused on in supervision. He was aware of his own feelings about the patient as well as the actual patient issues. He did not, however, disclose his feelings about the patient or his confusion on to Tilly and chose to focus instead on what he perceived as the 'patient issues'.

I didn't feel as if I did what I wanted to do. You know, I just felt that maybe I should discuss the case, what was happening with the patient, rather than discussing my feelings and all that stuff, so I just put them aside. So, ok, there's that thing that I sometimes don't understand in supervision. I'm not sure if you go to your supervision and need to also share your own feelings or stuff about the patient. So sometimes I just feel this whole thing is about my patient, let me just discuss the issues with my patient, let me put my feelings aside. (p.9, 18)

Tom was apparently unaware of what constituted appropriate material to be raised in supervision. This suggests an absence of explicit supervision discussion in this regard. He was confused and his words, "*I just feel this whole thing is about my patient*", suggest that he chose to focus on the patient and disregarded his own feelings in the process.

In addition, Tom revealed post supervision that he intellectualized his discussion, rather than shared his feelings (Appendix D4, Table 3). With intellectualization being a common defence, he appears to have defended against not knowing how to proceed in supervision. This may have been linked to his efforts to be seen as an "emerging professional" which he alluded to earlier.

Tilly, however, was unaware of Tom's non-disclosure in this instance. Her growing admiration of Tom came across in her words: "*he's very contained and professional*". She also assumed that his lack of personal information in

supervision was part of the professional boundaries he maintained (Appendix D4, Table 3). Tilly's words, "*I won't push it because I can see he won't just tell me*", convey that she felt she had to proceed slowly in accessing personal information with Tom.

At this point, Tilly also reported noticing how she treated Tom differently when compared to the other trainee (Della) she was supervising (Appendix D4, Table 4). She initially attributed the difference to gender. In addition, she indicated that this was also caught up in her 'maternal' role: "*I am always so sweet and spoiling of my sons...mothers and their sons.*" This substitution of terms suggests that she may have also unconsciously attributed her treatment of Tom to her own parenting attachments. However, Tilly did not appear particularly mindful of the 'maternal position' she adopted at this stage and finally attributed the difference in her treatment of the trainees to cultural issues.

INTERVIEW 2 - WEEK 12.

By the time of the second research interview, Tom had just returned from leave and felt slightly anxious because he felt unprepared for supervision, not having had sufficient time. Tilly perceived Tom as being tired from his journey and hoped that supervision was going to be productive. She also reported feeling tired as a result of work pressures.

Incident 3: "...you want to fit into the style of your supervisor".

In the research interview, Tom talked about a female patient they were discussing in supervision and reported that he was trying to strike a balance between psychological theory and conceptualizing the case from the patient's own frame of reference or cultural beliefs. He reported that he avoided disclosure in supervision about his preferred mode of psychotherapy (psychodynamic psychotherapy), because he gauged that Tilly was not interested in that approach. This assessment of Tilly appears to have been based on his supervision discussions with her over the last three months.

I think I wanted to talk about Freud's way of conceptualizing that, and I think I didn't mention that. I just felt that maybe it wasn't necessary, it wasn't

necessary. For me what was more important was to look at the patient's beliefs, and maybe what's another thing is that I haven't heard Tilly talking more of psychodynamic therapy. Those are some of the theories maybe that I do not speak much about, even though I can see that she is eclectic. I haven't had to speak about that, because sometimes when you are being supervised, you want to fit into the style of your supervisor, even though you may have your own way of conceptualizing cases that you prefer. But if you see that your supervisor is more directive and CBT [Cognitive behaviour therapy] oriented, you try to fit into their way of interpreting cases. (p.4, 22)

Tom's repetition of the words "*I just felt that maybe it wasn't necessary*" suggest that it was a rationalization not to discuss his conceptualization of the case from a psychoanalytic perspective. He appears to have chosen to side-step his own theoretical conceptualization of the case in deference to Tilly's interpretation of cases ("*you try to fit into their own way of interpreting cases*"). When I queried this further, he expanded on the point (Appendix D4, Table 5).

He appears to have made a concerted effort to redirect his initial thoughts and refocus on the cultural context of the case, as Tilly would have ("*I thought about psychodynamics, but I just felt, "No"*"). When he changed his own views of the dynamics of the patient, it further reinforced that he may have been trying to "*fit in*" with Tilly's style, as he alluded to earlier, and in so doing, "*impress*" and please her. The need to impress is likely to have been tied up with his notion of being a "good trainee", a potential "*psychologist-to-be*".

In response to the same case, Tilly had other ideas. She presumed that Tom would enjoy Jungian therapy because she perceived it as being similar to his own beliefs (Appendix D4, Table 6). With this reference and her words, "*I would have loved to talk to him about ...*" Tilly conveyed a perception that Tom would have been interested in the Jungian approach. However, Tilly's perception appears to have been based on a cultural stereotype in the absence of understanding Tom's actual interests or position.

Her words, "*I don't want to take students into anything too deep*" and "*it is quite Jungian*", suggest that the Jungian approach was too deep and perhaps too complex for Tom at that stage. She therefore prevented herself from discussing this

approach with him. This decision appears to have been based on her own trainee experience of being overwhelmed and not being listened to by her supervisor. However, her excerpt and subsequent incorrect assumptions about Tom also suggest that she, similar to her own supervisor, was not really paying attention to Tom's needs within supervision.

Based on the interviews, it appears that Tom and Tilly's perceptions of each other were at odds. Tilly thought that Tom was not ready for a complex theoretical approach but was also preoccupied with ideas about finding an approach suited to his culture. The excerpt further conveys an impression of Tilly knowing what approach better suited Tom, which has maternal undertones that are repeated in this relationship. Tom, in contrast, thought that he needed to curtail his psychoanalytic conceptualizations and reconceptualise his cases in deference to Tilly's theoretical approach. This suggests that there may have been a pull for Tom towards a 'compliant child' dynamic. In the absence of any discussion about these issues, they once again appeared to be on different pages.

Incident 4: "Maybe I just feel that there's no room for that".

As we observed the second recorded session further, Tom displayed some uncertainty in his facial expression. When I queried this he reported feeling unconfident about the cases he presented in this supervision session because he felt unprepared. He further reported that he was unable to discuss this issue with Tilly.

Tom's renewed discussion (Appendix D4, Table 7) about withholding his feelings in the first supervision session suggests that it was an issue he had not raised with Tilly or addressed three months into supervision. He attributed this to feeling pressured, which was perhaps linked again to his need around being the good trainee', or "*psychologist-to-be*". His reluctance to discuss his personal feelings or his sense of "lacking" in relation to the cases, suggests that the supervisory space for Tom, at that point, was not a space for personal disclosure. It also reinforces that Tom was unaware of what constituted appropriate disclosure within supervision, possibly due to the absence of explicit orientation to supervision.

Furthermore, Tom reported that he avoided discussing issues of countertransference because he gauged from previous supervision discussions that it did not fit in with Tilly's style of supervision.

I think it comes back to the issue of me not perceiving Tilly as being psychodynamic. I think if she also spoke that language, I would also discuss those things, but I don't want to distance myself and say it's because of her, it's not because of her. It's because of my perception of her, I think that I don't talk of such things as transference and countertransference, maybe she comes across to me as somebody who's not psychodynamically-oriented. Maybe I just feel that there's no room for that, but at the same time, I also have to take into cognisance myself as a person. Am I too accommodating as a person? Maybe that also says more about me than about Tilly. (p.10, 23)

Although the above response was suggestive of Tom's reflectivity and self-awareness in the dyad, it also reveals his deference to Tilly. This pattern of submissiveness appeared conscious on Tom's part and is likely to have been in response to the authoritative power that Tilly wielded in supervision. This is seen throughout this supervisory relationship. At the same time, in keeping with her work context and style of supervision, Tilly appeared once more distracted and unaware of Tom's non-disclosure. This pattern is also seen over the course of the supervisory relationship.

INTERVIEW 3 – WEEK 24.

By the end of the sixth month of supervision, Tom reported that he hoped I could see some improvement in him, particularly in relation to issues he had been unable to disclose to Tilly in previous sessions. He also reported feeling generally more relaxed in supervision than previously. Tilly reported in this final interview that she perceived Tom as being "*very intelligent, deep and thoughtful*". Tilly also informed me that she was feeling very burnt out and exhausted at this point, because of retrenchments at work.

Incident 5: "...if I insisted on seeing her then Tilly would see that as me being interested in her".

At the outset of the research interview, as we viewed the recording, Tom laughed anxiously. When I queried his reaction, he explained that one of his patients had declared her love for him and aggressively pursued him. He had given her his phone number because she had initially presented in crisis; however, she had since proceeded to call him at all hours of the night declaring her love for him. When Tom initially discussed this patient with Tilly, she reacted very emotionally and was evidently protective of him, so much so, that she instructed him to immediately terminate the case.

At the time of the research interview, he had not as yet terminated with the patient, because he wanted to hand her over to another trainee first. He was not able to raise this case for discussion with Tilly, who was under the impression that the case had already been terminated. Tom appears to have understood the patient to be emotionally unstable and he believed that ethically, he needed to hand her over to another therapist first (Appendix D4, Table 8).

His words, "*if I insisted on seeing her then Tilly would see that as me being interested in her*", illustrates his anxiety about being perceived negatively by Tilly, should he continue treatment with the patient. This again suggests a pull on Tom's part to fulfil Tilly's expectations of him. However, when I questioned Tom if he was able to explicitly discuss the professional merits of this case with Tilly, he agreed. His response (*I feel if I push to see her then it's, "Why can't you see that this girl calling you at night is wrong!"*), however, reveals his fear of Tilly's anger. The tone Tom appears to have anticipated and subsequently avoided by his non-disclosure is that of maternal scolding. Tom words, "*I won't feel I am abandoning her [the patient]*", suggest that he felt a sense of responsibility to his vulnerable patient and that it was in her best interest to continue psychotherapy, even if it was with someone else.

Nevertheless, despite his implied submission to Tilly in relation to this case, he defied her by not immediately terminating the case. This response on his part appears to have been related to Tilly's emotional reaction and the unreflective and inflexible stance she assumed in supervision. In the research interview, Tilly again responded emotionally to the recorded discussion of this patient with Tom (Appendix D4, Table 9). Her words, "*I had enough of her!*" and "*I said I'm coming back [to manage the patient] if she causes more problems*", conveys a very personal

response to the patient's advances towards Tom. She appears to have felt she had to take the matter into her own hands if it continued. In our discussion, it became apparent that due to her personal reaction, she appeared unable to view this case from a professional perspective (Appendix D4, Table 9).

Eventually she alluded to the idea that she was being protective and therefore maternal with Tom. Her words, "*No, she was just in love*", displays a certainty usually attached to the maternal role, of a mother who always knows what's right. In the interview, Tilly made reference to herself as a "big mother" (Appendix D4, Table 9). This creates the impression of Tom as a small child. She had raised the idea of "*mothering Tom because he was a boy*" earlier in our first interview, and when I questioned her further about this role emerging again, her response acknowledged her anxiety about his perceived vulnerability (Appendix D4, Table 10). She expanded on the mothering role further.

I did start perhaps being very protective of him and I suppose I still am, but he's coming out of himself. I've got children that age and they tell me how horrible their bosses are and the difficulties they have at work...So then I can mother this lot because my lot have gone away. (p. 12, 18)

Her reference to "*horrible bosses*" and "*difficulties*" her own children experience, suggest that she saw herself shielding her trainees from these negative experiences, whilst identifying with the mother image. This excerpt again conveys Tilly's eagerness to protect and mother Tom and in so doing, to take on a surrogate mothering role, in the absence of her own children. However, these well-intentioned actions at another level, suggests an omnipotent, controlling undertone on Tilly's part. Her identification with the maternal role appears to have blurred her role as supervisor. It further demonstrates that despite Tilly's good intentions, Tom still appears unseen in his potential in this relationship and hence his non-disclosure continued.

Incident 6: "I feel as if I'm backsliding".

At the end of the research interview, after having discussed a patient experiencing delusions, I asked Tom to reflect on supervision over the six-month period. Tom reported that he felt dissatisfied with his performance. It was an issue

he had not discussed with Tilly because he claimed that he had only reflected on this post supervision.

I don't know, maybe I have high expectations. Around April, I felt there was improvement, but right now I don't know if I'm feeling as if I'm backsliding or if I am on the same level. To be honest, that's how I'm feeling right now. I was expecting that by this time of the year I would see things going up and up, improving on a daily basis, but yes. Sometimes I feel as if I'm backsliding, especially in this case [the patient who loved him], it really made me question the way, my therapeutic style and all that stuff... Yes, the [supervisory] relationship... is improving but I wonder if my personal growth as a person is.
(p.12, 51)

Tom's excerpt and tone conveys his sense of disappointment and dissatisfaction about his progress as a trainee. Initially, he made reference to his perceived improvement earlier in the year, but he experienced this as having plateaued since then. His repetition of the word "*backsliding*" conveys his sense of regression as a trainee and reveals his emerging doubts about his therapeutic style with specific reference to this difficult case. It further suggests that Tom was left with unanswered questions after this particular case, which appears to have eroded his self-confidence. He subsequently did not feel growth.

On the other hand, when I asked Tilly about her reflection at the end of the research interview, it was positive (Appendix D4, Table 11). Tilly's says, "*I saw a smile on his face and he looked quite perky, he was empowered and he was happy, so all went well*", which suggests that she assumed Tom's "empowerment" and "contentment" at the end of the supervisory session as a result of her observations. Tilly's words, "*I often say to myself I'm not a good supervisor, and looking at that I think, no, it's alright*" reveal that she used this assumption to alter her previous underlying negative perception of herself as a supervisor to a more positive perception. This incident further reinforces the impression of supervisor distraction and the subsequent missed opportunities for addressing Tom's needs in the supervision relationship.

DISCUSSION

The consistently differing perceptions within this dyad over the six month period highlight how inexplicit discussion of trainee and supervisor expectations, goals and disclosure at the outset of supervision may contribute to divergence within the dyad. The absence of discussion of supervision issues itself appears to have resulted in Tom's confusion at the outset. As a result, a series of early non-disclosures on his part, even prior to alliance building in the relationship, served to avert negative (maternal) judgement and conflict from the supervisor.

However, although seemingly compliant, Tom demonstrated a type of *False self* relatedness particular to the supervision context (Winnicott, 1965). This served to protect him from his supervisory relationship, characterized by maternal dynamics hindered further by Tilly's firm approach to supervision and her struggle with "burn out". Non-disclosure over the six month period, for Tom, appear to have been primarily about "supervision issues" in particular, such as what to focus on in supervision. It also involved him trying to adapt to his supervisor's approach to supervision or not provoking negative judgment from her.

Tom's apparent submission to Tilly, either by way of her style of supervision or her instructions, is suggestive of his felt powerlessness in the relationship and a pull towards a compliant-child dynamic. His withholding information often seemed the result of a mixture of fear for negative judgment or anger (as in the case of the patient with delusions) and deference to Tilly. Tom's defence against the urge to discuss his countertransference responses and his own conceptualizations of his patient with Tilly reflects that for him, the supervisory space appeared closed to the disclosure of his own feelings. His withholding of information thus appears to have been a particular response to the co-created alliance at that point. He subsequently adopted a defensive, accommodating style out of a need for approval from Tilly. In line with Sullivan's (1953) theory, the need to impress Tilly appears to have been tied up with Tom's notion of the *good-me*, and being a good trainee.

There is also the possibility that although Tom may have appeared to be submissive in some instances, he also demonstrated some independent thinking in the face of perceived supervisor inadequacy or intolerance. As a result of Tilly's maternal enactments, particularly with Tom's last patient, he was made to feel as if

he had done something wrong. Tilly's negative emotional reaction to his patient appears to have blinded her professional judgment and may have compromised psychotherapy as well as supervision. Tom's non-disclosure in this instance thus served to circumvent a potential negative response, Tilly's anticipated anger and disapproval.

However, Tilly's emotional response to Tom's patient also served to disillusion him to the point where he was forced to secretly defy his supervisor, in what he perceived to be the best interests of the patient. This was contrary to his accommodating nature. Combined with the loss of affirming, validating connections from Tilly in this instance, it appears to have evoked a disturbing dynamic for Tom, the *bad-me* (Sullivan, 1953), which left him feeling unsettled, and despondent. While Tom reported somewhat positively about the supervisory relationship, *bad-me*, combined with his despondency and negative feelings about his progress at the end of the research interview, suggest otherwise (Appendix D4, Table 12). Tom's response appears to have been perfunctory and he spoke only vaguely to the relationship being better. He also appears to have been far more preoccupied with his own lack of improvement or personal growth. His words ("Yes...but") and lowered tone conveyed his unspoken disappointment. They also highlight the realization of his sacrifice in the toss-up between the supervisory relationship versus his self-growth.

Tilly was oblivious of Tom's non-disclosure or feelings, and her assumptions and perceptions of him and his experiences appeared mostly out of place. Due to work distractions at the time, she displayed a pattern of being inattentive and not attuned to Tom's feelings, expectations and experiences. This suggests that for Tilly there may have been a disconnection from the actual supervision process in this dyad. Although she was invested in protecting Tom and was somewhat aware of her need to "mother" him, she was also evidently unconscious of how her maternal enactments played out in the relationship and the impact they had on Tom. Theoretically, in line with Safran's (2003) model of exploring ruptures, it suggests that within this relationship, Tilly was unmindful of the ruptures that occurred and as a result, failed to attend to them at the outset in this supervisory relationship.

In addition, her experience of burnout seems to have predisposed Tilly to act (make assumptions), rather than reflect within supervision. Her assumptions about Tom, seemingly embedded in ‘maternal’ certainty, perhaps resulted in her not questioning the possibility of non-disclosures or the possibility of Tom being anything but ‘content’. This resulted in the dyad’s persistent *misattunement*, and perpetuated an incompatible space closed to discussion. In a space where mutual recognition (Benjamin, 2006) was not addressed, it resulted in a rupture. Left unacknowledged and unaddressed, the rupture in turn appears to have fostered a *misalliance* (Langs, 1975), which further served to impede the trainee’s progress.

Tom’s experiences reinforce Bromberg’s (2012) notion that trainee self-growth occurs within the relational process, where the process of development is marked by the actual working through of any impasse and rupture in the relationship between supervisor and trainee. In this way, the supervisor and trainee mutually co-construct their relationship. This process, however, appears absent in this supervisory dyad.

CONCLUSION

This final study explored relational processes linked to non-disclosure in clinical supervision. I followed four supervisory dyads over a six month period in an effort to understand incidents of non-disclosure and the process issues that appear to underlie non-disclosure from both supervisor and trainee perspectives.

In Dyad 1, the trainee’s non-disclosure was perceived to be motivated towards self-protection. In the supervisor’s case it appears to have been protective of both the trainee and the alliance. Notably in this dyad, the supervisory alliance appears to have been conditional, specifically in relation to a cycle of non-disclosure organised around states of vulnerability. Consequently, idealizing strategies were adopted to keep the alliance ‘good’. The collusion to not disclose yielded the ‘benefit’ of a seemingly good alliance that was, however, limited, devoid of conflict or difficulty. Although the relationship appeared outwardly to be a good alliance, it seemed to lack authentic relatedness. Some aspects of the relationship thus appear based on the concept of a *pseudo-alliance* (Safran & Muran, 2000b).

Within Dyad 2, non-disclosure was part of a maternal transference which importantly enabled the supervisor to accommodate to the trainee's developmental needs at the time. This resulted in a strengthening of the alliance over time and appears to have possessed all of Bordin's (1983) characteristics for a *true alliance*. The mutual positive feelings within this dyad as well as the trainee's resulting confidence, genuine engagement and professional development suggest that a *true alliance* had developed.

Dyad 3 was marked by a cycle of non-disclosure throughout the relationship which reinforced strategic self-presentations and was self-protective on the trainee's part. Due to work circumstances, withholding behaviours often went unnoticed by the supervisor. The trainee's inauthentic presentation and combined dynamics within this dyad appear to have resulted in a superficial relationship, an alliance that was specifically contrived for the purposes of training. Given that the alliance was also marked by inauthentic relatedness, I conclude that this is a *contrived alliance* and appears to be a particular version of the *pseudo-alliance* discussed earlier.

Withholding behaviours in Dyad 4, on the trainee's part, appears to have occurred primarily in deference to the supervisor. The supervisor, however, appears to have been unaware of the important non-disclosure or relational dynamics that unfolded. The combined issues within this dyad, notably characterized by the supervisor's neglect of the trainee's needs in favour of supervisory authority (as seen in dyad 4), appear to have contributed to a "*misalliance*" (Langs, 1975). This appears to have gravely hindered the trainee's professional development.

Overall, the case studies illustrate important relational processes which appear to essentially influence non-disclosure in clinical supervision. In this study, this then appears to have impacted on the distinctive forms of the supervision alliance.

OBSERVATIONS ACROSS CASES

Several common observations were noted across the case studies in relation to non-disclosure:

1. A cycle of non-disclosure was noted across all studies. Key points noted were:
 - The trainees being more inclined to non-disclose when they harboured feelings of not being “good enough”
 - Trainees covering up deficits in their knowledge to appear “knowing” and to present a very proficient and self-assured professional image (*False-self*)
 - Trainees feeling safer discussing personal issues “outside of supervision”
 - Subversive or furtive power dynamics that emerged on the trainees’ part in service of self-preservation
 - Trainee compliance influenced by the concept of the “*good-me*”

2. A number of relational dynamics underpinning non-disclosure were noted. The key characteristics noted were:
 - Understanding the strains in the supervisory alliance utilizing Safran’s (2003) concept of the “*fundamental dilemma of human existence - the tension between the need for agency and the need for relatedness*”
 - A preference for the supervisory dyads to adopt ways of relating that avoided potential conflict or difficult realities in the relationship
 - Dynamics which were understood using Benjamin’s concept of “*doer – done to*” which unfolded within the dyad
 - A complex mix of individual and relational dynamics that resulted in different proportions of co-construction of disclosure in the relationships
 - Supervisors adopting particular relational positions in supervision
 - A strong identification with the ‘mothering role’ on the supervisors’ part
 - Withholding behaviour within the supervisory dyads which appears to have been not only a discrete event but a dynamic process
 - A seemingly reciprocal process between non-disclosure and the alliance .i.e. non-disclosure influenced the quality of the alliance, and different forms of the alliance resulted in non-disclosure

3. Supervision specific issues also emerged:

- The absence of explicit communication in relation to supervision protocols and the supervisory contract
- The perception that supervision was considered an evaluative 'correct' space, with little room for discussing difficulties
- Supervisors' unfamiliarity with the importance of non-disclosure within supervision practice itself

These issues will be discussed further in the following chapter.

CHAPTER 6

AN OVERVIEW OF FINDINGS

"In the very moment of realizing our own independent will, we are dependent on another to recognize it." Jessica Benjamin (1990, p.39 - psychoanalyst and feminist)

Using in-depth qualitative analysis, I have sought to explore non-disclosure in clinical supervision from supervisor, trainee and interpersonal/relational perspectives. In this final chapter, I address the broad research questions of the studies discussed earlier, specifically in terms of the overarching objectives of the project. Strengths and limitations of the study, as well as recommendations for further research are also provided.

The overall aim of the research was to: 1) Explore trainee and supervisors' experience of non-disclosure in supervision, 2) Understand the influences of non-disclosure within supervision for both the trainee and supervisor, 3) Explore the consequences of non-disclosure for the supervision relationship, and 4) Learn more about the relational dynamics in relation to non-disclosure that occur within the supervisory dyad. I believe that the research objectives have been met.

In addition, the research makes an original contribution to: 1) Supervision practice, by providing a detailed understanding of the experience of non-disclosure, and points to ways it could be optimally managed within supervision, (2) Supervisors' development, by uncovering institutional dynamics as well as providing an understanding of the relational dynamics that underlie non-disclosure, (3) Supervision theory, by providing an understanding of non-disclosure in relation to the supervisory alliance and relational dynamics, as well as the implications this has for supervision practice, and lastly, (4) Therapeutic practice, by providing an understanding of non-disclosure in relation to therapeutic interventions and outcomes as experienced or perceived by supervisors and trainees.

Below is an overview of the main findings across all three studies. This is followed by a discussion section that draws attention to predominant findings and considers their implications for the field of supervision and non-disclosure.

PRIMARY FINDINGS

The research comprised three independent studies that explored non-disclosure experiences from different perspectives. The main findings in the three studies were as follows:

STUDY 1: IN-DEPTH ACCOUNTS OF NON-DISCLOSURE: THE TRAINEES' PERSPECTIVE.

This phase was guided by the following broad research questions: 1) What are trainees' experiences of non-disclosure in supervision? 2) From their point of view, what influences their non-disclosure in supervision? 3) What are the consequences of non-disclosure for the supervisory relationship? 4) How is non-disclosure in supervision perceived to influence trainees personally and professionally? and 5) How is non-disclosure in supervision perceived by trainees to influence therapeutic experience and outcome? These will be briefly addressed below.

WHAT ARE TRAINEES' EXPERIENCES OF NON-DISCLOSURE IN SUPERVISION?

As explored previously, issues of power appeared prominent in explanations about how trainees made sense of their experiences of non-disclosure. The research also draws attention to a relatively under-explored and under-theorized idea that links a '*cycle of non-disclosure*' to *subversive or furtive power dynamics* in service of the trainees' *self-preservation*. The findings therefore shed some light on a particular kind of power that resides with the trainee, specifically in terms of what he or she chooses to disclose to the supervisor.

Related to the above, the issue of controlled and *purposeful* non-disclosure was also a prominent theme. Here, the trainees' non-disclosing response can be conceptualised as an effort to 'take back' or hold on to some semblance of power or control in the relationship. In this way, purposeful non-disclosure appears to have afforded trainees a means of levelling the power imbalance in supervision. This aspect appears relatively absent in current research literature.

WHAT INFLUENCES TRAINEES' NON-DISCLOSURE IN SUPERVISION?

The possibility of not being in control of what was said or discussed within supervision appears to have been unbearable to some trainees. Thus by perpetuating an illusion of self-sufficiency and competence in these instances, some trainees projected an attitude that supervision was relatively insignificant. They accordingly conveyed a sense that they did not require the supervisor's expertise or support.

Some trainees' non-disclosure appears to have been motivated by an attempt to strategically manage their professional and personal reputation. This was apparent in their reflections on non-disclosure as an act of strategic self-presentation. The trainees' withholding of information was often related to a sense of personal involvement in their cases and how it reflected on their perceived professional competence. This bears resemblance to Eckler-Hart's (1987) findings that trainees may be more concerned with attaining a *False-self* that facilitates their transition into the profession, and results in them conducting themselves as noticeably proficient psychotherapists.

As discussed earlier, the findings importantly suggest that when trainee needs are not negotiated or go unrecognized, then split-complementarity relations (Benjamin, 2004a) are likely to emerge as the dominant dynamic organizing the need for trainee non-disclosure. In instances where there were positive experiences of supervision and presumably a good supervisory alliance, trainees appear to have felt protected by their supervisor and consequently more able to disclose within the relationship. This was reportedly also linked with less of a perceived power differential in the supervisory relationship.

Ethical issues or countertransference reactions that were not disclosed, appear to have been tied to particular aspects of experience, beliefs, and trainee identity (see p.83). In addition, the belief that personal (emotional) issues had no place in supervision had a particular impact on the boundaries trainees kept within supervision and the disclosures trainees made. This tended to reinforce their perception that supervision pertained only to 'impersonal' information.

Trainees' fear also appears related to their perception of a negative evaluation for their traineeship and being deemed a 'bad' trainee, a damaging consequence many of them attempted to avoid and a motivating reason for their purposeful non-disclosure. At times, trainee non-disclosure appears to have helped to preserve what was perceived as a fragile alliance. In a related manner, the supervisor's reputation appears to have played a role in determining whether the trainee withheld information from them.

It was also strongly apparent in the findings that trainee non-disclosure is not only about protection from damage, but is also about trainees not knowing what is expected in supervision. This issue has strong implications for trainee role induction as well as orientation to supervision, and will be discussed in more detail later.

WHAT ARE THE PERCEIVED CONSEQUENCES OF NON-DISCLOSURE FOR THE SUPERVISORY RELATIONSHIP?

Non-disclosure strongly emerged as part of a *cyclical process*. When the trainee felt inadequate and withheld material from the supervisor, this, in turn, appears to have fostered a greater sense of inadequacy in the trainee and resulted in a greater motivation to not disclose. The findings thus provide convincing evidence that *purposeful* non-disclosure on the trainee's part, did indeed impact on the trainee's perception of authentic participation in supervision. This, in turn, affected their sense of professional integrity because of the awareness that their withholding behaviours were, to some degree, surreptitious and deceptive. In addition, this appears to have led to a sense of inauthentic relatedness within the supervisory relationship, demonstrating the concept of *False self*-relatedness (see p. 41).

Moreover, based on my findings, an important part of the trainees' learning process in supervision appears to have occurred when non-disclosure was linked to a reciprocal identification with the (perceived) supervisors' non-disclosure. This issue is seen to arise particularly in relation to disclosing the limits of one's competence. It thus reinforces the idea that despite the nature of the supervisory alliance within the supervisory dyad, the supervisors' withholding of information (the trainees' perception of this) in supervision may still result in the trainee learning what may be considered bad professional practice (see p.102).

HOW IS NON-DISCLOSURE IN SUPERVISION PERCEIVED BY TRAINEES TO INFLUENCE THE THERAPEUTIC EXPERIENCE AND OUTCOME?

The inauthentic relatedness discussed earlier within the supervisory relationship also poses complex barriers to the trainees' professional learning and integrity. The IPA analysis suggests that inauthentic presentation within supervision was also linked to trainees not acknowledging what they did not know. As a result, they perceived this to impact on their learning. By purposefully withholding information, trainees further acknowledged that this impacted negatively on their management of patients. This may have far-reaching consequences for psychotherapeutic treatment and is an issue that deserves further exploration.

STUDY 2 - IN-DEPTH ACCOUNTS OF NON-DISCLOSURE: THE SUPERVISORS' PERSPECTIVE.

The second study was undertaken to explore how supervisors made sense of non-disclosure (made by both trainee and supervisor) in clinical supervision. The following questions were the focus of this phase: 1) What are supervisors' experiences of non-disclosure in supervision? 2) What influences supervisor non-disclosure in supervision? 3) What are the perceived consequences of nondisclosure for the supervisory alliance? 4) How is non-disclosure in supervision perceived to influence supervisors? 5) How is non-disclosure in supervision managed by supervisors? These questions are addressed below.

WHAT ARE SUPERVISORS' EXPERIENCES OF NON-DISCLOSURE IN SUPERVISION?

Interestingly, a prominent finding in this second study related to how most of the supervisors in the study felt ill-equipped to manage supervisory difficulties such as non-disclosure. This was attributed to a number of factors. A lack of choice about having to supervise was reported as a primary issue, which led to a number of supervisors being *reluctant supervisors*. Their lack of choice to supervise also appears to have resulted in their subsequent devaluation of supervision itself and low interest in issues like non-disclosure.

A number of supervisors also reported a lack of supervision training and education. Many supervisors in this study entered the supervisory relationship with a deficient sense of themselves as supervisors. Combined with the lack of formal supervision training, this strongly suggests that many of these supervisors were relatively ill-equipped for the job of supervision and were often unsure about how to consider or recognize when trainees may be withholding information.

In order to avoid repetition, I focus on the supervisors' specific experiences of trainee non-disclosure as well as their own non-disclosure under the research questions that follow.

WHAT INFLUENCES SUPERVISOR NON-DISCLOSURE IN SUPERVISION?

For the supervisors, particular positive relationship factors were experienced as facilitating their disclosure. These included: professional ways of relating within the supervisory dyad, the positive impact of trainee maturity on the bond, as well as mutual liking and respect in the supervisory relationship (see p, 119). The flip side of this is that when these relationship factors were perceived to be absent, supervisors felt that this resulted in non-disclosure on their part.

In addition, the supervisors' own expectation of omniscience appears to have resulted in some of them hiding deficits in their knowledge by way of strategic self-presentation. Here, they perceived that withholding their '*not knowing*' conveyed a sense of control and composure to trainees and others.

Supervisors in this study especially struggled with the disclosure of negative reactions to the trainees' counselling abilities. This meant that some supervisors were more reluctant to disclose information about the trainees' poor performance and suggests general problems related to inadequate supervision boundaries or a weak supervision alliance (see p.115). As pointed out, this may also be more directly related to supervisor confidence, especially given findings raised about not wanting to/knowing how to supervise. Some supervisors also struggled with disclosing negative feedback to trainees because they perceived it to be damaging. This stance is also indicative of the avoidance of initiating a conflictual dynamic when the supervisory alliance is perceived as weak.

Many of the supervisors experienced their professional disclosure (of case material), as facilitating trainees' learning. They also believed that it contributed to a shared experience and in this way strengthened the relationship. The emphasis on a shared experience reflects the supervisors' attempts to foster a better supervisory alliance and contribute positively to the trainees' learning.

WHAT ARE THE PERCEIVED CONSEQUENCES OF NON-DISCLOSURE FOR THE SUPERVISORY ALLIANCE?

Many of the supervisors responded personally and emotionally to the thought that trainees may not always disclose pertinent information in supervision. This was specifically characterized by a sense of betrayal because they believed that they generally shared a strong alliance with their trainees.

It appears that some of the supervisors were unprepared to accept the possibility that, despite their perception of good supervisory alliances, trainees persisted with non-disclosures. Given the overall findings of this research, this is likely to be linked to the supervisors' self-worth and ability as a supervisor. Importantly, Study 1 reveals that all trainees reported some non-disclosure within supervision even within alliances they perceived to be good. I return to this issue later in this chapter.

HOW IS NON-DISCLOSURE IN SUPERVISION PERCEIVED TO INFLUENCE SUPERVISORS?

Many supervisors appeared most comfortable discussing trainee non-disclosure as opposed to their own non-disclosure. The preference to focus on the trainees' withholding behaviours suggests a diversion away from themselves, particularly in their roles as supervisors. This may be related to a need, on the supervisors' part, to present a competent professional self (strategic self-presentation also evident in the supervisor, not just the trainee). They also appeared more at ease focussing on disclosure that was either in the patients' best interest or facilitated trainee learning.

Notably, in the absence of formal supervision training, some of the female supervisors mentioned resorting to the 'mothering role' in supervision. This role

was presumably familiar to them and overtly perceived as supportive of the trainees. In this role, they believed that they facilitated trainee disclosure (see p. 120). The reasons and implications for this also emerged in the third study and will be discussed further later.

HOW IS NON-DISCLOSURE IN SUPERVISION MANAGED BY SUPERVISORS?

Some supervisors reported that they were either aware of patient care being compromised through trainee non-disclosure or were worried that it would be. No mention was made, however, about the steps taken to address suspected non-disclosure in these instances.

Despite being unprepared for the complexities of supervision, many of the supervisors attempted to negotiate difficulties in supervision as best as they could. Importantly, this was based on their own experiences as trainees and with a view to strengthening the alliance. Their focus on the patients' best interests also meant that responsible and ethical practice was held to be a priority for many of the supervisors.

STUDY 3: EXPLORING RELATIONAL PROCESSES LINKED TO NON-DISCLOSURE IN CLINICAL SUPERVISION

This study was based on observing four supervision relationships over a six-month period. The following questions were explored: 1) What are the real-time experiences for trainees and supervisors, during instances of non-disclosure? 2) What occurs prior to an instance of non-disclosure in supervision? 3) What occurs after an instance of non-disclosure in supervision? 4) What relational dynamics unfold in relation to instances of non-disclosure in supervision? As a result of previous discussion on these issues and to avoid repetition, these questions are addressed in summary below.

Important relational dynamics that emerged within supervision were highlighted in this study, specifically the idiosyncratic relational features associated with non-

disclosure. Following two supervisors, each responsible for two trainees, over a six-month period, revealed how unique relational contexts shaped different reasons and motivations for non-disclosure. This is most evident in the observation that supervisors' reasons for non-disclosure, or observations related to trainee disclosures, tended to shift depending on the trainee with whom they were working. Despite this, there were some common themes detected across relational scenarios that appear most linked to the propensity to disclose, which I discuss later.

The general findings of the third study tend to support research that suggests that the quality of the supervision relationship influences the extent of non-disclosure (Farber & Hall, 2002; Farber, 2003; Gunn & Pistole, 2012; Hall & Farber, 2001; Hess et al., 2008; Ofek, 2013; White & Queener, 2003), and links the strength of the alliance to greater disclosure.

In addition, through exploring the supervision process over time, findings of this study highlight a reciprocal process between non-disclosure and the alliance. Accordingly, as much as non-disclosure is likely to result because of a particular alliance, non-disclosure itself may, at other times, influence the quality of the alliance.

In relation to this, the first study illustrates how non-disclosures persisted in bad alliances as well as presumably good alliances. Similarly, Study 3 illustrates how non-disclosures determined the quality of the alliance and in some instances were used to strengthen the alliance. This was most clearly evident in dyad 2 (p.147). In this case, while the supervisor chose not to disclose, it appears to have been in response to the trainee's developmental needs at the time. It importantly highlights Safran's (2003) concept of implicit negotiation and seems to have resulted in a stronger alliance with greater disclosure.

As a result, this alliance appears to have possessed all of Bordin's (1983) characteristics for an alliance described as a *true alliance*. However, when the trainee's needs were not negotiated, nor discussed and issues of supervisory power were perpetuated (as seen in dyad 3), it resulted in an alliance that appeared driven by diplomacy on both sides of the dyad, but was more about inauthentic relatedness and focused on completion of training, a seemingly *contrived alliance*.

Similarly, when an alliance appeared characterized by the supervisor's failure to attend to the trainee's needs or potential in favour of supervisory authority (as seen

in Dyad 4), this disparity of needs appears to have resulted in what I refer to as a *misalliance* (Langs, 1975) over the course of the relationship. Notably, when the trainee perpetuated a cycle of non-disclosure based on strategic self-presentation and the supervisor avoided addressing important vulnerabilities in order to protect the trainee (as in dyad one), this appears to have resulted in a relationship that tended to mimic a good alliance but appeared to lack authentic relatedness, in other words, a *pseudo-alliance*.

Interestingly, a ‘maternal stance’ towards supervision was made explicit across all four dyads in this study, suggesting that this was somewhat of a ‘default position’ for supervisors. Importantly, this finding was also evident in the second study on the supervisors’ experiences of non-disclosures. In some instances, maternal roles appear to have been adopted when trainees appeared most vulnerable or when supervisors appear to have been unable to draw on supervision models or lacked a clear sense of the tasks and goals of supervision.

These maternal enactments on the supervisors’ part (as seen in dyads one, three and four), at times appear to have perpetuated trainees’ furtive or subversive non-disclosure. In this way, these observations substantiate the findings of the first study regarding the cycle of furtive or subversive non-disclosures that are likely to emerge on the trainees’ part in an effort to exercise some degree of power in the relationship. I return to this issue in more detail later.

THE UNSAID: INTEGRATION AND IMPLICATIONS

In a series of three studies I have used qualitative methods that focus on the experiences and meanings attributed to non-disclosure. I have attempted to address the scarcity of qualitative research in the area as well as find a way to study the relational processes linked to withholding behaviours within supervision. The research appears to contribute to the field in a number of ways.

All three studies yielded findings that were consistent with general trends in supervision research. This included the finding that non-disclosure appears to be a regular occurrence (Ladany et al., 1996) and tends to be characterized by conscious omissions (Yourman & Farber, 1996; Mehr et al., 2010; Spence, Fox, Golding, & Daiches, 2014; Strømme & Gullestad, 2012; Sweeny & Creaner, 2014). Although

the aim of the research was not to measure the frequency of non-disclosure, it was reported by participants, particularly trainees, to be a regular occurrence. Observations over an extended period of time in the third study also seem to support this.

In the first and third studies, trainees were also found to: (1) avoid anticipated negative supervisory reactions (Yourman & Farber, 1996); (2) conceal perceived mistakes (Yourman & Farber, 1996, Mehr et al., 2010); (3) avoid negative evaluation (Heru et al., 2004), and (4) engage in strategic self-presentation (Heru et al., 2004). In addition, existing power dynamics (Hess et al., 2008; Mehr et al., 2010; Murphy & Wright, 2005; Worthington, Tan, & Poulin, 2002, and Quarto, 2002) appear related to a poor supervisory alliance (Ladany et al., 1996), and were linked to non-disclosure in all three studies. I will return to this issue in more detail below.

In the second study, findings that are supported by other research include: (1) supervisor concern that certain disclosures would damage the supervisory alliance (Ladany & Lehrman-Waterman, 1999), and (2) the idea that non-disclosure may be used for pedagogical reasons i.e. trainees may not have been developmentally ready for the information (Ladany & Melincoff, 1999). In addition, supervisor non-disclosure was also found to occur as a result of anticipated negative reactions from the trainee (Heru et al., 2006; Skjerve et al., 2009). The research thus supports findings that supervisors are generally reluctant to disclose information about trainees' poor performance (Grant et al., 2012).

Study 2 also revealed that from the supervisor's point of view, particular relationship factors within the supervisory dyad were perceived to facilitate their disclosures (Ladany & Bradley, 2010). Professional disclosures (case material), were particularly perceived by supervisors to effectively facilitate their trainees' learning (Ladany & Lehrman-Waterman, 1999).

In as much as the research findings reinforce previous research results, I believe that the intensive qualitative and experiential focus of the research has further developed some of the above findings in a more contextually-sensitive manner. I furthermore believe the relational processes related to non-disclosure in this study are particularly evident and exposed due to the longitudinal design. It

has also raised some novel and surprising findings (to be discussed below). In this way, I believe that the overall picture of non-disclosure in clinical supervision formed by the three phases of this research offers fresh perspectives and appears to put forward a number of core ideas.

As well as being discrete events occurring at isolated moments, disclosures appear embedded in relational processes that generate particular motivations for non-disclosure. This means non-disclosure may occur at particular moments in supervision (when the trainee does not disclose his/her mistake). Alternatively, non-disclosure may take on a more chronic quality where certain aspects constantly remain undisclosed (a constant feeling of inadequacy, or a continuous difficulty with disclosing all the details of cases discussed).

In addition, real-time observations over an extended 6 month period (Study 3) allowed for a number of useful observations regarding process. One such observation relates to the finding that the amount and type of information withheld in the supervisory dyad was not necessarily dependent on the stage of the relationship between the supervisor and trainee (as perceived by them). Instead, it appears to have been influenced by the relational dynamics that unfolded. This further implies that non-disclosures were not specifically influenced by time spent in supervision, but rather on the interpersonal interaction within supervision. This is in keeping with the relational perspective on supervision.

Although each study has been discussed previously, below I explore these ideas focusing on the research as a whole. Drawing on all three studies, it appears that all major findings linked to the underlying dynamics of non-disclosure can be divided into what I shall call 'individual factors' and 'relational factors' contributing to instances of non-disclosure. These findings are discussed accordingly below.

INDIVIDUAL FACTORS UNDERPINNING NON-DISCLOSURE

Individual factors or conditions tend to exist prior to supervision and are not directly instigated by relational factors. Put another way, these are factors or conditions that supervisor and trainee bring to supervision. Although they will inevitably be influenced by relational factors, they also have their existence independent of the relationship. Individual beliefs, motivations and needs were

found to importantly influence non-disclosure in this research. For example, this is seen in instances where trainees did not believe in disclosure of personal material in supervision.

Consistent with the idea that non-disclosure may have different and complex motivations, in some cases non-disclosure appears to have occurred simply because the trainee did not know what was expected in supervision. The lack of proper trainee orientation to supervision appears linked to the lack of supervisor training which cuts across all three studies. This point was strongly supported by the supervisors' reported lack of training in supervision in the second study. As mentioned earlier, in the South African context, although clinical supervision is mandatory for trainees pursuing professional registration as a psychologist, there is an absence of specific protocols for supervision practice in this regard.

As discussed previously, this appears to be a common issue internationally (Johnson & Stewart, 2000; Kavanagh et al., 2008; Milne & James, 2002), and to some extent, highlights an ongoing omission not specific to South Africa. Notably the absence of training appears tied to the idea that the "supervisor knows best" and does not require training. In this way, it appears importantly linked to the dynamic of power and omniscience, which I return to later.

The trainees' lack of knowledge of supervision process and the supervisors' lack of training was also reflected in their discussion of personal issues, or issues related to the supervisory relationship. This tended to occur "outside of supervision" as opposed to "in supervision". It also simultaneously reflects problems trainees had in apparently integrating their personal and professional spaces (Cartwright & Gardner, 2015; Hill, Sullivan, Knox, & Schlosser, 2007).

Moreover, the trainees' belief that personal (emotional) issues had no place in supervision appears related to the supervisors' reduced awareness of how their unresolved personal issues may have impacted on the cycle of non-disclosure. This is discussed further later in this chapter (i.e. it also had a relational impact). This particular belief also appears to have impacted on the boundaries trainees and some supervisors tried to maintain within supervision and the disclosures made, reinforcing for them the idea that supervision pertained only to impersonal information. This too, may have been the result of an absence of emphasis on

particular goals such as self-awareness and its impact on process issues (Bordin, 1983), in the establishment of their own supervision alliance. A discussion of this issue within the initial supervision contract may have served to normalize just how personal issues may contaminate the supervision and psychotherapeutic process at times.

It appears that most supervisors in this research also entered the supervisory relationship with a deficient sense of themselves as supervisors. Combined with being undeveloped supervisors in an environment where issues of omniscience and power appear to have prevailed, they seemed to struggle with a sense of insecurity about how to conduct supervision. Institutional factors also influenced how supervisors approached supervision. The subsequent dynamics, although initially at an individual level, have the potential to complicate the relational dynamics in the supervisory relationship. This emerges in Study 3 and will be discussed further.

The supervisors appear to have coped with their training deficits in a number of ways. The findings of the first and second studies suggest that supervisors relied on their own experiences of supervision as trainees; on self-directed learning or their therapeutic skills, to inform their supervisory practice. Their attention specifically on the patients' best interest also meant that they held responsible and ethical practice as a main concern, narrowing their focus to these issues.

The first and third studies further revealed trainees' and supervisors' personal insecurities at the outset of supervision. Although an individual factor brought into supervision, these concerns quickly informed the relational configuration of supervision. This was apparent when they held the belief that they did not measure up and subsequently hid this, resulting in further non-disclosures. In Study 2 and 3, some supervisors struggled with disclosing negative feedback to trainees because they perceived it as critical. This suggests that they tended to avoid initiating a conflicting dynamic in the relationship, a tension with which they may have been uncomfortable.

RELATIONAL ISSUES THAT UNDERPIN NON-DISCLOSURE

The significance of relational factors across all three studies appears to shed further light on the dynamics that appear linked to non-disclosure. As discussed earlier, a number of relational dynamics highlighted the fact that non-disclosure tends to be embedded in the relational dynamics of supervision. This also accounts for the idiosyncratic, relationship-specific motivations for non-disclosure as observed across the studies.

Generally, my research confirms findings about the self-preserving nature of non-disclosures (Kelly, 2000). However, as discussed in Chapter 4, the *subversive* or *furtive power dynamics* linked to the trainees' non-disclosure in this research appear to be a new perspective and driven specifically by the trainees' attempts to counter the authoritative and evaluative components of supervision. The relational quality of non-disclosure dynamics appears best understood as being cyclical or reciprocal in nature. In light of the cyclical nature of non-disclosures observed across all three studies, it suggests that 'withholding about withholding' tends to gather its own dynamic within the relationship.

Many of the instances of withholding behaviour that appeared cyclical, i.e. as a sequence of a recurring succession of non-disclosure, were organised around a dynamic of strategic self-presentation. This has been explored earlier using concept of the *False-self* relatedness (Winnicott, 1965), where both trainee and supervisor were found to conceal aspects of self or their knowledge of clinical work for the purpose of self-preservation and compliance. However, this sets up a reciprocal identification where, for example, the trainee detects that the supervisor is not disclosing and therefore follows a similar path in the name of self-preservation. In this way, inauthenticity appears to have bred inauthenticity and can be linked to *learning from the supervisor*. The above strategies appear to result in a degree of inauthentic engagement and raises questions about the authenticity of the supervisory engagement and the nature of the supervisory alliance itself. I will return to this issue later in the chapter.

WHAT DRIVES THE CYCLE OF NON-DISCLOSURE?

Much of the non-disclosure that emerged in this research appears to have been inextricably linked to the underlying issues of *power and knowledge*. Within this, the ultimate striving for both trainees and supervisors (seen in Studies 1 and 2), appears to have been that of *self-preservation*.

This prevalent dynamic draws attention to a relatively under-explored idea that links the cycle of non-disclosure to subversive or furtive power dynamics in the service of self-preservation. Importantly, the research also reveals that there are various *relational positions* that appear to exacerbate the cycle of non-disclosure. In some instances, the cycle of non-disclosure appears to have had an important effect on *trainees learning non-disclosures strategies* from their supervisors. Notably, it also appears to have influenced the *quality of the supervisory alliance*. These issues are focused on below.

Power and knowledge

As mentioned earlier, issues of power were very apparent in all three studies. This, in turn, appears to have been attached to experiences of *knowing and not knowing* and was evident from both trainee and supervisor perspectives. To some extent, the evaluative nature of the relationship also tended to heighten the power differential (Bernhard & Goodyear, 2009), and accordingly links the idea of one's knowledge to that power.

In line with Benjamin's (2006) thinking, often the trainees competing needs to be both dependent and independent in the supervisory relationship left them feeling worried about their knowledge, but still striving to be seen as self-efficient and "knowing". Often feeling unable to challenge the supervisor (Benjamin's 'clash of wills'), the trainees appear to have been driven to either submit (be 'done to') or seek alternative means of controlling the relationship. As discussed earlier, non-disclosure appears to have afforded some trainees a means of levelling the felt power imbalance in supervision, laying emphasis on the trainees' use of *purposeful non-disclosures*.

The perceived split in the supervisory relationship, discussed earlier (Chapter 5), accordingly appears to have been characterized by power-powerlessness. Therefore when trainees perceived an overly authoritative, or “all-knowing”/omnipotent supervisor, non-disclosure appears to have been used subversively or furtively as a means of readdressing their sense of powerlessness or the “split-complementarity” in the relationship (Benjamin, 2006). Withholding behaviours, in these instances, appear to have acted against the trainee feeling in a position of powerlessness or lack of control. When supervisors were perceived to overtly display their power, trainees purposefully left out material in the hope that a more ‘professional self’ was revealed to their perception of an ‘all-knowing’ powerful supervisor. It thus appears that when the power differential was particularly experienced by the trainee as more divisive, the need for approval appears to have escalated as well as the need to conceal information that was perceived to impede approval.

As discussed earlier in Chapter 3, the applicability of Benjamin’s (2006) concept of *split-complementarity* to the supervisory relationship is reinforced in instances where the power differential in the supervisory relationship was perceived as low. In such instances, the split between “power-powerless, doer-done to”, was less evident, resulting in reports of more positive experiences of supervision where trainees reported feeling safer, protected and consequently more able to disclose. Accordingly, the link between the less power differential and less non-disclosure, is highlighted. This, however, does not imply that adequate supervision means a symmetrical relationship.

Strategic self-presentation also appears linked to power in the relationship. Here, seemingly, the aim was to put forward a favourable impression of themselves to convey a sense of control and composure. This strategy appears to have assisted supervisors in particular, in projecting an ‘all-knowing’ attitude to better reflect their perceived power and authority. In this context, power and knowledge appear to be inextricably linked. Thus narcissistic vulnerability may have been avoided on the supervisors’ part, because non-disclosure enabled them to withhold deficits in their knowledge and project instead a positive, invulnerable, omniscient image to the trainees. In these situations, the idea of *knowledge as power* or the *power of knowledge* is played out in the interpersonal dynamic.

This seems to perhaps reflect broader societal injunctions regarding the acquisition of knowledge as facts. It also suggest that these facts (or ways of knowing) tend to trump the importance of contextualized knowledge. Some refer to this as the difference between knowledge and wisdom. Sternberg (2004) maintains that wisdom is:

“...not just about maximizing one’s own self-interest, but about balancing various self-interests (intrapersonal) with the interests of others (interpersonal) and the interests of other aspects of the context in which one lives (extrapersonal) as well as the interests of other aspects of the context in which one lives.” (p. 147).

The findings around power and knowledge may furthermore help us to reflect on how we discuss supervision with our trainees, and the words we use. The finding thus suggests that there should be less emphasis on facts in orientation, feedback and evaluation (if you don’t know then you are deficit), and more ways to emphasise exploration, curiosity and co-creation.

The research findings also unexpectedly revealed how supervisors felt powerless at the beginning of supervision because of institutional issues as well as their own training deficits. Although addressed as an individual factor, this also had relational consequences. As discussed in Chapter 4 in what appears to resemble a *domino effect*, there seems to have been an apparent transfer of split-complementarity dynamics from an institutional context to the supervision context. The supervisors subsequently appear to have reversed the roles of complementarity, where initially they were the ones “done to” by the institution. They then took on the role of the “doer” and the trainee became the one “done to” (Benjamin, 2006, p.121).

In this way, incompetence may also be potentially transmitted, resulting in further withholding in the relationship. For instance, if the supervisor felt incompetent within the supervisory relationship, this message may have been transmitted to the trainee using interpersonal strategies. Thus by the supervisor assuming an ‘all-knowing’ stance, it may add to a sense of incompetence in the trainee. It remains to be seen whether this ‘domino effect’ is also transferred onto

the psychotherapeutic relationship. This, however, was not in the ambit of this research and requires further exploration.

Relational positions.

There are various relational positions that appear to have exacerbated the cycle of non-disclosure. My research suggests that it was particularly the supervisors who tended to adopt either a greater power differential (based on “knowing”), or the maternal role. Some of these relational patterns appear to be common and generated their own motivational context. They also seem to have retarded the process in some ways. One such example is that of the supervisor in the maternal role, taking care of the vulnerable trainee. Although this may have been an apparently good ‘relational’ construct in the supervisor’s mind (most prominently illustrated by dyad four in the third study), adopting this role in a rigid and unreflective way tended to shut down opportunities for disclosure. This led to supervision being an instructive rather than explorative space.

Similar to some supervisors using their preferred therapeutic approach to inform supervision practice, the maternal role also appears to have been a default relational position to which many supervisors reverted to counter inadequacy or lack of knowledge. The ‘maternalization’ of the supervisor role appears to have particularly emerged in response to a vulnerable trainee and in the absence of training. By not negotiating the goals of supervision in alignment with the trainee’s needs, it appears to have resulted in differing intentions on both the supervisor and trainees’ part. The resulting misunderstanding that emerged appears to have closed off the opportunity for trainee disclosure in this context. This too appears to have been most often expressed in ways similar to Safran’s (2003) concept of withdrawal ruptures discussed earlier.

The dynamics of power also appear to have been related to the different roles assumed in the relationship and seemingly played a significant role in characterizing the alliances that emerged in this study. For instance, when an authoritarian supervisory style was adopted (in dyads three and four), in order to get the work done, it appears to have been perceived as inflexible and controlling

on the trainees' part. It subsequently appears to have resulted in trainee non-disclosure in these dyads throughout the supervisory relationship.

These particular relational positions adopted appear to have influenced the quality of the alliance and are exemplified in Study three (Dyad four). Here the trainee Tom subsequently adopted a defensive, accommodating style out of a need for approval from his supervisor. In line with Sullivan's (1953) theory, the need to impress in this appears to have been tied up with his notion of the good-me, and being a good trainee. Although the trainee may have appeared to be submissive in some instances, he also demonstrated some independent thinking in the face of perceived supervisor inadequacy or intolerance. This was seen particularly when he was speaking about his conflictual feelings about a patient (p. 179). The internal struggle between expressing independence of mind and his subsequent distress and demotivation demonstrates the complexity of relations and motivations within supervision.

This example highlights Sullivan's (1953) self-personifications of *good-me* and *bad-me* which are essentially viewed as "identifications with the other's response to the self" (Stern, 2002 p.748). With Sullivan's theory cited as a point of reference for the relational theory of multiplicity, this example reinforces the idea of multiple 'selves' interacting in the relationship that can be applied to supervision dynamics (Stern, 2002). It thus illustrates the complexities of the alliance as encumbering multiple aspects of the self.

Learning non-disclosure strategies from the supervisor.

The research importantly presents non-disclosure as being reinforced by factors like implicitly *learning non-disclosure strategies* from the supervisor. As discussed earlier in study 1, a major part of the learning process in supervision appears to have occurred when trainee non-disclosures were linked to a *reciprocal identification* with the supervisor's perceived non-disclosure.

From an intersubjective point of view, reciprocal identification is associated with the principle of mutual regulation and unconscious influence (Aron, 2006). In some ways, learning thus appears to have occurred within supervision as a strategy of "*I don't think my supervisor says all, so I won't*". Moreover, this learning

appears to have been closely tied to when some supervisors in the study engaged in strategic self-presentation so as to convey a sense of control and composure. The False-self relatedness (Winnicott, 1965) that emerges in this instance is thus not just a response to conceal, on the supervisor's part. It also tends to be a learned response on the trainees part for the purpose of self-protection.

In some situations, it appears the trainee accordingly internalized these qualities and emulated them. The implication of this is that trainees were likely to learn through negative modelling to project an impression of being in control, composed and 'all-knowing'. This suggests that, to some extent, supervisors were likely to unintentionally reinforce self-strategic presentation and pass it on to trainees as a tactic to counter 'not knowing'. The findings of the research therefore support other research that supervisors' non-disclosures strongly influence trainee non-disclosures (Knox et al., 2011; Yourman, 2003). However, it also suggests that in some instances, supervisor withholding of information was perceived to influence trainees' learning through negative modelling. In this way, trainee non-disclosure may likely be a learnt strategy from supervisors.

Although perceptions and experiences were found to mostly have a negative effect on supervision, Study 3 (second dyad) reinforces other findings that non-disclosure does not necessarily impact negatively on the trainee's learning (Strømme & Gullestad, 2012), but can instead enhance trainee functioning, particularly if non-disclosure is utilized as a means of implicit negotiation to accommodate to the trainees' needs (Safran, 2003).

As mentioned earlier, trainees and supervisors who struggled with issues of insecurity about not measuring up also appear to have held specific perceptions and beliefs about knowledge. In a relational context, this insecurity manifested in experiences of shame, tied to specific perceptions of how one was seen by others. This appears to have called into question their professional identity as a psychologist.

Related to *learning from the supervisor*, professional identity may be understood further using Social Identity Theory, which explains how and why individuals create specific work identities. According to this theory, individuals first create their self-identity through comparing themselves with each other and then

classifying themselves and others into different social groups (Tajfel 1982; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). In an effort to sustain a positive work-related self-image, individuals are more likely to draw on the identities of the work groups that offer them the greatest perceived levels of distinction and status enhancement.

As Van Maanen and Barley (1984,) maintain: "...in occupational communities, the social identities assumed by most members include...one based upon the kind of work they do and, as such, it is often quite central in the presentations of self to others." (p. 298–299). This suggests that strategic self-presentations may be tied to perceptions of work identity. Notably, however, organizational identity can be conceptualized as an "intersubjective construct...it cannot exist unless people agree it exists" (Ashforth & Mael, 1996, p.26). This implies that there may be implicit agreement about the identity that clinical supervisors in organizations present to others. This may also, to some degree, constitute the unsaid goal both supervisor and trainee organizes themselves around, expressed in their intentions to reveal only particular parts of themselves.

As this was not the focus of this research, subsequent research would need to consider the influence of professional membership or psychologists' work identity and presentations of self. This is particularly important because the supervisor's identity/image appears to have had important implications for the process of *reciprocal identification* with the trainees, discussed earlier.

Non-disclosure and the supervisory alliance.

What relationship exists between the cycle of non-disclosure and the supervisory alliance? The cycle of non-disclosure appears to have influenced supervision alliances within this study in different ways. Accordingly, in Study 3 each case study appears to have displayed distinctive qualities that were reflected in the alliance. In this way, the personal and professional challenges and difficulties that both supervisors and trainees brought into the relationship were highlighted.

As a result, when supervisors adopted a fixed supervisory style, such as the 'authoritarian supervisor', this appears to have resulted in non-disclosure.

Findings concerning fixed supervisory styles was also found to influence non-disclosure in other research (Gazzola & Thériault, 2007). If supervisors independently assume particular supervisory roles, without discussing trainee-specific needs within the supervision context, then it suggests an absence of negotiated or shared authoritative power within these relationships.

In applying Sullivan's (1953) concept of "security operations" to this anxiety provoking context, trainees appear to have maintained a sense of security through withholding information. Observing these relationships from the outset and over a period of time further highlights how subsequent non-disclosures that ensued appear to have influenced the quality of alliance within each dyad. This appears to have been done in the service of adopting 'security operations' as a result of vulnerability, anxiety and powerlessness.

I respectively refer to these alliances as: a pseudo-alliance (Dyad 1); a true alliance (Dyad 2); a contrived alliance (Dyad 3), and a misalliance (Dyad 4). In some cases, the alliance appears to have been conditional, raising questions about the unspoken conditions of the alliance related to non-disclosures. This emerges in the case of the pseudo-alliance, when the relational dynamic "If you are good, then I must be good too" is expressed in some form. This appears to have occurred when both the trainee and supervisor avoided issues of vulnerability and adopted idealizing strategies in order to maintain a 'good' alliance. It suggests that supervisors and trainees struggled with a wish or need to be seen in a specific manner.

This observation draws on the finding that often supervisor and trainees expressed reluctance about disclosing material that was felt to diminish them in the other's eyes. Although the reluctance to disclose and risk giving up the status as the idealized one is discussed in detail in psychotherapeutic literature (Davis, 2002), it is significantly absent in the field of supervision research and is deserving of further exploration.

Although it appears that trainees and supervisors experienced most non-disclosures as having negative implications, under certain circumstances, Study 3 (Dyad 2) also importantly illustrates how accommodation through non-disclosure appears to have contributed to a more genuine, true alliance. This appears related to the supervisor accommodating to the trainee's developmental needs at the time

and highlights the complexity of the relational dynamics. In this instance, the supervisor had a sense of the trainee's developmental needs in mind, and explicitly decided to not overwhelm him, acting to protect the alliance instead. These qualities are notably quite different to the defensive, reactive non-disclosures discussed earlier. In this way, this case study exemplifies Safran's (2003) notion of implicit negotiation of the alliance that can sometimes occur (p.456).

According to Safran & Muran (2000), the process of negotiation involves the articulation of individual needs that are raised within supervision and brought into the relational dynamic. In this case, it is the supervisors 'individual' need to disclose something she notices in competition with keeping the relationship open and viable. However, this is viewed as an ongoing challenge that can be conceptualized as a tension between individual and relational needs.

This tension is further illustrated in Study 3 (Dyad 1), by the supervisor's struggle between raising her concerns about the trainee's ability and managing his perceived vulnerability of the relationship in the early stages of supervision. In this particular example, the non-disclosures that ensued served to distance the supervisor from the more difficult task of disclosing more challenging aspects of supervision that concerned her (her needs). It furthermore implies that both the trainee and the perceived alliance were perhaps considered too fragile to withstand the disclosure. This example illustrates how non-disclosures related to individual needs, when brought into the relational dynamic, often clash with the relational needs of the dyad.

Many of the non-disclosure were linked particularly to withdrawal behaviours in the alliance. I therefore apply Safran & Muran's (2000) term *withdrawal ruptures* (p.167), to describe when the trainee/supervisor is likely to deal with tension in the supervisory alliance by withdrawing, withholding or partially disengaging through non-disclosure. As relational theorists point out, these ruptures do not always have a negative outcome if addressed (Benjamin, 2006; Bromberg, 2009; Safran & Muran 2000). The inability to address non-disclosures or withdrawal ruptures, however, prevents the supervisory dyad moving from a relationship characterized by complementarity towards one of mutuality (Aron, 2006; Benjamin, 2005; Bromberg, 2009). In line with the theory, it implies that withholding is then likely to occur even in good alliances. However, it is rather when ruptures and

associated non-disclosure are attended to or openly addressed that there is a difference. In fact, as relational theorists such as Safran and Muran (2000) maintain, repairing these ruptures or impasses may serve to strengthen the alliance.

The findings discussed earlier suggest a reciprocal process between non-disclosure and the alliance. Accordingly, this research suggests that as much as particular alliances may influence non-disclosure, so too non-disclosure may at other times influence the quality of the alliance. Given that this influence may not be exerted equally, the extent to which this occurs is a matter for another research project. Seen in the aforementioned light, however, this study suggests that the status of the alliance itself is unlikely to determine non-disclosure.

Importantly, although I have differentiated between 'individual' and 'relational' spheres in this research, they are generally seen to be fundamentally connected (Beebe & Lachman, 1998). Thus the intention to self-promote and therefore omit information in supervision is not isolated in the individual but influenced by relational dynamics. Similarly, the maternal role adopted by supervisors in Study 2 appears to have emerged more prominently when they felt incompetent in relation to their trainees.

Finally, drawing on the above findings, two particular qualities of non-disclosure appear to have emerged across all three studies. The first concerns non-disclosures that were defensive and about self-preservation (withdrawal ruptures). The second quality was when non-disclosure was about the supervisory relationship itself, where there was a mindfulness of the developmental nature of the supervision and the motivation was about protecting the alliance. Although Safran's (2003) model accounts for the defensive non-disclosure (withdrawal ruptures) mentioned earlier, it does not, however, account for the non-disclosure which appear to involve protecting the alliance. This seems to be an important facet to be considered for further research.

STRENGTHS AND LIMITATIONS OF THE RESEARCH

The purpose of the study was not to objectively measure or quantitatively evaluate non-disclosure activity, but rather to produce an in-depth account of their

experiences of non-disclosure. The themes derived from the research overall are therefore best understood as applying to the research participants' specific context and any conclusions derived beyond this must be undertaken tentatively.

Although the study yields novel findings, these are not necessarily generalizable to all supervision experiences given the uniqueness of the context. A potential limitation of the study is that it focuses on trainees in the internship phase, and as such, their experiences of non-disclosure may be particular to this cohort and within this particular context.

A further possible limitation of this study is that the data collection may have been influenced by the timing of the collection. For instance, the data from the first phase was collected near the end of an academic semester and it is therefore likely that many trainees were especially sensitive about evaluation issues at that time. The majority of supervisors in the study were also female, which may not reflect the current gender balance in the field of clinical supervision in South Africa or that of other countries.

As advocated by Smith et al. (2009), although every effort was made to suspend my pre-existing assumptions, I am mindful that they may have influenced what was focused on in the interviews and resulted in a particular prioritizing of certain themes over others. However, it is hoped that the audit of the analysis circumvented this somewhat. It is also acknowledged that I used my knowledge to assist in my understanding of the data; however, every attempt was made to ensure that the participants' experiences were duly represented.

I was also very aware that my collegial relationship to some participants as well as my reputation as a supervisor may have influenced the participants' willingness to disclose information. However, given the enthusiasm displayed by the participants, they appeared to freely express themselves, and the transcripts provide little evidence of withholding within the interviews on their part.

A major strength of the research was that the methodology strongly focused on the insider's perspective. Thus the application of a dyadic perspective in data analysis allowed for more insightful description of actual experiences, relational dynamics, learning processes and the broader contextual factors that influence

non-disclosure. Within all three phases, there was prolonged engagement with participants to ensure richness of data.

Conducting three related studies of the experiences of non-disclosure importantly addresses a number of issues. Firstly, it takes into consideration both the trainee and supervisors' perspectives by focusing on their specific experiences of non-disclosure. Secondly, the research is also innovative methodologically, in its focus on the supervisory dyad and use of IPR to understand both supervisor and trainee perceptions and experiences of actual supervision sessions. Finally, exploration of real-time supervision interaction and video-taped sessions over a period of time appears to be rare practice in the field of supervision and was very positively received by the participants.

Therefore the potential gains in this research are not just the richness of data yielded, but the observation of the non-verbal reactions of the participants, particularly as a process over a period of time. The non-verbal behaviours in particular were very important for both the researcher and participants, in being able to track issues that were not overtly discussed and typically left *unsaid*. IPR also allowed for the inclusion of non-verbal data in the analysis. This was especially important in attempting to pick up on moments of non-disclosure during interviews about taped sessions.

RECOMMENDATIONS

On a broader level, further work is indicated to understand the nature of interventions that need to be undertaken to create an enabling environment in which trainees grow as practitioners. Training and development of supervisors is also evidently essential.

A relational approach to supervision.

Overall, the research suggests that fostering a relational attitude within supervision is important for the supervision alliance as this is likely to cultivate greater open-ness. McKinney (2000) maintains that if supervisors adopt a

relational attitude in supervision, this also enables the trainee to take risks associated with greater honesty and self-revelation. These risks are likely to then be based on both their concrete and perceived concerns about being evaluated.

Relational conflict in supervision has not been given much consideration in the research literature despite the fact that it occurs. In line with Safran & Muran's (2000) thinking, supervisors' attunement to fluctuations in the supervision relationship ought to also function as an early warning system for the detection and repair of alliance ruptures. During instances of conflict, the supervisor's ability to interact effectively with the trainee is particularly important in determining the supervision process that follows (Chen & Bernstein, 2000). Southern (2007) maintains that moving towards attunement involves constructing supervision as a holding environment that is safe for genuine disclosure. This ideally enables both the trainee and the supervisor to be vulnerable enough to open up the intersubjective matrix, immersing oneself in the process.

In applying Maroda's (2013) thoughts regarding authenticity to supervision, it appears that as supervisors too, we may be misguided in our attempts to always appear cool, calm, and in control in the presence of our trainees. This is because it results in not only an unrealistic model for our trainees that is likely to deter personal disclosures, but also because, over time, we are likely to lose touch with who we really are. For Maroda (2013), the issue of authenticity thus becomes an intrapsychic event for the supervisor as much as an interpersonal one with the trainee, and this needs to be appropriately modelled in the supervisory relationship.

According to Friedlander & Shaffer (2014), responsiveness is the essence of good supervision. As a result, a key function of supervision education is seen to be optimal responsiveness to clients. Supervisors ought to therefore teach responsiveness explicitly and model responsiveness implicitly by being attuned and responsive to their trainees' varying needs (Friedlander & Shaffer, 2014).

To avoid withholding of essential information in supervision, it is recommended that supervisors take the first step in openly discussing supervision-related issues and demonstrate a willingness to make changes in supervision. Accordingly, it also

means that the supervisor takes responsibility for participating in the push-pull within the relationship by having said or done something that contributed to it. In line with Benjamin's (2004) thinking, supervisors have to thus recognise that enactment and co-participation are critical aspects that facilitate the supervision process. The supervisor's responses should therefore reflect his/her accommodation to the trainee's needs (Aron, 2006).

According to Sarnat, (1992), the trainee is likely to withhold less within supervision if the issues they raise do not reflect as personal failure. Thus it ought to be made clear that feelings, mistakes, as well as behaviours, tend to be relationally situated and part of a process. Similarly, the trainee is also less likely to be made the container for the supervisor's feelings of inadequacy if the supervisor is able to tolerate his or her own limitations. This is likely to be addressed in the supervisor's own personal psychotherapy, a critical component for his/her own professional development. Exploration of trainee problems is only likely to feel safe when the supervisor acknowledges that he or she is neither omniscient nor omnipotent, particularly in relation to mastering his or her own anxieties and impulses (Sarnat, 1992).

Training and development

Role induction also needs to be given specific attention for trainees at the beginning of training programmes. This includes but is not limited to, a comprehensive orientation to the internship site, significant role-players, as well as site protocol.

Supervision orientation also means a detailed explanation of the process of supervision, form of evaluation, the supervision contract and understanding the trainee's supervision expectations and needs. Issues of evaluation need to be openly discussed, in detail. Bernard & Goodyear (2009) recommend that supervisors provide comprehensive feedback regarding the formal evaluation, throughout the supervision experience. It would also be important at this point for supervisors to discuss with trainees that supervision is an appropriate setting to discuss personal issues that might influence their psychotherapeutic work.

For further supervision training in South Africa, the introduction of a supervision training module for newly qualified psychologists to become supervisors could form part of a post-Masters certification. This, in addition to working under supervision for a stipulated period of time, could lead to HPCSA accreditation as a proficient supervisor. During the education and training of trainee psychologists, issues of “not knowing” also needs to be normalized and modelled by professionals in the field. As recommended by Sarnat (1992), issues of omniscience or omnipotence ought to be addressed early in professional training and personal psychotherapy. In line with Hoffman’s (1983) thought, the psychologist’s sense of omniscience ought to also be deconstructed not only in the therapeutic setting, but in the supervision context too. By laying less emphasis on a “correct” way to proceed (Fiscalini, 1985), this is likely to open the doors of communication within the supervisory dyad. This deconstruction within supervision also extends to us as supervisors reflecting on the words we use to describe the supervision process, in order to move it away from the ‘knowledge is power’ dynamic so prominent in this research.

The aforementioned recommendations made are primarily based on the supervisors’ own psychotherapy, as well as their further education, training and development in supervision. In so doing, they are then more likely to recognize possible instances of withholding and how this impacts on supervision and psychotherapy. This is then more likely to equip them to manage difficulties such as non-disclosure in supervision, effectively.

IMPLICATIONS FOR FURTHER RESEARCH

The research highlights that the reciprocal relationship between the supervisor and trainee needs to be explored in greater depth in further research. In relation to this, more longitudinal studies could be conducted on entire supervision experiences. This would provide further information on process issues that develop over the course of supervision, as well as information on how the supervision relationship may change over the duration of a supervision experience.

As mentioned earlier, it would also be beneficial to explore in more detail how the therapeutic process is affected by trainee and supervisor non-disclosure in supervision, with specific focus on the *domino effect* of complementarity dynamics. In addition, given the implications of some of the findings in terms of professional identity, it would be important for further research to explore the relationship between psychologists' work identity, presentations of self and non-disclosure. This appears important given that the supervisors' identity/image appears linked to the process of *reciprocal identification* with the trainees.

In relation to withholding within supervision, it would be beneficial to explore specifically the influence of supervision-related issues such as evaluation and underlying processes on the level of trainee non-disclosure in supervision. Notably, while the findings of this study reflect different forms of alliances within supervision which appear characterized by the relational dynamics and the non-disclosures that follow, it is still an area that requires further detailed exploration

Research has shown that issues concerning race can influence the supervision experience (Tummala-Narra, 2004). Interestingly, given the South African context and its history of race relations, issues concerning race did not feature in this research in terms of non-disclosure. However, this may be worthy of more specific investigation given our multicultural context and the historical power imbalances that continue to unfold in the South African context.

CONCLUSION

The primary aim of this study was to gain an in-depth understanding of non-disclosure in clinical supervision. The use of IPA and IPR allowed in-depth and idiographic investigation of participants' "lived" experience in relation to non-disclosure. It also appears to be the first study to explore the role of non-disclosure linked to relational processes in clinical supervision. It thus constitutes an important step toward a further understanding of non-disclosure within supervision, highlighting specifically the development of the supervisory alliance.

Novel findings that emerged in exploring the issue of non-disclosure from the trainees' perspective include the observation that withholding behaviours often

appear linked to subversive or furtive power dynamics, driven by the trainees' attempts to counter the authoritative and evaluative components of supervision. The findings also suggest that patterns of non-disclosure are often cyclical and reinforced by factors like implicitly 'learning' non-disclosure strategies from the supervisor.

The unusual finding of the supervisors' perceived lack of power and control at the beginning of supervision also emerged, and further reflected their reluctance in their role as supervisors. The supervisors' tendency to strategically present themselves in order to appear competent and "knowing" also surfaced as an important issue, and appears linked to their being ill-equipped for the task of supervision. It notably appears tied to their professional identity. Training deficits were also evident across all three studies and suggests that this is a crucial area in need of further research and intervention.

Of particular significance is that the case studies emphasize the importance of relational processes underlying non-disclosure. They also support findings from the first two studies regarding the purposeful subversive and furtive non-disclosure that occur for the purposes of self-preservation. As a result, the cycle of non-disclosure that emerged in these cases appears to have importantly influenced the character of the supervisory alliances formed in this study. The relational dynamics that emerge in the overall research supports the importance of integrating relational theory into clinical supervision. It additionally highlights the research difficulties in trying to measure such constructs quantitatively and the importance of using qualitative methodologies that focus on relational processes.

As qualitative studies in this area are few, and rarely include a series of independent studies that are longitudinal in nature, the research design in particular served to illuminate the underlying processes and experiences of non-disclosure in clinical supervision. This research currently stands alone in explicitly linking issues of non-disclosure to the supervision alliance and highlights the need for more qualitative research into the process issues of supervision. The studies further reveal that withholding behaviours have important implications for the training of professionals as well as client outcomes and accordingly, appear to be an important and compelling area for ongoing research.

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APPENDIX A

INFORMATION & CONSENT FORM - INSTITUTIONS

To Whom It May Concern:

My name is Neeshi Singh-Pillay and I am currently Senior Student Counsellor at the University of KwaZulu Natal, Westville campus. I am currently completing a PhD in the area of “Non-disclosures in clinical supervision.” I plan to explore the process issues of “nondisclosures” as pertaining to clinical supervision through this study.

In a relationship context, it is often difficult for either person to say everything that may be of concern, and this may sometimes result in “non-disclosures,” either wilfully or unwittingly. Through this research, I therefore hope to understand from both supervisor and trainee perspectives, non-disclosures and its meaning in relation to the supervisory relationship and perceived therapeutic outcome.

My research involves interviewing supervisors and interns (supervisory dyad), by way of:

- a) Individual interviews with members of eight supervisory dyads; and
- b) Three videotaped supervisory sessions of four other supervisory dyads over a six month period;

My research will be done with voluntary participation and the information gathered will be treated with the utmost confidentiality and under the strictest research procedures. Please note that this study does not change supervision, supervision will proceed as usual.

The data from the supervision sessions will be transcribed and subjected to qualitative analysis. All consent forms, sessions and interviews will be kept confidential. Any client’s or third party discussions and details will not be utilized in the research. To further protect confidentiality and anonymity, a pseudonym chosen by participants will be used to identify participants, and these recordings will be stored on a password protected offline computer. All information will be stored under lock and key and only the researcher and PHD supervisor, Professor

Yours sincerely,

Ms Neeshi Singh-Pillay
Counselling Psychologist/
Senior Student Counsellor
Centre for Student Counselling
University of KwaZulu Natal,
Westville campus

APPENDIX A2

INTERVIEW SCHEDULE

A. SUPERVISORS

Biographical information:

1. Name:
Preferred Pseudonym:
2. Age
3. Professional registration:
4. Place of work:
5. Number of years practicing as psychologist:
6. Number of years of clinical supervision of intern psychologists

Guiding questions:

7. Please describe your development as a supervisor through the years.
8. Please tell me what influenced your experience as a supervisor.
9. What style/ model of supervision do you use?
10. What do you think has primarily influenced your supervisory style?
11. What do you think constitutes “nondisclosure” within the supervisory context?
12. What influences whether you disclose or not in supervision?
13. What do you think influences whether or not trainees disclose in supervision?
14. Do you think that nondisclosure impacts on the supervisory alliance? How?

15. How are trainees' nondisclosure in supervision managed by you?
16. What might have facilitated your disclosure within the supervisory relationship?
17. Do trainees' nondisclosure in supervision influence you personally? How?
18. Do trainees' nondisclosure in supervision influence you professionally? How?
19. Does your own nondisclosure have any particular consequence for supervision?

Please expand.

20. Do you think nondisclosure in supervision influences the therapeutic experience and outcome? How?

B. Trainees

Biographical information:

1. Name:
Preferred Pseudonym:
2. Age
3. Professional registration:
4. Place of work:

Guiding questions

5. Please tell me about what influences your experience in supervision?

6. What style/ model of supervision do you know or think is used?
7. Describe your relationship with your supervisor? What do you think has primarily influenced your supervisory relationship with your supervisor?
8. Please tell me what constitutes nondisclosure for you within the supervisory context?
9. What influences whether you disclose or not in supervision?
10. Do you have a sense that your supervisor does not disclose things to you? What might these be?
11. What do you think influences whether or not supervisors disclose in supervision?
12. How do you think that nondisclosure impacts on the supervisory alliance (supervisory relationship)?
13. How do you feel about the possibility that your supervisor may not disclose information to you?
14. How do you manage your own nondisclosure?
15. How do you think nondisclosure in supervision ought to be managed by supervisors?
16. What might have facilitated you making disclosures within the supervisory relationship?
17. Does your nondisclosure in supervision influence you personally? How?
18. Does your nondisclosure in supervision influence you professionally? How?
19. Do you think that your own nondisclosure has any particular consequence for supervision? Please expand.

20. Do you think your nondisclosure in supervision influences the therapeutic experience? And outcome? How?

**FOR THE PURPOSE OF PUBLICATION, APPENDICES B1- D1 HAVE BEEN
REDACTED TO FURTHER PROTECT PARTICPANT CONFIDENTIALITY &
ANONYMITY.**